



**TOPIC: EXPERIENCES AND PERCEPTIONS ON PAID
MATERNITY LEAVE POLICIES AMONG WORKING
MOTHERS OF PRETERM BABIES IN THREE SELECTED
HOSPITALS IN BOTSWANA.**

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of Science In Nursing (Neonatal)**


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At Kigali, July 2025

DECLARATION

I, NTHUSETSANG Tsholofelo Agrineth, declare that this thesis is original, done by myself and has not been submitted for any award, anywhere else by any person to any institution.

Sign:  _____

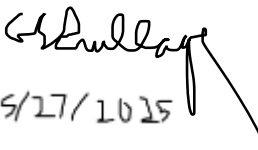
APPROVAL PAGE

Title “Experiences and perceptions on paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana”


Done as part of the completion requirement for Masters of Science in Neonatal Nursing – University of Rwanda

The research thesis has been submitted with our approval as university supervisors.

Supervisor; Dr Sue Geralyn Prullage

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5/27/2025

Co-supervisor; Dr MUHAYIMANA Alice

Sign: 

Date: 18 July, 2025

DEDICATION

I dedicate this thesis to my fiancé and mother, my brothers, my colleagues and Ministry of Health- Botswana (Training unit) whose unwavering support and encouragement made this journey possible. Your guidance, patience, and belief in me have been invaluable throughout this process. Thank you for being my source of strength and inspiration.

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LIST OF ABBREVIATIONS

BWT- Birthweight

DOL- Day of life

ELBW-Extremely low birth-weight

GA- Gestational Age

ILO- International Labour Organisation

IRB- Institutional Review Board

NICU- Neonatal Intensive Care Unit

NRH- Nyangabgwe Referral Hospital

PMH- Princess Marina Hospital

SPH- Sidilega Private Hospital

SDG- Sustainable Development Goal

SGA- Small gestational age

UK- United Kingdom

UNICEF-United Nations Children's Fund

UR- University of Rwanda

USA- United States of America

VLBW-Very low birth-weight

WHO- World Health Organisation

ABSTRACT

Introduction: Paid maternity leave policies can have negative and positive effects on the maternal and infant well-being depending on the length of the maternity leave. These effects are also observed in working mothers of the preterm babies who spend most of the maternity leave period in hospitalization of the babies. The aim of the study was to explore experiences and perceptions on paid maternity leave policies among working mothers of the preterm babies in three selected hospitals in Botswana.

Methods: The study utilized a qualitative phenomenological study design. Working mothers of the preterm babies were purposefully selected and interviews were conducted with each participant.

Results: Interviews were conducted with ten mothers of preterm babies, exploring their experiences and perceptions on paid maternity leave policies. The study revealed that the trauma of their babies' births was compounded by the uncertainty and insufficiency of these policies, exacerbating their anxiety and depression. Additionally, the level of support they either lacked or received played a significant role in shaping their views and experiences regarding paid maternity leave.

Discussions: The mothers had various challenges related to paid maternity leave which hindered their recovery physically and mentally, and bonding time with the babies. Revision of paid maternity leave policies in Botswana, tailormade support to mothers of preterm babies were expressed as necessities to enhance maternal and infant health outcomes.

Conclusion: The findings emphasize the necessity of revising paid maternity leave policies in Botswana to better support mothers of preterm babies. Future studies should explore the perspectives of a wider demographic of mothers across different regions and include broader gestational age categories.

Keywords; experience, perceptions, paid maternity leave, preterm mother, working mother

DEFINITION OF THE KEYWORDS

Experience

Cambridge dictionary (1) defines experience as something that happens to you that affects how you feel whilst Oxford English Dictionary (1) defines experience as an event or occurrence which leaves an impression on someone. In this study, experience is defined as something that happened to you, whether observed, understood, involved into or exposed to, that shaped your perspective about a certain thing. The working mothers of preterm babies share what happened to them relating to paid maternity leave and their return to work.

Perception

Perception is the way in which something is regarded, understood, or interpreted (Oxford English Dictionary, (1) and Wikipedia (2) defines perception as the organization, identification, and interpretation of sensory information in order to represent and understand the presented information or environment. In this study, the meaning of perception is the way one understands and interprets things around him or her, what shapes his/her reality. The working mothers of preterm babies express how they understand and interpret the paid maternity leave policies and how the policies have shaped their experience during the paid maternity leave.

Paid maternity leave

Maternity leave is time off from a job given to a mother to take care of a newborn child (3) or it can be defined as a period of absence from work granted to a mother before and after the birth of her child (1) . In this study, paid maternity leave is referred to as the paid time off from work given to a mother to nurse and nurture her newborn child and for her recovery after delivery. This time is a period of eighty-four (84) days according to the General Order 1996 of Botswana and it begins immediately after delivery for preterm mothers.

Preterm babies

World Health Organization (WHO) (4) defines preterm infants/babies as babies born alive before 37 weeks of pregnancy are completed. (5) defines premature baby/infant as a very young offspring of human beings born prior to 37 weeks of gestation. In this text, the focus is on a preterm baby/infant born before 32 weeks of gestation or babies with birth weight 1000g -1500g, medically termed very low birthweight (VLBW) and the

ones born before 28 weeks of gestation or birth weight of less than 1000g known as extremely low birthweight (ELBW). The ELBW in this study, will not include the babies who are 24-25 weeks of gestation.

Working mother

Poduval & Poduval (6) defines a working mother as a woman with the ability to combine a career with the added responsibility of raising a child whereas Cambridge Dictionary (1) . defines a working mother as a woman who has a job and takes care of her children. The concept “working mother” in this study refers to a woman who is employed permanently or on contract basis (not self-employed) and has an added duty of taking care of her children and raising them.

CHAPTER ONE

1.1 Introduction

Adequate paid maternity leave is critical for protecting and supporting breastfeeding, giving babies the best chance to survive and thrive (7) states that by safeguarding women's employment and income security during pregnancy and after childbirth, paid maternity leave reduces the opportunity cost of time spent on breastfeeding and consequently increases the likelihood of optimal breastfeeding duration. The duration of paid maternity leave in Botswana is 12 weeks (84 days) and it does not have any specifics on special cases like premature births, babies with congenital malformations who spend their first weeks in hospitalization.

This study explored the experiences and perceptions among working mothers of preterm babies on the paid maternity leave given in Botswana. The literature review of this study is covered in the following chapter showing different paid maternity leave policies that can be benchmarked to improve the paid maternity leave policies in Botswana, the effects of inadequate paid maternity on the mother's well-being and baby's wellbeing. In the methodology chapter, interviews were done to collect data and purposive sampling was carried out. Data analysis and processing using inductive thematic analysis was utilized.

1.2 Background of the Study

Preterm births account for 75% of perinatal mortality and more than half the long-term morbidity (8)The frequency of preterm births is about 12-13% in the USA and 5-9% in many other developed countries (8). The prevalence of preterm birth in Sub-Saharan Africa ranged from 3.4% to 49.4% in 2021

Neonatal mortality accounted for about 47% of all deaths among children under five years of age in 2022 (WHO, 2024). In 2022, Sub-Saharan Africa had the highest neonatal mortality rate in the world at 27 deaths per 1000 live births (4). According to WHO 2023, Botswana as part of the Sub-Saharan Africa Region had a neonatal mortality rate at 18 per 1000 live births which is still high as compared to the target by all countries,

aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births by 2030. SDG 3.2 suggests that by 2030, all countries should end preventable deaths of newborns and children under five years of age, by reducing neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births (9).

The length of hospitalization of the VLBW and ELBW babies differs depending on their conditions at birth . Many factors play a role in the baby's condition before they can be stable to be discharged home (10). identified most critical risk factors affecting length of hospitalization of babies in neonatal unit which includes; birth weight, gestational age, sepsis (11). necrotizing enterocolitis, bronchopulmonary dysplasia, and retinopathy of prematurity. Babies in Botswana are discharged from neonatal unit at 1800g if they are stable and on full feeds (12)

According to Lin (13) the survived VLBW babies have an average of 62 days hospital stay. 73% of the paid maternity leave days (84) will be exhausted by the hospitalization of the baby if the baby stays for 62 days in the hospital. This gives mother approximately 3 weeks to adapt to the fragile baby being at home with less experienced caregiver and to teach the caregiver how to care for this fragile baby. Gestational age (GA) at birth is strongly related to length of hospitalization with an average of 105 days for infants born at 24 weeks and 43 days for infants born at 31 weeks (14). Both studies on length of hospitalization were conducted in high income countries which are adequately equipped for neonatal care, hence the comparison to Sub-Saharan countries make the length of hospitalization much longer due to low resources.

In this research of the experiences and perceptions on paid maternity leave policies among working mothers of preterm babies, the researcher found that personal experiences often highlight the benefits more vividly than statistics alone, for example BJ (a previous mother in Special Baby Care Unit-SCBU working in local government), shared how the prolonged paid maternity leave (84 days which commenced after the day of discharge from hospital) benefited her and her preterm baby (28 weeks GA, 1100g). BJ said that she managed to look for a nanny (during the maternity leave period) and trained her on how to provide care to her fragile baby who was discharged at 1800g.

She also said that she recovered well at home after staying in the hospital with no adequate rest because she was forced to wake up every two to three hours to feed and care for the baby. She mentioned that her milk production improved when she got home as she was getting enough food and her stress level was lower. She said when she wanted to return to work, the supervisors encouraged her to apply for holiday leave (20 to 30 work days) so that she may come to work when the baby is a bit older. This opportunity helped her as she was

involved during the first few months of vaccination of her preterm baby and managed to care for her baby during the trying times of vaccination.

BJ's story demonstrates how elongated paid maternity leave supports the mothers and their preterm babies by lowering their stress level, increasing milk production and making them satisfied with the state of growth they are leaving their babies in when returning to work. It also helps mothers to be involved in vaccination of their preterm babies which mostly happens in the first four months.

Another preterm mother SL who is working in central government, delivered in a private hospital a 1000g baby of 29 weeks GA who was admitted there for 34 days. The mother was discharged after 3 days and allowed to visit the baby every day. The family encountered financial problems and requested for the baby to be transferred to a public hospital where they spent 22 days together there making a total of 56 days hospitalization. The paid maternity leave started immediately after delivery and spent 28 days at home after discharge which she said it was not enough as her preterm baby was too small to be left with the grandmother who was less experienced with the preterm baby. She complained of partial recovery after discharge as she did not have enough rest because she was travelling 60km on daily basis to visit the baby. The baby returned to the hospital after 2 weeks of discharge as she aspirated milk when the grandmother was feeding her but spent 48 hours in the hospital. SL said this affected her return to work and the supervisors were not supportive even when she tried to explain her situation.

SL's story demonstrates that the paid maternity leave for preterm mothers was not enough and this affects the mother mentally, physically and financially. The fear of leaving the preterm baby behind with an unexperienced caregiver makes it more difficult for the mothers to cope with their work.

In a qualitative interpretative study (15). explored the experiences of nurses who returned to work after a prolonged maternity leave and the nurses expressed that knowing that one's newborn is in safe hands makes emotional dilemmas less difficult. In addition, having financial support and a huge social support system of family, childcare, peers, and supervisors emerged as critical factors to make the return-to-work transition easier (15). Longer maternity leave leads to more positive mother-child interactions, decreased infant mortality, and longer periods of breastfeeding, better job adaptation and can help reduce the turnover rate at work (16) (17).

WHO and UNICEF in 2019 states that time given off work after birth is important for the health and survival of mothers and babies, as it gives them time to recover after pregnancy and birth, time to care for and bond with a newborn. (18). Expressed that increase of paid maternity leave decreases rates of infant mortality as it improves infant health by giving mothers time to breastfeed, care for ill babies, or ensure that their babies receive their childhood vaccinations.

The evidence by WHO and UNICEF is clear that a nurturing environment, stimulating and responsive care and the nourishment provided by breastfeeding can strengthen a baby's developing brain. To undertake these critical practices, parents need time, resources and support, in the form of paid maternity leave, breastfeeding breaks and access to quality childcare. (19). Mentioned that the breastfeeding behaviour is affected by the length of paid maternity leave. Mothers who delay their time of return to work end up lengthening duration of breastfeeding of their babies (19) . Work related issues has been noted as a major reason for non-initiation and early cessation of breastfeeding (19). said that lack of supportive work environments, such as provision of lactational facilities and paid maternity leave, becomes barriers to breastfeeding initiation and prolonged duration. This lack of support and understanding at the workplace serve as a hindrance for working mothers who are trying hard to strike a balance between work and family life (20).

In the longitudinal study of mothers' depression, anxiety and mental representations after preterm birth showed that mothers of premature babies experience high levels of psychological distress and higher anxiety levels mainly mothers of babies born before 32 weeks GA and Yaati (2019) agreed that mothers of children born with very low birthweight showed prolonged psychological distress because of the ongoing challenges of parenting a preterm born baby. Furthermore, (21). agreed that paid maternity leave equaling 12 weeks or less can contribute additional risk for postpartum depressive symptoms, since mothers have to juggle employment alongside with important physical and emotional changes happening in this period.

Most studies related to paid maternity leave are in reference to term pregnancies but the impact shown on those studies are similar to those of preterm babies. The adverse effects of lack of maternity leave and income security during the perinatal period have been documented in low-income countries, where women workers have to interrupt or reduce

their participation in paid work in order to bear and rear a child, with often considerable loss of income and labour market attachment (22).

In Botswana, the paid maternity leave of 12 weeks (84days) is given to all working mothers employed by Botswana government or private sectors. The 84 days should be taken as follows; 42 days before delivery and 42 days after delivery (23). and for preterm mothers it starts immediately after delivery taking all the 84 days. Botswana's maternity leave policies do not state any specifics regarding preterm delivery as compared to Zambia maternity leave policies which states that maternity leave for preterm birth is extended by a period recommended by the medical doctor. Furthermore, Botswana does not provide any leave for hospitalization of the baby/child instead mothers use their paid maternity leave and/or holiday leave to be able to care for their hospitalized babies.

Claimed that lack of adequate maternity protection (<14 weeks of maternity leave, with/without cash benefits) increases risks to the health of both women workers and their children, as women continue to engage in economic activity too far into pregnancy (22). when it is no longer medically advisable. They do not take an adequate rest period and start working too soon after childbirth with detrimental effects on both their own health and their children's health (22). This may also lead to mothers remaining exposed to workplace risks or perform hazardous or unhealthy work while pregnant or nursing, to reduce their access to prenatal, childbirth and postnatal care or to

reduce the duration of breastfeeding. Lastly, lack of adequate job-protected leave is associated with labour discrimination practices, such as dismissal, loss of pay and/or loss of employment status for employees (22).

Approximately 48% of African countries provide at least 14 weeks of leave, while 35% offer 12 to 13 weeks (23) found that in Africa, 18% of women workers are covered by law in terms of maternity leave benefits. Fourteen African countries provide leave for less than 14 weeks and rely on employers for all or at least one-third of maternity benefits. Botswana provides paid maternity leave of 12 weeks on full pay for each confinement up to a maximum of three confinements (23)

Gennaro (1996) concluded that having a preterm infant result in unexpected changes in employment and in increased and unexpected out-of-pocket expenses. The study findings support the need for longer leave for mothers who have small infants (24). longitudinal study suggested that longer leave after childbirth may benefit families and improve maternal

mental health. Having less than 12 weeks of maternal leave and having less than eight weeks of paid maternal leave are both associated with an increase in depressive symptoms, and having less than eight weeks of paid leave is associated with a reduction in overall health status (25).

1.3 Problem Statement

The study is undertaken to determine the adequacy of paid maternity leave through the experiences and perception of working mothers of preterm infants, which mostly is exhausted prior to the baby's discharge forcing mother to either use her holiday leave days or quit the job, and leave the fragile baby with unexperienced caregiver. Their experiences and perceptions will give us insights into the effectiveness of existing policies and identify areas for improvement.

Botswana is one of the countries which are not yet offering a paid maternity leave of 14 weeks as recommended by ILO and in addition the maternity leave starts immediately after delivery for preterm mothers getting all the 84 days. The paid maternity leave policy of Botswana was established in 1996 and has not been reviewed since, even though ILO made new recommendations in 2014. Furthermore, the preterm births have increased over the years and neonatal mortality rate is still high but Botswana has not implemented any policy to address this issue which could be relatively mitigated by an increase in maternity leave.

This study is undertaken to explore the experiences and perceptions among working mothers related to having a preterm infant and the required use of the paid maternity leave in the three hospitals in Botswana. Factors like the duration of leave, financial support, emotional well-being, infant well-being and work-life balance will inform policy recommendations to better support working mothers during this critical period. The study will be done in the two public referral hospitals (Princess Marina Hospital [PMH], Nyangabgwe Referral Hospital [NRH]) and one private hospital Sidilega Private Hospital [SPH].

To my knowledge, no published research focuses on the experiences and perceptions on paid maternity leave among working mothers of preterm babies in Botswana.

1.4 Purpose/General Aim/General Objective of the Study

This study focuses on exploring the experiences and perceptions of working mothers of preterm babies on the paid maternity leave given, in three selected referral hospitals in Botswana.

1.5 Objectives of the Study

1. To explore the experiences and perceptions of preterm mothers (26 to less than 32 weeks GA) on the current paid maternity leave policy in three selected hospitals in Botswana.
2. To explore how paid maternity leave policy support/ affect the working mothers of preterm babies in three selected hospitals in Botswana.
3. To identify recommendations from preterm mothers to improve the paid maternity leave policies in Botswana.

1.6 Research Questions/Hypotheses

1. What are the experiences and perceptions of preterm mothers (26 to less than 32 weeks GA) on the current paid maternity leave policy in three selected referral hospitals in Botswana?
2. How does paid maternity leave policy support/ affect the working mothers of preterm babies in the three selected hospitals in Botswana?
3. What are the recommendations from preterm mothers regarding the paid maternity leave policies in Botswana?

1.7 Scope of the Study

1.7.1 Time Scope

The study was carried and completed in a period of 8 month from 02nd April 2024 to 30th November 2024. During this period, I wrote my proposal (introduction, literature review and research methodology), waited for IRB approval, ethical clearance in Botswana, then did data collection.

1.7.2 Content Scope

This study was intended to tackle the experiences and perceptions of working mothers of preterm babies on the given paid maternity leave in three selected hospitals in Botswana. It was also exploring how the preterm mothers are being supported regarding the paid maternity leave policy. It is a qualitative phenomenological study which reached data saturation. Inclusion criteria: working mothers of extremely preterm babies and very preterm babies with birth weight of less than 1500g, who are more than 14 days hospitalized and who are less than three (3) month post hospitalization.

1.7.3 Geographical Scope

The study was carried out in Princess Marina Hospital, a public referral institution in Gaborone, Botswana (south of the country), Nyangabgwe Referral Hospital, another public referral institution in Francistown, Botswana (north of the country) and Sidilega Private Hospital which is located in Gaborone, Botswana. These three hospitals were chosen (26)

because they are the WHO level three criteria hospitals that admit ELBW babies, VLBW babies and referrals. The hospitals are more accessible and convenient to the researcher as they have a greater capacity of admissions of ELBW and VLBW babies, and a greater number of participants may be reached including the ones coming from afar.

1.8 Significance

Paid maternity leave has been shown to improve neonatal and maternal outcomes, breastfeeding rates, familial relationships, and decrease gender inequalities in the workplace (27). The importance of paid maternity leave for the preterm mothers may include the following; reduced infant mortality, decreased stress level, enhanced child care, continuation of breastfeeding. It's not just about the time off work; it's about providing a supportive environment that promotes the health and development of the most vulnerable infants (28)

1.8.1 To the Community

The findings of the study may influence policy changes to accommodate working preterm mothers by delaying the commencement of paid maternity leave and enhance neonatal and maternal health outcomes. Government and private health institutions may adopt the study findings to support the working preterm mothers hence improving maternal mental health and boosting longer breastfeeding rates leading to reduced infant mortality rate.

1.8.2 To the Researcher

This study contributed to a better understanding and clear viewpoint on how the paid maternity leave is affecting the working preterm mothers and the preterm babies. This will help the researcher to advocate for the working preterm mothers and bridge the existing gap (unstandardized paid maternity leave) within the practice.

1.8.3 To the scholars

Scholars can explore how maternity leave policies affect the health outcomes of both mother and preterm babies, enabling them to do advocacy on changes that will be beneficial to both. The study will contribute in closing the study gap of the qualitative researches done mostly on the term babies, hence include preterm babies in researches too. It will help enrich Botswana's research and database, more-so that not many neonatal related researches are conducted there.

1.9 Organization of the Study

Chapter one introduced the study, mentioning the statistics and burden of the issue. It also stated the aim of the study, the problem identified, where, when and how the study is planned to be carried out, and its significance to the community, to me, and to other scholars.

Chapter two summarizes what is found in the literature which is relevant to the study, critiquing and finding gaps concerning the study, finding the relevant theories to simplify the connection between existing theories and the study. It also shows how deep this topic has been covered in the literature.

Chapter three describes the methods and approach to be used to obtain data from the field, the study population and sampling, the data collection methods and tools, how the researcher intend to process the data obtained. It also states the data analysis techniques to be used and the foreseen circumstances in the study, including potential solutions to the problems. Ethical concerns will be addressed in this chapter and professionalism will be assured.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter summarizes what is found in the literature which is relevant to this study, critiquing and finding gaps concerning the support given regarding paid maternity leave, mothers experiences and perceptions concerning the paid maternity leave. It is finding the relevant theories and conceptual framework to simplify the connection between concepts and variables that are relatable to the topic. It also shows how deep this topic has been researched in the literature helping in answering the research questions set.

2.2 Concepts of Study

2.2.1 Paid maternity leave

Paid maternity leave is referred to as the paid time off from work given to a mother to nurse and nurture her newborn child and for her recovery after delivery. General order of Botswana (23). states that a working mother, who has 24 months with the current employer is entitled to 84 calendar days maternity leave (which can be taken as 42 days before and after delivery) on full payment for each confinement, for maximum of three confinements. Mothers are required to remain in maternity leave for a minimum of 42 days and a maximum of 84 day following delivery, and if this results to an excess of the mother's entitlement, such excess shall be treated as unpaid leave (23). Regarding the above law, preterm mothers commence maternity leave immediately after delivery to a maximum of 84 days. Son (2024) states that paid maternity leave was introduced by male policymakers, with the intention of restricting the work participation of pregnant women, due to concerns about population growth. Countries with low total fertility rates tended to provide paid maternity leave earlier and more generously than others to deal with the above reasons (Son, 2024). There are limited theories relevant to maternity leave as a concept.

2.2.2 Experience

Experience as defined in Chapter 1, is something that happened to a person, whether observed, understood, involved into or exposed to, that shaped your perspective about a certain thing. Dasein is a central concept in the philosophy of Martin Heidegger, which translates to "being-there" or "existence." (29). Wheeler & Michael (2020) says Heidegger uses Dasein to describe the unique way in which humans exist in the world including their awareness, understanding, and engagement with the world. Dasein emphasizes the idea that

human existence is fundamentally intertwined with the context, environment, and relationships (30).

The theory of Wilhelm Dilthey of lived experience refers to the first-hand involvement or direct experiences and choices of a given person, and the knowledge that they gain from it, as opposed to the knowledge a given person gains from second-hand or mediated source. It is a category of qualitative research together with those that focus on society and culture and those that focus on language and communication (31). Lived experience is not about reflecting on an experience while living through it but is collective, with a given experience being reflected on after it has passed or been lived through

Comparing this theory to Dasein theory, Dasein focuses on the unique way humans exist in the world, Dilthey's lived experience dig into the rich tapestry of our subjective encounters with reality (31). Both concepts contribute to our understanding of what it means to be human. The researcher selected Dilthey's lived experience theory as it encompasses moments, emotions, sensations, and perceptions.

2.2.3 Perception

Experience and perception are related concepts as one leads to the other. Experience involves actively engaging in or undergoing events, giving firsthand knowledge whereas perception focuses on how one interprets or comprehends these experiences based on senses and cognitive processes (32). There are different theories on perception, some of them being; James Gibson perception theory and Richard Gregory's perception theory. Demuth (2013) explained Gibson perception theory as bottom-up theory, which says our perception is achieved by our active approach. Gibson's theory continues to affirm that, if we change our position, we are changing a set of information that is available to us, but we are not changing reality itself (Demuth, 2013). Gibson's theory articulates to single reality which is more applicable in quantitative approach and

does not take into account the importance of previous experience (Demuth, 2013). Gregory's perception theory by Demuth (2013) states that a subject needs contents and ideas more than a great sum of sensory information to shape its perception. The process of perception takes into account our personal history and Gregory understood that to operate with sensory data does not necessarily mean to perceive, but to perceive always means to integrate feelings into a broader context of our beliefs and opinions. Experience is the key point of interpretation (Demuth, 2013). Gregory's theory articulates to multiple realities which is

relatable in qualitative approach and it says that our perceptions are determined by attitudes, emotions and expectations (Demuth, 2013).

Between Gibson's theory and Gregory's theory, the researcher will select Gregory's theory as it is more relatable to the perception definition that is stated on the study and as stated above experience is linked to perception.

2.3 Theoretical Review

The theory of lived experiences by Wilhelm Dilthey is the quoted theory related to human experiences. The researcher identified this lived experience theory related to phenomenological study which guided the research discussion by emphasizing the depth and richness of the working mothers' experiences, rather than generalizing findings to a larger population. Grove, Burns & Gray (2013) states that phenomenological research is an effective methodology for discovering the meaning of a complex experience as it is lived by a person.

"Dilthey's theory described lived experiences as our immediate, pre-reflective consciousness of life – a reflexive" (33). Koopman (2018) refers to this reflection upon lived experience as "having a certain essence, a quality that we recognize in retrospect". He clarifies this by stating that lived experience is something that happened in the past and it can never be grasped in its immediate manifestation but only reflectively as past presence (33). In this study, as working preterm mothers reflect upon their lived experience, they notice that it has a distinctive meaning for them and influence their thoughts and behavior regarding maternity leave policies. The study attempts to explore the experiences of working preterm mothers by digging in their past experiences

(while hospitalized or during maternity leave) and their present experience (returned to work).

Dilthey's lived experience theory emphasizes the subjective and reflective nature of human experiences; applying this to working preterm mothers in Botswana, their experiences with maternity leave policies can be understood as deeply personal and shaped by their unique challenges such as medical concerns, emotional stress, and workplace expectations.

Maternity leave policies in Botswana, while providing some protection, may not fully accommodate the specific needs of working preterm mothers, who often require extended leave for neonatal care and recovery. From Dilthey theory, these mothers' lived experiences

would not just be about the formal policies but also about how they perceive and navigate them whether they feel supported or pressured at the hospital, home or workplaces. By using Dilthey's framework, researchers and policymakers can better understand the working preterm mothers' experiences and create more supportive healthcare and social policies.

Saro, Boquil, Lim, Boquil & Yu (2022) explored the perceptions and experiences of Technical Vocational and Livelihood strand students in the Philippines during the new normal education. Their findings showed that students relied on their peers for support, emphasizing the importance of shared experiences in overcoming challenges. This idea extends beyond education—mothers with preterm babies in neonatal units similarly lean on one another for emotional and practical support. The study used quasi-interviews and online interviews, which suited the qualitative nature of the research. However, online interviews had limitations, particularly in missing non-verbal cues, which may have hindered a deeper understanding of participants.

Further research has examined mothers' experiences with preterm infants, though few studies have focused specifically on paid maternity leave. Ncube, Barlow & Mayers (2016) investigated the experiences of mothers in Botswana and highlighted the dual responsibility of health professionals: caring for both the infant and the mother. Mothers trust these professionals to advocate for them and their children, reinforcing the need for comprehensive neonatal care.

Ncube et al. (2016) also stressed the importance of mothers participating in infant care, as it strengthens the mother–infant emotional bond, which is crucial for both survival and well-being. However, this emotional connection can be disrupted by expired maternity leave, as noted by Chatterji & Markowitz (2012), potentially impacting maternal mental health and infant care.

The research examined social support for mothers of preterm infants, emphasizing the absence of policies and protocols in the country. The study was conducted in a single referral hospital, limiting its findings to one geographical area and neglecting cultural and attitudinal differences in other regions. It employed a qualitative exploratory and descriptive phenomenological design, using in-depth interviews, though observations could have enriched the findings.

Warren et al. (2020) conducted a correlational cross-sectional study on mothers of premature infants within the first year post-discharge from NICU, focusing on social support, attachment, and depressive symptoms. Findings revealed that these mothers had a 38% increased risk of postnatal depression, with factors such as expired maternity leave exacerbating emotional distress. However, data collection relied on closed-ended online surveys, limiting its depth.

Parry & Allison (2020) criticized Warren et al.'s (2020) approach for narrowing maternal experiences to specific activities. They suggested a qualitative phenomenological approach would have provided richer insights. Minuta et al. (2023) explored mothers lived experiences in a NICU in Ethiopia, revealing both positive and negative emotions affecting mother-baby attachment and survival. The study's purposive sampling lacked an explicit age criterion but primarily involved mothers aged 18-30 with babies at 31-34 weeks gestational age, making generalizations challenging.

2.4 Empirical Review

An efficient search on literature focused on these keywords; experience, perceptions, paid maternity leave, preterm mother, working mother. The researcher searched in Google Scholar, PubMed, Research4life, Joanna Briggs institute and Cochrane Library.

2.4.1 Paid maternity leave policies

Paid maternity leave policies differs from country to country, despite International Labour Organization (ILO) Maternity Protection Convention No. C183 and its corresponding Recommendation No. R191 which stated that countries should provide new mothers with at least 14 weeks of paid maternity leave (18 weeks in R191) (Addati, Cassirer & Gilchrist 2014).

General order of Botswana (1996) states that a mother is entitled to 84 calendar days maternity leave on full payment for each confinement, for maximum of 3 confinements provided it's the same employer. The length between each confinement should be 24 months to qualify for the paid maternity leave. Preterm mothers commence maternity leave immediately after delivery and takes a maximum of 84 calendar days. Botswana's paid maternity leave policy is not adherent to ILO recommendation of 14 weeks, and its vague with no specifics in relation to premature birth or immediate hospitalization of the newborn as compared to other countries' policies which either increase the paid maternity by one

month or add each week of hospitalization on the paid maternity leave days or have preterm leave.

Zimbabwe Labour Act (2018) states that maternity leave shall be granted for a period of ninety-eight days on full pay to a female employee who has served for at least one year and the employee shall be entitled to be granted a maximum of three periods of maternity leave with respect to her total service to any one employer during which she shall be paid her full salary. Comparing Zimbabwe paid maternity policy to Botswana paid maternity policy, the researcher found out that Zimbabwe adheres to the ILO recommendations of 14 weeks but also does not have any specifics concerning premature birth.

South Africa Basic Conditions of Employment Act (1997) states that an employee is entitled to at-least four consecutive months' maternity leave. An employee may commence maternity leave at any time from four weeks before the expected date of birth, unless otherwise agreed; on a date from which a medical practitioner or a midwife certifies that it is necessary for the employee's health or that of her unborn child (South Africa Basic Conditions of Employment Act,1997). South Africa has met the recommendations of paid maternity leave by ILO but also does not have any specifics concerning premature birth.

Namibia Labour Act 11(2007) states that a female employee who has completed six months' continuous service in the employment of an employer is, with a view to her confinement, entitled to not less than 12 weeks' maternity leave, she is entitled to commence maternity leave four weeks before her expected date of confinement, as certified by her medical practitioner and eight weeks thereafter confinement. Namibia Labour Act 11(2007) declared that extended maternity leave is granted due to complications arising from birth or congenital conditions, it is necessary for the health of the employee's child, and is granted up to a period maximum of one month; or the amount of accrued sick leave that the employee has at that time. A period of extended maternity leave must run immediately following an employee's maternity leave (34). Namibia stipulated the specifics concerning baby's health and maternal health and the extension was mentioned, Botswana can benchmark the initiative and support the preterm working mothers.

Zambia Employment Code Bill (2019) states that, a female employee is, on production of a medical certificate, entitled to fourteen weeks maternity leave to be taken immediately preceding the expected date of delivery, except that at least six weeks maternity leave shall be taken immediately after delivery. Zambia Employment Code Bill (2019) continues by

stating that the maternity leave shall, in the case of a multiple birth be extended for a further period of four weeks. Despite the above laws, a female employee who gives birth to a premature child is entitled to an extension of the maternity leave for a period that shall be recommended by a medical doctor ((35). Zambia's paid maternity leave policy is specific and is inclusive of premature birth thus making it supportive to maternal and child health. This is another initiative that can be adopted by Botswana, as studies show that increase of paid maternity leave decreases rates of infant mortality and it improves infant health by giving mothers time to breastfeed, care for ill babies, or ensure that their babies receive their childhood vaccinations (Coombs, 2021) and Nandi et al, 2016) (36).

Most African countries have no specific paid maternity leave policies that outline what happens if the mother gives birth prematurely or if the newborn is born with illness or congenital condition requiring hospitalization. Globally, few countries have paid maternity leave policies which covers premature birth. Australia as one of many countries had a review in 2023 of Maternity leave Act 1973 and considered the introduction of paid Premature Birth Leave which would provide appropriate support to pregnant employees from the date of birth up to the end of what would have been 36 weeks' gestation. Eligibility for the full entitlement of paid parental leave would commence from what would have been 37 weeks' gestation (37).

India increased its paid maternity leave from 12 weeks to 26 weeks for the first two births but does not have any specifics regarding preterm births. (India Maternity Benefits (Amendment) Act, 2017). Even though India policy does not have specifics, it is long enough to cover hospitalization and recovery at home (38).

2.4.2 Experiences and perceptions

Silins & Nicholas, 2021 states that experiences and perceptions are interconnected concepts used to interpret the way people interact with the world. The studies on experiences and perceptions of mothers/preterm mothers in neonatal units have been covered worldwide. Shrestha, Singh, Bhattarai & Raut (2020) in a qualitative phenomenological study on experience of mothers having preterm newborns in neonatal care units found out that preterm mothers experienced fear, anxiety, distress, guilt and hopelessness during hospitalization of their babies. An in-depth interview and purposive sampling were used and data analysis was done using Colaizzi content analysis.

Namusoke, Sekikubo, Namiiro & Nakigudde (2021) explored the lived experiences of mothers with preterm babies admitted to NICU in a low resource setting using qualitative approach. In-depth interviews and focus group discussions were conducted on purposively sampled preterm mothers, and manual thematic analysis was used for data analysis. The above studies done on mother's experiences used a qualitative approach which is beneficial if one needs the richness of the data. In-depth interviews were used, this helps in probing and getting more data including non-verbal cues. Focus group discussions was used in one of the studies, the advantage of it is that it reached more participants at a time but it can hinder freedom of expression to mothers who are not used to group participation. Data analysis methods used were both appropriate for qualitative approach and themes were identified.

Studies relating to preterm mothers and paid maternity leave are limited especially in

Africa. Most studies on paid maternity leave policies are in relation to breastfeeding and maternal well-being which shows a gap in literature since paid maternity leave for preterm mothers is mostly spent during hospitalization of the preterm baby. The experiences and perceptions of preterm mothers relating to paid maternity leave are less studied making the study to be relevant for possible future policy amendments.

2.5 Conceptual Framework

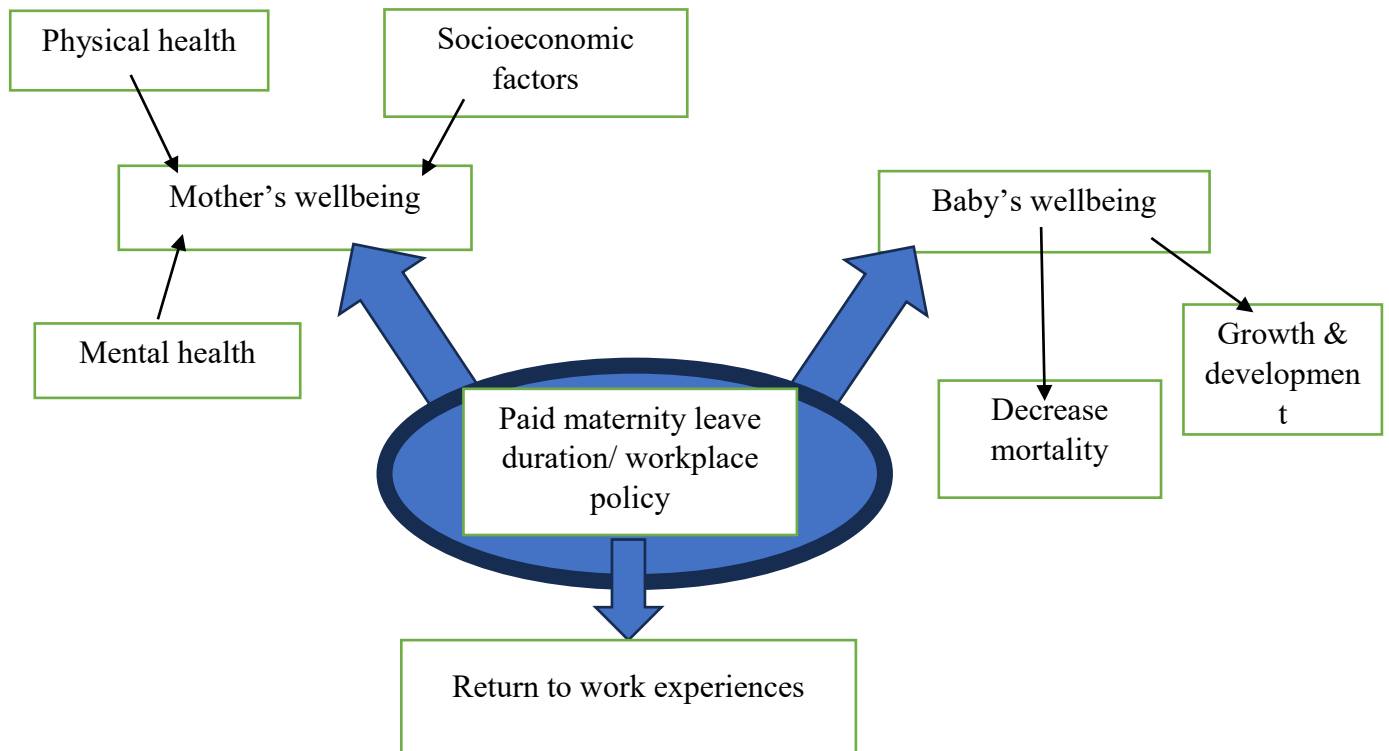


Figure 1: Conceptual framework

The conceptual framework shows the relationship between duration of paid maternity leave and the experiences of working preterm mothers when they return to work. The independent variables are; duration of maternity leave and workplace policies. The dependent variables are; mother's well-being, baby's well-being and return to work experiences. Increasing the duration of paid maternity leave will lead to positive experiences of working preterm mothers, as Chatterji & Markowitz (2012) stated that longer leave after childbirth may improve maternal mental health, physical health and contribute to socioeconomic factors. Improved infant well-being due to prolonged maternity leave will contribute to a decline in neonatal mortality rate, encourage good breastfeeding behavior which will lead to better infant growth and development (25)

2.6 Research Gap

Multiple studies (Ncube et al (2016) Lomotey et al (2019), Pinar & Erbaba (2020), Namosuke et al (2021), Shrestha et al (2020), Minuta et al (2023), Warren et al (2020), have been done on lived experiences and perceptions of mothers of preterm babies in the neonatal

setting though few were related to paid maternity leave. Studies on preterm working mothers in relation to paid maternity leave in Sub-Saharan Africa are limited. In Botswana, there is no qualitative study done on experiences and perceptions on paid maternity leave among working mothers of preterm babies. In Western countries especially USA and United Kingdom (UK), many studies on paid maternity leave (39). Montoya-Williams, Passarella, Lorch (2020), Combs (2021), Constatini (2022), Guendelman et al (2009), Whitney et al (2023), Andes, Baird, Bingenheimer, Markus (2016) were done though they focused more on term pregnancies. Paid maternity leave policies differs from country to country but ILO has made recommendations that guide countries on the duration of the leave though Botswana is not adherent to the recommendations (40).

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

Experiences and perceptions of the working mothers of the preterm babies on maternity leave policies in Botswana, can significantly influence policy changes or modifications that support them, thus improving maternal and neonatal health outcomes. This chapter describes the methods and approach used to obtain data from the field, the study population and sampling, the data collection methods and tools, how the researcher processed the data obtained. It also states the data analysis techniques used and the foreseen circumstances in the study, including potential solutions to the problems. Ethical concerns were addressed in this chapter and professionalism was assured.

3.2 Research design

The study design that was used is descriptive phenomenological qualitative which aims to explore an experience as it was lived by the study participants and interpreted by the researcher (41). Grove et al (2013) stated the participants' lived experiences are expressed through the researcher's interpretations that are obtained from immersion in the study data and the underlying philosophy of the phenomenological study. In this study the experiences and perceptions of working preterm mothers related to paid maternity leave were explored and understood in-depth. The lived experiences and perceptions on how paid maternity leave is affecting working preterm mothers were analyzed. The researcher described the phenomenon of paid maternity leave as it was experienced by individuals from their perspective (Grove et al, 2013) (42).

A qualitative approach was used in this study research, as it is a scholarly approach to describe life experiences from the perspective of the persons involved (Grove et al, 2013). It is a way to give significance to the subjective human experience as well as gain insights to guide nursing practice. Within a naturalistic holistic framework, qualitative research allows us to explore the depth, richness, and complexity inherent in the lives of human being (Grove et al, 2013). The study will furnish the readers with the in-depth experiences and perceptions of the participants, the support they get from paid maternity leave, and will help the readers to immerse in their life experience, give a deep understanding of their perceptions and the consequences of the paid maternity leave given to working mothers of preterm babies in Botswana.

3.3 Study population

The study population is all the elements (individuals, objects, or substances) that meet certain criteria for inclusion in a given universe (Grove et al, 2013). The study population were working mothers who are permanently employed or employed on contract basis, having a surviving preterm baby of less than 32 weeks GA, birthweight less than 1.5kg who is hospitalized in one of those three selected hospitals for more than 14 days and a surviving preterm baby of BWT 1.5kg and 32 weeks GA, who is three months or less post hospitalization and was hospitalized for more than 14 days from those three selected hospitals.

Inclusion criteria: permanently employed or contract-base employed mothers of preterm babies of 26 weeks of GA to less than 32 weeks of GA, birthweight less than 1.5kg who have 14 days in the hospital and who spent more than 14 days in hospital and are three months post hospitalization. Mothers should be willing to participate.

Exclusion criteria: self-employed mothers, mothers with less than 1 year in the employment, temporary employed mothers, mothers on the fourth confinement with the same employer, mothers who have less than two years between each confinement. All the above stated mothers do not qualify for paid maternity leave according to the policies of Botswana and if they take the maternity leave it will be unpaid. Preterm babies less than 26 weeks GA (survival rates are low in Botswana), preterm babies of 32 weeks GA and more with birthweight of less than 1.5kg (SGA) because the probability of fast catch-up for them is high and they spend less days in the hospital. Preterm babies who have day of life (DOL) less than 14 days because their mothers are not having the rich data related to experience on the paid maternity leave.

3.4 Sampling

Grove et al (2013) published that purposive sampling select information-rich cases or critical cases, or cases that make a point clearly or are extremely important in understanding the purpose of the study. Campbell et al (2020) expressed that the reason for purposive sampling is the better matching of the sample to the aims and objectives of the research, thus improving the rigor of the study and trustworthiness of the data and results (43). Purposive sampling selected information-rich cases or critical cases, or cases that made their paid maternity leave points clear (Grove et al, 2013). The purposively selected working mothers of preterm babies assisted the researcher to gain insight into the phenomenon being studied

and to obtain in-depth understanding of their experience and perceptions. Purposive sampling focused on working mothers of preterm babies who are/were at those three selected hospitals, who met the eligibility criteria and were willing to participate in the study.

Sample size: A sample is a subset of the population that is selected for a particular study (Grove et al, 2013). The data was collected from the working mothers of preterm babies who qualified in the inclusion criteria until data saturation was reached. Saunders et al (2017) states that data saturation is when no new information, no new ideas and thoughts are recorded. Phenomenological studies used in health-related research can have a mean sample size of 25 participants if data saturation is not reached (44). Guetterman (2015) expressed that in health sciences the mean sample size is 25 with a minimum of 8 and maximum of 52 participants (45). The researcher was to do a sample size of 25 participants if data saturation was not reached.

3.5 Data Collection Methods and Instruments/Tools

Qualitative researchers collect data themselves through examining documents, observing behavior, or interviewing participants (Creswell, 2014). Data collection method that was used by the researcher was in-depth semi structured interviews, as the appropriate method for descriptive phenomenological research design (Creswell, 2014) (46). Creswell (2014) states that semi-structured interviews enable participants to present a range of views and offer new insights on a particular topic The descriptive phenomenological design guided the formation of an interview guide that was set by the researcher and probing was done to get rich information (Creswell, 2014). The interview guide was translated to local language (Setswana) to cater for those who were not competent in English language.

The researcher conducted face-to-face interviews with participants in a private room at the hospital between feeding hours and privately at the participants' homes at a suitable time with the working mother. The researcher took field notes and used audiotapes and sounds to maximize collection of quality data and capture non-verbal cues.

Mediated access to potential participants was arranged by the duty nurse who informed the mothers in the unit about the study. Mothers of the discharged babies were contacted via phone calls to inform them about the study. Interested potential participants were provided with information about the study. Once participation has been agreed on, formal written informed consent was obtained. Participants were informed about the study purpose,

confidentiality and the right to withdraw from the study without any penalty or risk to the care of their infants. All participants were coded to protect identity and maintain anonymity. They were also informed that the study would not benefit them directly but that the information obtained through the study may affect paid maternity leave policies, therefore benefiting mothers and preterm babies in future. The interview guide questions were as follows;

1. Demographic information of participants will include; mother's name & age, occupation, employer, gravidity, parity, living children, gestational age at birth, day of life or number of days post hospitalization, baby's birth weight, number of confinements with current employer, length of space between confinements, length of paid maternity leave granted.
2. Can you tell me about the maternity leave policies at your workplace?
3. What kind of support did you receive from your employer during maternity leave?
4. Describe the impacts brought by your return to work on your baby well-being.
5. How do you perceive the adequacy of the maternity leave provided?
6. Is there anything you would like to share about your experience regarding maternity leave?
7. In what ways could the maternity leave policy be improved?

3.6 Data Processing

The researcher prepared and organized the data from transcribed interviews (audiotaping) and from written fieldnotes. The transcribed verbatim were in Setswana and the researcher translated it to English. Data was reviewed and explored for patterns or repeated ideas, and the use of colored markers in fieldnotes was utilized. The researcher developed a data coding system to categorize the data and identify recurring themes. The researcher processed the data using NVivo 15 qualitative data analysis software as it makes thematic analysis easier than manual thematic analysis.

3.7 Data analysis

Grove et al (2013) published that qualitative data analysis is a process of examining and interpreting data in order to create meaning, gain understanding, and develop empirical knowledge. Data analysis in qualitative research has steps like data reduction, data display

and drawing and verifying conclusions (Henderson et al, 2015). The researcher prepared and organized data systematically using thematic analysis process. Reviewing and exploring of the data was done, as the researcher went through the fieldnotes and recorded tapes to ensure uniformity. The transcribed verbatim were entered in NVivo software individually to create codes. Through developing and assigning codes, the researcher explored the phenomenon of the study (Grove et al, 2013) and identified recurring themes (47).

All transcripts were coded to protect identity and maintain anonymity, and data safely stored using passwords. The study information will be accessible to the researcher and the supervisors and after presentation, it will be disseminated to the relevant authorities and/or published.

Through the assistance of peer reviews and participants involvement, trustworthiness to the data of all findings was ensured. Multiple valid interpretations may occur, but all findings will remain trustworthy to the data. Investigator triangulation was used to help analyze data and reduce researcher's biasness. The credibility of the findings was increased through checking the accuracy of the transcription, assessing consistency between data coders, and validating the findings with participants (Creswell, 2014). 30% of the participants were asked to validate the findings by thoroughly listening to their recordings and comparing with the translated transcription. The reliability of the findings was ensured by checking that transcripts do not contain obvious mistakes made during transcription, and that there is no drift in the definition of codes, a shift in the meaning of the codes during the process of coding (Creswell, 2014).

Reflexivity statement: reflexivity consists of the ability to be aware of one's biases and past experiences that might influence how one would respond to a participant or interpret the data (Grove et al, 2013). Self-awareness and critical examination of the interaction between self and the data during collection and analysis of qualitative data is vital to acknowledge and address the researcher's positionality, biases, values, and experiences related to the study topic (48).

As a former working mother of a preterm baby, I acknowledge that I have experience on the paid maternity leave policy in Botswana, which did not affect me negatively. The duration of the paid maternity leave period was 84 days and it was started after discharge from hospitalization. My baby was born at 29weeks 5days GA, with BWT of 1250g and was hospitalized for six weeks. This gave me plenty of time to recover physically and mentally,

to adopt to the home environment and to teach my mother how to care for my fragile baby. I received a lot of support from work, family and friends and did not encounter any problems concerning scheduled follow-ups for the preterm baby as my supervisor granted me the permission without demanding that I take leave.

Having mentioned this, my experiences shaped my perspective of the paid maternity leave policy of Botswana as not adequate if started immediately after delivery for preterm mothers and has made me develop an interest in knowing how other preterm mothers will perceive/experience the paid maternity leave. I understand that my experience as researcher may pose potential biasness, particularly in how I interpret data related to the adequacy of the paid maternity leave and how it affected/supported the preterm mothers.

To mitigate these biases, I employed triangulation by using multiple data sources and seek feedback from colleagues to ensure a balanced interpretation of the findings. By reflecting on my own positionality, I aim to conduct research that is both ethical and credible, acknowledging the influence of my own background while striving for objectivity.

3.7.1 Thematic analysis

According to Braun & Clarke (2012) thematic analysis is a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set. Braun & Clarke (2012) expressed that thematic analysis technique has an advantage of flexibility as it can be conducted in many different ways, and accessibility (49). Its accessibility suits multi-methods research being conducted by research teams, where not everyone is a qualitative expert. The researcher used inductive thematic analysis, which is data-driven and free from any pre-existing theories or frameworks. The researcher began by reading and re-reading the data to become familiar with it. Then the researcher explored the experiences by understanding the meanings in the data and finding unique data. The meanings were marked and described with a few words. The researcher organized meanings in patterns and themes emerged from patterns. The themes were then organized and described, then named to describe the meanings of lived experiences in actual context relating them to the aim of the study.

3.8 Limitations

The data processing and analysis computer software (NVivo) might need more money to continue using it for longer hours and this can result in the researcher not being able to analyze all the data electronically. The solution to this problem was to ask for financial support from the funders and do trials of using the computer software to familiarize the researcher with how best to use it in an efficient manner. Time limitations might be encountered during data collection because in-depth interviews require longer interviews with participants or multiple interviews with one participant to get rich data. To overcome this issue, an assistant might be needed to help collect demographic data and data that need less expertise from the researcher.

3.9 Ethical considerations

Permission to collect data was obtained from the College of Medicine and Health Sciences at University of Rwanda (UR), Institutional Review Board (IRB), Botswana Ministry of Health Research & Ethics committee, PMH IRB, NRH IRB and SPH IRB. The permission to conduct this study was obtained from the Hospital Superintendent, Nursing Superintendent and Head of the unit in each hospital of study.

Interested potential participants were provided with information about the study. Once participation has been agreed on, formal written informed consent was obtained. Participants were informed about the study purpose, confidentiality and the right to withdraw from the study without any penalty or risk to the care of their infants.

All transcripts were coded to protect identity and maintain anonymity, and data safely stored using passwords. The research had minimal harm to the participants and did not interrupt with service delivery or work schedules. Arrangements were made with hospital social workers for psychosocial support should any of the participants experience any emotional distress as a result of their participation.

CHAPTER FOUR: FINDINGS

4.1 Introduction

This chapter presents the findings of the study, focusing on the experiences, perceptions, and views of preterm mothers in Botswana regarding the current paid maternity leave policy. The analysis is guided by three key research questions mentioned in Chapter one. First, it explores the lived experiences and perceptions of mothers with preterm infants (26 to less than 32 weeks gestational age) across three selected referral hospitals. Second, it investigates the impact of the paid maternity leave policy on these mothers, specifically how it supports or affects their dual roles as caregivers and working professionals. Third, it captures the perceptions of these mothers on the adequacy of the maternity leave policies in Botswana.

The researcher conducted face-to-face interviews in the local language Setswana, using an interview guide which was piloted to ten randomized participants for content and language. The interviews were recorded with permission, and data were transcribed verbatim. The transcripts were translated from Setswana to English and peer reviews were conducted to clarify wording and meanings. The findings are systematically organized in alignment with the research questions to ensure clarity and coherence. Themes and subthemes that emerged during the analysis are highlighted and supported by rich qualitative data, including direct quotations from participants. The demographic characteristics (Table 1) and themes (Table 2) are presented, followed by more details and quotations from the participants. The researcher used acronyms MPMD (Marina premature mother discharged), MPMI (Marina premature mother Inpatient) for mothers who were admitted in Princess Marina Hospital, NPMD (Nyangabgwe premature mother discharged), NPMI (Nyangabgwe premature mother Inpatient) for mothers who were admitted in NRH and SPMI (Sidilega premature mother Inpatient) for mothers who were admitted in Sidilega Private Hospital to identify, differentiate and capture information well without violating anonymity rule.

4.2 Demographic characteristics of participants

The researcher interviewed mothers of preterm babies until saturation and a total of ten (10) was recorded. Those were mothers of preterm babies of GA 26 to 31 weeks with birth weight ranging from 760g to 1460g. The babies' day of life ranged from 19 to 176 days with some still in the hospital while others were discharged from the hospital, with number of

days post discharge ranging from 47 to 106 days. Participants are aged between 21 and 40 years, with the majority in their 20s and 30s. Maternity leave days granted were 84 except for one mother who was given 90 days.

Table 1: Participant sociodemographic data

Variables	Categories	Frequency <i>n</i> =	Percentage %
		10	
Maternal Age	21-25	1	10
	26-30	6	60
	31-40	3	30
Gravida	Primigravida	4	40
	Multigravida	6	60
Parity	Primiparity	5	50
	Multiparity	4	40
	Grand-multiparity	1	10
Living children	1 child	4	40
	2 children	3	30
	3 children and more	3	30
GA	26-28	3	30
	29-30	4	40
	31-32	3	30
No. of confinements with current employer	1 st confinement	9	90
	2 nd and more	1	10
Length of spacing between confinements	N/A	5	50
	2-3 years	3	30
	4 years and more	2	20
Employer	Government	3	30
	Private	6	60
	Parastatal	1	10
	Receptionist	1	10
	Kitchen Hand	1	10
	Teacher	2	20

Occupation

Business marketer	1	10
Cashier/waitress	2	20
Pharmacist	1	10
Shop assistant	1	10
Call center agent	1	10

4.3 Presentation of findings as aligned with objectives

This study aimed at exploring the experiences and perceptions of working mothers of preterm babies on the paid maternity leave given, in three selected referral hospitals in Botswana. After analysis, themes and subthemes which emerged are summarized in the table below.

Table 2: Themes and subthemes on experiences, perceptions, and views of preterm mothers in Botswana regarding the current paid maternity leave policy

Theme	Subtheme
Experiences of mothers	<ul style="list-style-type: none"> -Unpreparedness and time limit -Uncertainties about baby's survival and wellbeing -Emotional and psychological impact of shorten maternity leave
The support dilemma	<ul style="list-style-type: none"> -Financial ups and downs -Emotional and social aid -Inconsistent practical assistance
From vagueness to certainty and action	<ul style="list-style-type: none"> -Workplace practices & policy ambiguity -Limited workplace guidance -Adequacy based on timing - Improve leave structure and finances

Theme 1. Experiences of mothers

Unpreparedness and time limit

The unexpected birth of a preterm baby was challenging and traumatic. It denied the mothers to prepare socially, financially and psychologically for the birth. The time limit for recovery and bonding with the baby made it more challenging as extension of the maternity leave became inevitable.

“For premature babies it’s a traumatic experience because they come before we even prepare for them. I would advise mothers not to use up their holiday leave days when they are pregnant just like they advised me at work so that if anything can happen, they may use the days to extend their maternity leave with them.” (MPMD 1).

“In my experience this short maternity leave has made things hectic for me and makes us mothers not to enjoy confinement and have limited bonding with the babies. I did not have enough time to rest and recuperate from child birth, the twins are taking all my time.” (MPMD 2).

“It was not easy to leave my baby behind and go home and it is tiresome to go up and down checking on the baby at the hospital because the time between visiting hours is short.” (SPMI 1).

Uncertainties about baby’s survival and wellbeing

Mothers had uncertainties about their baby’s survival and were worried about their wellbeing. Even though this happens to most preterm mothers who are admitted in the hospital, mothers who were admitted in the public hospital were worse whereas the mothers who experienced private facility had a little worry.

“I cried daily for the first week after birth, not having hope in my baby’s survival. At home, I rested and recovered but I couldn’t put away my baby, she was always on kangaroo because I was scared that she might stop breathing and I won’t be able to notice until its late.” (MPMD 3).

“Even though I was worried about my baby being left there, it was not a big deal because I saw their care was of quality and satisfactory.” (MPMI 2).

Emotional and psychological impact of shorten maternity leave

Most mothers felt the negative emotional and psychological impact (stress, anxiety and depression) associated to preterm delivery exacerbated by the maternity leave issues. Most preterm mothers experience this due to challenges in parenting a preterm baby and the duration of hospitalization, making things unpredictable while the maternity leave days are being exhausted.

“I didn’t cope and I was even booked for counselling at work to help with my situation. I was anxious and I had to drag my supervisors from work to come and see what I was dealing with.” (SPMI 1).

“It was depressing more so that it was my first C/section delivery with many uncertainties. My health was deteriorating daily while the maternity leave days were being exhausted.” (NPMD 1).

Theme 2. The support dilemma

Financial ups and downs

The financial ups and downs were felt by most mothers both in public and private hospital. Even though the employers supported them financially it was not enough as mentioned by some mothers whereas few were content with the finances they got. Some mothers had to come with financial plans to make ends meet whereas others were at the mercy of public hospital to assist them if need rise.

“I had all my payment and even bonus that was given to all employees I benefited it; this made it easy for me and didn’t have any financial constraints.” (MPMD 1).

“I got paid my full salary and that helped me because I took a loan to cover up medical costs at the private hospital and still ended up in a public hospital due to financial constraints. I had to pay for everything out of the pocket because my medical insurance was not covering admission or any major procedures.” (MPMI 2).

“Financially I encountered a hiccup though I am getting paid full salary. The finances covering the baby (from medical insurance) got finished and we had to use money out of our pockets to pay for the remaining medical costs.” (SPMI 1).

Emotional and social aid

Mothers were supported emotionally and socially by families and colleagues. Two mothers had the opportunity to be supported emotionally and socially by the employers which is a commendable thing to make a positive return to work experience. Most mothers appreciated this support as it was making their journey more bearable. Emotional and social support helped mothers to cope with their challenges of parenting a preterm baby and they did not feel alone in their journey

“The employer and co-workers are checking on me, they call me regularly, they brought me a fruit basket and even visited me at the hospital.” (MPMD 1).

“My supervisor and colleagues supported me emotionally and taught me a few things about being a mom. They were calling me frequently and even visited me at the hospital.” (MPMD 4)

Inconsistent practical assistance

The practical assistance that the mothers were offered was the extension of maternity leave either by sick leave days, holiday leave days or unpaid leave from the employers or as doctors’ recommendation to cater for their recovery and baby’s hospitalization. This assistance had positive and negative impacts on the mothers as some had to give up their holiday leave to care for the baby, meaning that they will not go for holiday leave until after a year which still will not help with their exhaustion from work. Mothers who used their sick leave days were not to be granted days if they are sick unless they use their holiday leave to recover from the sickness.

“I was given one month on top of 84 days by my employer as sick leave days to continue caring for my babies.” (MPMD 2).

“The days that I was in the hospital were not accounted for nor paid at work.” (MPMD 4).

“I was advised by my supervisors to extend my maternity leave with my holiday leave days to allow the baby to grow a bit.” (MPMD 1).

Theme 3. From vagueness to certainty and action

Workplace practices & policy ambiguity

The policies surrounding maternity leave are standardized but not well communicated and has unclear procedures concerning preterm delivery leading to uncertainty among employees about their entitlements and options. This creates confusion and stress for the employees (new mothers) returning to work as expressed below.

“Even though I was on sick leave of one week, my maternity leave was started immediately after birth. I gave birth at night but the maternity leave was started on the same day of delivery.” (MPMD 1).

“It seems like there was some disagreements between the doctors and the HR department. The doctors wrote the maternity leave which commenced after we were discharged from the hospital but the HR department says maternity leave was supposed to commence immediately after birth. This frustrated me.” (MPMD 3).

Limited workplace guidance

Mothers were not adequately informed about the maternity leave policies and had to rely on informal sources like colleagues, family and personal reading of contracts. Most mothers said during orientation maternity leave policies were not mentioned even the standard rules of maternity leave of term pregnancy were not communicated.

“I didn’t have any information about maternity leave before delivery. On the contract form, they wrote about it but you read for yourself and no one comes to clarify for you where you don’t understand.” (MPMD 2).

“I only heard from my mother telling me about the length of maternity leave which is 3 months. During orientation at work, maternity leave was not mentioned.” (MPMD 3).

“Maternity leave at work is 84 days, that’s the only information I know that I got from colleagues. I did not go through orientation regarding maternity leave policies.” (SPMI 1).

Adequacy based on timing

Mothers raised a concern of the maternity leave not being adequate for them to recover and bond with their babies. Only three mothers said the maternity leave was adequate as it was started after the baby was discharged from the hospital. The mothers feel that their tiny babies are too young to be left with caretakers who are not their mothers especially if the leave started while they were still hospitalized. Because of the shorten maternity leave they feel uneasy at work leaving the babies with unskilled caretakers.

“I never thought maternity leave included holidays in it. This makes it not enough.” (MPMD 1).

“For us preterm mothers the maternity leave is too short. The length of the maternity leave does not give us enough time to recover emotionally.” (MPMD 5).

“The days are so limited” [Mother started crying mentioning that her maternity leave is about to finish but her baby is not yet ready to go home. She extended the maternity leave with her holiday leave] (MPMI 2).

Improve leave structure and finances

Mothers made suggestion on how they think maternity leave policies can be improved to suit their challenging journey. These suggestions were increment of the maternity leave with a month or more up to six months of life. Some suggested that the maternity can be counted according to gestational age. Another suggestion was the improvement or emphasis of payment structure that government has recommended as some employers are not compliant to the laws.

“I would suggest that maternity leave be increased to 6 months and there should be policies about preterm maternity leave. If 6 months is not possible then the 3 months of maternity leave should be counted from the due date or corrected gestational age.” (SPMI 1).

“I would say paid maternity leave should not be strictly 84 days, considerations should be made looking at the situation that the mother is in or going through. If the maternity leave days are spent in the hospital; then the days spent in the hospital should be added to the

maternity leave to make it 84 days. I think there should be a procedure where government assist the parents of premature babies in a form of allowance since these kids are special and need specific necessities.” (MPMI 2).

“It could be increased by a month to be four months and we be given full salary to cater for our needs.” (NPMD 1).

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This chapter presents a comprehensive analysis and interpretation of the findings from the study on experiences and perceptions of paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana. The chapter aims to contextualize the findings within the existing literature on maternity leave policies and neonatal care, addressing the research objectives which include exploring the experiences and perceptions of mothers on paid maternity leave, how paid maternity leave policies affect them and their views on the policies.

The discussion is structured around three major themes identified during the study: experiences of mothers, The support dilemma, and from vagueness to action, which encapsulate the diverse experiences of the participants. By critically engaging with these findings, the chapter seeks to provide meaningful insights into the adequacy, challenges, and areas for improvement in Botswana's paid maternity leave policies.

Furthermore, this chapter also reflects on the implications of the study for policy development, workplace practices, and support structures for mothers of preterm babies, while considering limitations and offering recommendations for future research.

5.2 Experiences and perceptions of paid maternity leave policies among working mothers of preterm babies

The experiences and perceptions of preterm mothers on paid maternity leave were presented in three major themes: Experiences of mothers, the support dilemma, and from vagueness to certainty and action and 10 sub-themes: unpreparedness and time limit, uncertainties about baby's survival and wellbeing, emotional and psychological impact of shorten maternity leave, financial ups and downs, emotional and social aid, inconsistent practical assistance, workplace practices & policy ambiguity, limited workplace guidance, adequacy based on timing, improve leave structure and finances.

5.2.1. Experiences of mothers

The experiences of mothers caring for preterm babies showed a complex journey filled with positive and negative feelings, as reflected in the quotations shared. Unpreparedness and the time limit emerged as a common feature to most mothers, where mothers felt overwhelmed by the abrupt transition into motherhood under challenging circumstances of premature labor. Preterm delivery disrupted their expectations, with participants narrating feelings of shock and emotional distress when their babies arrived earlier than expected, leaving them unprepared both emotionally and practically. WHO and UNICEF (2019) stated that time given off work after birth is important for the health and survival of mothers and babies, as it gives them time to recover after pregnancy and birth, time to care for and bond with a newborn. Chatterji & Markowitz (2012), longitudinal study suggested that longer leave after childbirth may improve maternal mental health, physical health and contribute to socioeconomic factors.

The uncertainty surrounding their babies' survival and well-being, created constant feelings of worry and anxiety. Mothers described grappling with a fear of the unknown, compounded by the fragile health conditions of their infants. The negative emotions experienced by the mother can hinder mother-baby attachment and emotional connection making the baby's survival at stake (50). Coombs (2021) and Nandi et al (2016) expressed that increase of paid maternity leave decreases rates of infant mortality as it improves infant health by giving mothers time to breastfeed and care for ill babies.

In addition, the emotional and psychological impact of shorten maternity leave on mothers was heartfelt. Many mothers reported feelings of guilt, anxiety and depression as they navigated their preterm journey, highlighting the need for targeted psychological support during such vulnerable times. Yaati (2019) highlighted that, mothers of babies born with very low birthweight showed prolonged psychological distress because of the ongoing challenges of parenting a preterm born baby and Chatterji & Markowitz (2012) agreed that for the mother-infant emotional connection to be continuous the mother has to be present for the baby and in a good mental state, which in the researcher's study it can be hindered by the shortened/expired maternity leave. Furthermore, Kornfeind & Sipsma (2018) agreed that paid maternity leave equaling 12 weeks or less can contribute additional risk for postpartum depressive symptoms, since mothers have to juggle employment alongside with important physical and emotional changes happening in this period.

5.2.2. The support dilemma

The study indicates that paid maternity leave plays a crucial role in supporting working mothers of preterm babies who highlighted that maternity leave policies help provide financial stability during a critical and demanding period, as they are able to maintain income while taking care of their vulnerable newborns. However, the support provided by the current policy appears to be inadequate when addressing the unique challenges faced by mothers of preterm babies, with dissimilarities in financial, emotional, and practical aid. Some mothers of preterm babies required extended time off due to prolonged hospital stays, others additional medical care and some financial support. Financial ups and downs were a recurring concern, as many mothers faced unexpected medical expenses and additional caregiving costs. Paid maternity leave offered some relief, but its limitations often fell short of meeting the demands of extended neonatal care. (Costantini et al (2022), Spittle et al (2021) mentioned that having financial support and a huge social support system of family, childcare, peers, and supervisors emerged as critical factors to make the return-to-work transition easier and Gennaro (1996) concluded that having a preterm infant result in unexpected changes in employment and in increased and unexpected out-of-pocket expenses (51).

Emotional and social aid had negative and positive effects on mothers of preterm babies. While some mothers found strength in their social networks, others experienced a lack of understanding or empathy from friends, family, or colleagues. This variability in emotional and social support greatly influenced their overall experience. The social support and attachment can be altered by many issues including paid maternity leave which expired prior to discharge or shortly after discharge leading to increased level of depressive symptoms (25)

Some mothers were fortunate to be given practical support in a form of extension of paid maternity leave either as doctors' orders or as courtesy from the employer. The practical support assisted them in recovery, adapting and bonding with their preterm babies at a home setting. Whitney, Holbrook, Alvarado, Boyd (2023), Xu, Yang, Wu, Ma, Wang (2021) stated that longer maternity leave leads to more positive mother–child interactions and WHO and UNICEF (2019) agreed that time given off work after birth is important for the health and survival of mothers and babies, as it gives them time to recover after pregnancy and birth, time to care for and bond with a newborn.

5.2.3. From vagueness to certainty and action

The views of the mothers of the preterm babies revealed a strong consensus for policy reform. Most participants advocated for maternity leave policies to include provisions for extended leave for mothers of preterm babies, allowing them to address their unique challenges more effectively. Furthermore, participants highlighted the need for more flexibility in leave allocation, such as allowing incremental leave periods to accommodate ongoing medical and developmental needs of preterm babies. These insights suggest that the current maternity leave policies, while beneficial, may require targeted adjustments to address the specific needs of this population (mothers of preterm babies). Significant challenges around workplace practices and policy ambiguity were raised. Participants reported confusion and inconsistency in how maternity leave policies were communicated and implemented, leading to mothers feeling disempowered and vulnerable. General order of Botswana (1996) states that a mother is entitled to 84 calendar days maternity leave on full payment for each confinement, which commence immediately after delivery whereas Zambia Employment Code Bill (2019) states that a female employee who gives birth to a premature child is entitled to an extension of the maternity leave for a period that shall be recommended by a medical doctor.

Participants highlighted limited workplace guidance, where many were unsure of their rights or how to secure extended leave for the care of preterm babies. The gap in communication represents a missed opportunity for employers to provide critical support to their employees during challenging times. The mothers depended on information shared informally from coworkers/ colleagues and family. (Saro et al, 2022) stated that human beings tend to depend on the fellow human beings in the same situation for help/expertise.

The adequacy of leave policies was found to depend on timing with the standardized maternity leave period proving insufficient for mothers of extremely premature infants. Those who gave birth at a more advanced gestational age and those who commenced maternity leave after the baby being discharge, felt slightly better accommodated. However, mothers of extremely premature infants consistently described the policies as insufficient to meet their extended caregiving needs. Gestational age (GA) at birth is strongly related to length of hospitalization with an average of 105 days for infants born at 24 weeks and 43 days for infants born at 31 weeks (Maier et al, 2018). Lin, Wu, Chen, Chang, Lin & Lin (2022) stated that the length of hospitalization of the VLBW and ELBW babies differs

depending on their conditions at birth and many factors play a role in the baby's condition before they can be stable to be discharged home.

Participants strongly advocated for improved leave structures and finances. Mothers emphasized the need for tailored maternity leave policies that will take care of the specific challenges of preterm births, including longer leave periods and additional financial support. They stated that these adjustments, would ensure a more equitable and supportive framework for working mothers in similar situations. Whitney, Holbrook, Alvarado, Boyd (2023), Xu, Yang, Wu, Ma, Wang (2021) agreed that longer maternity leave leads to more positive mother-child interactions, decreased infant mortality, and create longer periods of breastfeeding, better job adaptation and can help reduce the turnover rate at work. General Order of Botswana (1996) states that Botswana provides paid maternity leave of 12 weeks on full pay for each confinement up to a maximum of three confinements. Despite this statement some mothers were not given the full pay for the confinement hence the advocacy for improved finances.

Strengths of the study

This study focused on working preterm mothers' lived experience with preterm babies admitted or discharged from neonatal care units of the selected hospitals and it provides insight into the psychological distress and challenges faced by these mothers. It does not directly address maternity leave policies of Botswana but gives highlights to the emotional and logistical difficulties related to paid maternity leave that the preterm mothers encounter during postpartum, which could inform discussions on paid maternity leave reforms and give direction to policymakers. The study assessed how Botswana's legal framework aligns with international standards on paid maternity leave by ILO and pointed out areas for legislative reform which can benefit the maternal child health in the future.

Limitations

This qualitative study provides valuable insights into the perceptions and experiences of mothers of the preterm babies but was limited to three hospitals in Botswana. However, it may meet the transferability criteria to other similar settings (applicability) in Botswana. Other hospitals did not grant me the permission to conduct data collection from them as they mentioned that they were still new in the industry. The viewpoints are only focused to a small

portion of mothers of preterm babies who are between 26 to 32 weeks of GA excluding other gestational age groups which may face different challenges. Some aspects of the experiences and perceptions of the participants on the paid maternity leave of the preterm mothers could have been missed based on the depth of information participants were willing to share. The income level for all mothers was not included as some mothers were uncomfortable with sharing the details.

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.1 Introduction

The study's conclusion is reported in this chapter. The chapter also discusses the main suggestions for policy makers, stakeholders, community health, nursing practice, nursing education, and future research. The limitations of the study are also stated.

6.2 Conclusion

The findings emphasize the necessity of revising paid maternity leave policies in Botswana to better support mothers of preterm babies. Incorporating provisions for extended leave periods tailored to preterm births could enhance maternal and infant health outcomes, reduce workplace stress for mothers, and foster a more inclusive approach to maternity support. Policymakers, stakeholders and healthcare providers should collaborate and bridge the gap between policy frameworks and the real-world experiences of mothers of preterm babies.

6.3 Recommendations

Based on the findings of the study, the researcher recommends: Future studies should explore the perspectives of a wider demographic of mothers across different regions and include broader gestational age categories. Maternity leave policies should incorporate provisions for extended leave in cases of preterm births, recognizing the need for prolonged care and recovery time. Governments and employers should consider additional financial provisions for families of preterm infants to offset the added caregiving costs.

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APPENDIX

APPENDIX A - REQUEST LETTER TO DO A RESEARCH STUDY AT THREE REFERRAL HOSPITALS IN BOTSWANA

NTHUSETSANG Tsholofelo Agrineth

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26 August 2024

To: The Chairperson

Research and Development Division

Ministry of Health

Private Bag 0038

Gaborone, Botswana

Dear Sir/ Madam

RE: REQUEST TO CONDUCT A RESEARCH STUDY AT THREE REFERRAL HOSPITALS IN BOTSWANA

I hereby request your permission to conduct a research study in Princess Marina Hospital, Nyangabgwe Referral Hospital and Sidilega Private Hospital titled “**Experiences and perceptions on paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana.**” The research study is one of the requisites to complete Masters of Science in Neonatal Nursing in University of Rwanda/CMHS/SoNM.

The aim of the study is to explore the experiences and perceptions of working mothers of preterm babies on the paid maternity leave given, in three selected referral hospitals in Botswana.

This research will contribute to paid maternity leave policy amendments which can be used by different workplaces. The ethical standards will be considered and data collection methods adhered to in the patient’s preferred language. The study population will consist of

working mothers of preterm babies of GA 26-32 weeks, who are currently hospitalized and who are 3 months post-hospitalization during the data collection period. The participants will be selected purposively and voluntarily agree to participate in the study.

The data gathered during the interviews will be kept confidential and anonymity will be maintained. The results of the study will be disseminated to the relevant authorities.

Thank you

Yours faithfully

A handwritten signature in black ink, consisting of several fluid, overlapping strokes that form a stylized, abstract shape. The signature is positioned above the printed name.

NTHUSETSANG Tsholofelo Agrineth

APPENDIX B - CONSENT FORM

I, Tsholofelo Agrineth NTHUSETSANG, a student of University of Rwanda undertaking Masters of Science in Neonatal Nursing, am conducting a research study on the **“experiences and perceptions on paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana.”**

I am requesting you to participate in this study. The study focuses on exploring the experiences and perceptions of working mothers of preterm babies on the paid maternity leave given, in three selected referral hospitals in Botswana. The eligible mothers will be permanently employed or contract-base employed mothers of preterm babies of 26 weeks of GA to less than 32 weeks of GA, birthweight less than 1.5kg who have 14 days in the hospital and who spent more than 14 days in hospital and are three months post hospitalization.

This is a non-experimental research study involving a face-to-face, in-depth semi-structured interview which will be conducted privately. If you agree to participate, there are no obvious emotional or physical risks involved. Psychosocial support will be provided should any of the participants experience any emotional distress during participation.

This study may improve the paid maternity leave policies which contribute to the improvement of maternal and infant well-being but it might not benefit you at this time. Participants will be informed of any new findings which might develop during the course of study that may relate to their willingness to continue in this study. There will be no additional cost to the participant, and no compensation whatsoever given to the participant.

Please tick the following

		YES	NO
1.	I voluntarily agree to be part of the research		
2.	I understand that I can withdraw from this research at any time		
3.	I understand and agree that my interview will be recorded		
4.	I understand that all information I provide for this research will be confidential		

5.	I understand and agree that my words may be quoted in publications and other research reports.		
----	--	--	--

I have read and understood the information provided above. I hereby voluntarily agree to participate in this study.

Participant code: _____ Sign: _____ Date: _____

Researcher's name: _____ Sign: _____ Date: _____

Contact information

Nthusetsang Tsholofelo Agrineth

Cell: +267 71207142 / + 250 798203176

Email: nthuxt@gmail.com

APPENDIX C - LEKWALO LA TETLELELO

Ke le Tsholofelo Agrineth NTHUSETSANG, moithuti wa mmadikolo wa Rwanda, mo dithutong tsa boitseanape jwa masea tsa seoki, ke dira dipatlisiso setlhogo e le **maitemogelo le temogo ya bommabana ba masea a a belegweng pele ga nako ba ba berekang, mabapi le melawana ya malatsi a botsetsi mo dikokelong tse tharo tse di tlhopilweng mo Botswana.**

Ke kopa o tseye karolo mo dipatlisisong tse. Dipatlisiso tse di itebagantse le go batlisisa maitemogelo le temogo ya bommabana ba masea a a belegweng pele ga nako, ba ba berekang, mabapi le melawana ya malatsi a botsetsi a ba a fiwang mo dikokelong tse tharo tse di tlhopilweng mo Botswana. Bommabana ba ba tlhokegang ke ba ba mo tirong ya sennelaruri kgotsa ba tiro ya konteraka, ba masea a a belegweng pele ga nako a dikgwedi tsa boimana tse masome mabedi le borataro go ya kwa dingweding tse masome mararo le bobedi, ba na le bokete jo bo ko tlase ga kilogerama le sephatlo, ba na le malatsi a a lesome le bone kana go feta ba robaditswe, le ba ba nang le dikgwedi tse di ko tlase ga boraro ba buletswe mo kokelong.

Eno ke patlisiso e e seng ya go lekeletsa e e akaretsang go botsolotsana le batho ba bangwe, ba lebane difatlhego mo puisanong e e tseneletseng, e e rulagantsweng sentle e direlwa mo sephiring. Fa o ka dumela go tsaya karolo, ga gona diphatsa dipe tse di amang maikutlo kgotsa mmele tse re di itseng tse di tlaa nnang. Go tla abiwa tshegetso ya boitekanelo jwa tlhaloganyo fa mongwe wa batsayakarolo a ka nna le mathata a maikutlo ka nako ya go nna le seabe.

Dipatlisiso tse, di ka tokafatsa melawana ya malatsi a botsetsi e e amang tokafalo ya botsogo jwa mmangwana le ngwana, mme di ka nna tsa se go tswela mosola mo nakong e. Batsayakarolo ba tla itsisiwe ka diphithlelelo dipe tse disha tse di tla nnang teng ka nako ya patlisiso, tse di ka amanang le go iketleetsa ga bone go tswela mo patlisiso e. Ga go kitla go nna le ditshenyegelo tse di oketsegileng mo go motsayakarolo, e bile ga go kitla go nna le tuelo epe e e tla fiwang motsayakarolo. Tsweetswe tshwaya tse di latelang

		EE	NNYAA
1.	Ke ithaopa go tsaya karolo mo dipatlisisong.		
2.	Ke tlhaloganya gore ke ka ikgogela mo morago mo dipatlisisong tse nako nngwe le nngwe.		
3.	Ke a tlhaloganya, ebile ke a dumalana gore potsolotso e, e ka gatsiwa.		
4.	Ke tlhaloganya gore tshedimosetso yotlhe e ke e fileng mo dipatlisisong tse, e tlaa nna sephira.		
5.	Ke a tlhaloganya ebile ke a dumalana gore mafoko a me a dirisiwa mo dikgatisong le mo dipegong tsa dipatlisiso tse.		

Ke badile le go tlhaloganya tshedimosetso e e fa godimo. Ke dumela go nna le seabe mo patlisisong e ka boithaopo.

Sesupo sa motsaya-karolo: _____ Monwana: _____ Letsatsi: _____

Leina la mmatlisisi: _____ Monwana: _____ Letsatsi: _____

Dintlha tsa go ikgolaganya le bone

Nthusetsang Tsholofelo Agrineth

Mogala: +267 71207142 / +250 798203176

Email: nthuxt@gmail.com

APPENDIX D - ENGLISH INTERVIEW GUIDE

DEMOGRAPHIC DATA				
Name		Occupation	Employer	
Age		Living children	GA	DOL
Gravida		No. of days post hospitalization	BWT	
Parity		No. of confinements with current employer		

Length of spacing between last confinement and current confinement.....

Length of paid maternity leave granted

1. Can you tell me about the maternity leave policies at your workplace?
2. What kind of support did you receive from your employer during maternity leave?
3. Describe the impacts brought by your return to work on your baby well-being.
4. How do you perceive the adequacy of the maternity leave provided?
5. Is there anything else you would like to share about your experience regarding maternity leave?
6. In what ways could the maternity leave policy be improved?

APPENDIX E - KAELO YA POTSOLOTSO

DEMOGRAPHIC DATA		
Leina		O bereka o le eng
Dingwaga		Mohiri ke mang
Boimana jwa bokae		O na le malatsi a le kae o ntshitswe ko kokelong
Pelegi ya bokae		Palo ya bana ba ba tshelang
Beke tsa boimana		Palo ya botsetsi o ntse o na le mohiri wa gompieno
Malatsi a botshelo		Pharologanyo ya boleele jwa botsetsi jwa bohelo le jwa gompieno
Bokete jwa ngwana ka nako ya tsholo		Boleele jwa malatsi a o a hilweng ko tirong

1. A o ka mpolelela ka melawana ya malatsi a botsetsi a o a hiwang ko tirong?
2. Ke mohuta ofe wa thotloetso yo o o amogetseng mo mohiring ka nako ya botsetsi?
3. Tlhalosa ditlhotlheetso tse di tlisitsweng ke go boela tirong gago mo botsogong jwa losea wa gago
4. O lemoga jang tekanyetso ya malatsi a gago a botsetsi?
5. A go na sengwe se o batlang go se arogana le rona ka maitemogelo a gago mabapi le malatsi a botsetsi?
6. Go ya ka wena, melawana ya malatsi a botsetsi e ka tokafadiwa jang?

APPENDIX F - BUDGET PLAN FOR RESEARCH IN USD

This budget plan for the period of data collection for the research which will be done in Botswana in two selected hospitals, PMH and NRH.

EXPENDITURE	WEEK 1	WEEK 2	WEEK 3	WEEK 4	TOTAL
Transport	50	50	50	50	200
Meals	25	25	25	25	100
Phone bill					30
Stationery					75
Equipment					140
Total					545

APPENDIX G - WORKPLAN

ACTIVITY	TIMELINE
Writing research proposal	April – mid June 2024
Presentation of the research proposal	17 June- 20 June 2024
IRB approval	July – September 2024
Data collection	October – December 2024
Data analysis and results write up	January-February 2025
Thesis submission and presentation	March- April 2025

APPENDIX H- UNIVERSITY APPROVAL LETTER



UNIVERSITY of
RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES
DIRECTORATE OF RESEARCH & INNOVATION

CMHS INSTITUTIONAL REVIEW BOARD (IRB)

Kigali, 09/08/2024
Ref: CMHS/IRB/559/2024

Nthusetsang Tsholofelo Agrineth
Postgraduate Studies Program,
School of Nursing and Midwifery, CMHS, UR

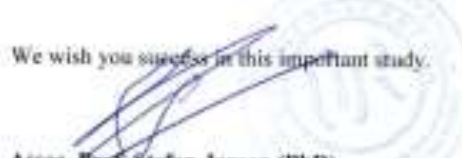
Dear Nthusetsang Tsholofelo Agrineth,

RE: ETHICAL CLEARANCE

Reference is made to your application for ethical clearance for the study entitled *"Experiences and perceptions on paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana"*.

Having reviewed your application and been satisfied with your protocol, your study is hereby granted ethical clearance. The ethical clearance is valid for one year starting from the date it is issued and shall be renewed on request. You will be required to submit the progress report and any major changes made in the proposal during the implementation stage. In addition, at the end, the IRB shall need to be given the final report of your study.

We wish you success in this important study.


Assoc. Prof. Stefan Jansen (PhD)
Acting Chairperson Institutional Review Board,
College of Medicine and Health Sciences, UR

Cc:

- Principal College of Medicine and Health Sciences, UR
- University Director of Research and Postgraduate studies, UR

APPENDIX I – MINISTRY OF HEALTH BOTSWANA APPROVAL LETTER

TELEPHONE: 363 2500
FAX: 317 0155
TELEGRAMS: RABONGAKA
TELEX: 2818 CARR ED



MINISTRY OF HEALTH
PRIVATE BAG 0038
GABORONE

REFERENCE NO: HPRD: 6/14/1

25th September 2024

Health Research and Development Committee

Notification of IRB Review: **New application**

Tsholofelo Agrineth Nthusetsang
P. O Box 71207142
Boseja
Maun

Dear Tsholofelo Agrineth Nthusetsang

PROTOCOL TITLE: "EXPERIENCES AND PERCEPTIONS ON PAID MATERNITY LEAVE POLICIES AMONG WORKING MOTHERS OF PRETERM BABIES IN THREE SELECTED HOSPITALS IN BOTSWANA" Ref: CMHS/IRB/559/2024, 09/08/2024

Type: Expedited Review/Health Research and Development Division
Review Date: 24th September 2024
Approval Date: 25th September 2024
Effective Date: 25th September 2024
Expiration Date: 24th September 2025
Risk Determination: Minimal risk

Thank you for submitting new application for the above referenced protocol. **The permission is granted to conduct the study. Approval is for academic fulfillment only.**

This permit does not however give you authority to collect data from the selected sites without prior approval from the management. Consent from the identified individuals should be obtained where applicable.

The research should be conducted as outlined in the approved proposal. Any changes to the approved proposal must be submitted to the Health Research and Development Division in the Ministry of Health for consideration and approval.

Furthermore, you are requested to submit at least one hardcopy and an electronic copy of the report to the Health Research, Ministry of Health within 3 months of completion of the study. Approval is for academic fulfillment only. Copies should also be submitted to all other relevant authorities.

Continuing Review

In order to continue work on this study (including data analysis) beyond the expiry date, submit a Continuing Review Form for Approval at least three (3) months prior

to the protocol's expiration date. The Continuing Review Form can be obtained from the Health Research Division Office (HRDD), Office No. 7A.7 or Ministry of Health website: www.moh.gov.bw or can be requested via e-mail from HRDD office, e-mail address: hhealthresearch@govbots.onmicrosoft.com. As a courtesy, the HRDD will send you a reminder email about eight (8) weeks before the lapse date, but failure to receive it does not affect your responsibility to submit a timely Continuing Report form.

Amendments

During the approval period, if you propose any change to the protocol such as its funding source, recruiting materials, or consent documents, you must seek HRDC approval before implementing it. Please summarize the proposed change and the rationale for it in the amendment form available from the Health Research Division Office (HRDD), Office No. 7A 7 or Ministry of Health website: www.moh.gov.bw or can be requested via e- mail from HRDD Office, e-mail address: hhealthresearch@govbots.onmicrosoft.com. In addition submit a copy of an updated version of your original protocol application showing all proposed changes in bold or "track changes".

Reporting

Other events which must be reported promptly in writing to the HRDC include:

- Suspension or termination of the protocol by you or the grantor
- Unexpected problems involving risk to subjects or others
- Adverse events, including unanticipated or anticipated but severe physical harm to subjects.

If you have any questions please do not hesitate to contact Mr. Abia Sebaka at asebaka@gov.bw, Tel +267-3632754 and Mr. K. Motlhanka at kgmmotlhanka@gov.bw, Tel +267-3632751.

Thank you for your cooperation and your commitment to the protection of human participants in research.

Yours Sincerely



Ms. Tebogo Kelapile
for / Permanent Secretary



Vision: A Healthy Nation.
Values: *Batho*, Equity, Timeliness, Customer Focus,
Teamwork, Accountability.



APPENDIX J – PRINCESS MARINA HOSPITAL APPROVAL LETTER

TELEPHONE: 3621400
FAX: 3673776
PLOT NO. 1636
HOSPITAL WAY



PRINCESS MARINA HOSPITAL
P. O. BOX 258
GABORONE
BOTSWANA

RE: PMH 2/11AII (550)

11th November 2024

Tsholofelo Agrineth Nthusetsang
P o BOX 71207142
Maun

Dear Tsholofelo Agrineth Nthusetsang

RESEARCH APPROVAL: Experiences and perceptions on paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana

This letter is to inform you that Princess Marina Hospital Ethics and Research Committee has reviewed your and **approved** your above-mentioned protocol. The approval period is 12th November 2024–12th November 2025.

This approval is subject to compliance with the following requirements:

1. All changes of amendments, deviations, violations of your protocol are to be submitted for review again and approval by Princess Marina Hospital Ethics and Research Committee before implementation.
2. Only approved documents like informed consents, questionnaires and materials submitted with the protocol will be used.
3. Researcher must not change any aspect of the research without permission from the Princess Marina Hospital Institutional Research Board.
4. Any unforeseen circumstances including termination of the study must be reported to Princess Marina Hospital Research Board immediately.
5. The Princess Marina Hospital Research Board must have access to the on-going study anytime for auditing purposes.

6. After completion of the study, the researcher must submit a hard copy and soft copy of protocol to Princess Marina Hospital Ethics and Research Board.

Wish you prodigious triumph in your study.

Yours faithfully



Akanyang Tchiemo
Secretary PMH REC
For Hospital Superintendent



Vision: A Model of Excellence in Quality Health Services.
Values: Botho, Equity, Timeliness, Customer Focus, Teamwork.



APPENDIX K – NYANGABGWE REFERRAL HOSPITAL APPROVAL LETTER

TELEPHONE: 2411000

FAX: 2416706



REPUBLIC OF BOTSWANA

Ministry of Health

NYANGABGWE HOSPITAL
PRIVATE BAG 127

FRANCISTOWN

NH 11/24/02

Researcher: Tsholofelo Agrineth Nthusetsang

STUDY TITLE: "Experiences and perceptions on paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana"

Application Type: NEW APPLICATION

Site: Nyangabgwe Hospital

Date of approval: 20 November 2024

Expiration date: 20 November 2025

The institutional review Board (Research & Ethics Committee) for Human Subjects Research for Nyangabgwe Hospital is pleased to inform you that your request to conduct a research study has been approved.

- You will not change any aspect of your research without permission from the Nyangabgwe Hospital IRB.
- The research should be conducted as outlined in the approved proposal. Any changes to the approved proposal must be submitted to the research and to the Research and ethics board for consideration and approval.
- You need to report any unforeseen circumstance including the termination of the study.
- You must allow Nyangabgwe hospital IRB access to the study at any time for purposes of auditing.
- **At the end of the study, you should give Nyangabgwe Hospital IRB a hard copy and soft copy of your report.**

Wishing you success in your study.

Yours sincerely

Dr Unangoni Unita Bulawayo

Chairperson Nyangabgwe Hospital IRB Committee



Vision: A Healthy Nation

Values: Botho, Equity, Timeliness, Customer Focus,



APPENDIX L – SIDILEGA PRIVATE HOSPITAL APPROVAL LETTER



Sidilega Gaborone (Pty)Ltd
Plot 59932, Block 7, Gaborone
Private Bag BR183 Block 7, Gaborone
Tel +267 3115792 | Fax +267 3104916
Where Technology meets Compassion

REFERENCE NO: ERC: 01/25/R

10th February 2025

Sidilega Private Hospital
Ethics and Research Committee

NTHUSETSANG Tsholofelo Agrineth
University of Rwanda/CHMS/SoNM
Rwanda

Permit: "Experiences and perceptions on paid maternity leave policies among working mothers of preterm babies in three selected hospitals in Botswana"

Reference is made to your application for a research permit on above topic. We acknowledge reviews and approval of your CMHS institutional review Board (IRB) and Ministry of Health - Health Research and Development Division

Sidilega Private Hospital, therefore, grant you permission to conduct the above-mentioned study in our facility to terms stated in your research proposal. You are expected to submit a hardcopy and a soft copy upon completion of the study. The research permit is valid for 90 days, failure which a resubmission has to be done.

We thank you for your cooperation and looking forward great interactions during your study period at Sidilega Private Hospital.

Yours faithfully

Motsholathebe Phuthego

A handwritten signature in blue ink, appearing to be 'M. Phuthego', written over a horizontal line.

Hospital Superintendent

APPENDIX L – SESUPO SA LEKWALO LA TESELETSO LE LE TLADITSWENG

tse di oketsegileng mo go motsayakarolo, e bile ga go kitla go nna le tuelo epe e e tla fiwang motsayakarolo.

Tsweetswe tshwaya tse di latelang

		EE	NNYAA
1.	Ke ithaopa go tsaya karolo mo dipatlisisong.	✓	
2.	Ke tlhaloganya gore ke ka ikgogela mo morago mo dipatlisisong tse nako nngwe le nngwe.	✓	
3.	Ke a tlhaloganya, ebile ke a dumalana gore potsolotso e, e ka gatisiwa.	✓	
4.	Ke tlhaloganya gore tshedimosetso yotlhe e ke e fileng mo dipatlisisong tse, e tlaa nna sephira.	✓	
5.	Ke a tlhaloganya ebile ke a dumalana gore mafoko a me a dirisiwa mo dikgatisong le mo dipegong tsa dipatlisiso tse.	✓	

Ke badile le go tlhaloganya tshedimosetso e e fa godimo. Ke dumela go nna le seabe mo patlisisong e ka boithaopo.

Sesupo sa motsaya-karolo: M/M D 1 Monwana: K Senam Letsatsi: 18/12/24

Leina la mmatlisisi: T. A. N. THULUE TLANA Monwana: [Signature] Letsatsi: 18/12/24

Dintlha tsa go ikgolaganya le bone

Nthusetsang Tsholofelo Agrineth

Mogala: +267 71207142 / +250 798203176

APPENDIX M – SAMPLE OF FILLING CONSENT FORM

Please tick the following

		YES	NO
1.	I voluntarily agree to be part of the research	✓	
2.	I understand that I can withdraw from this research at any time	✓	
3.	I understand and agree that my interview will be recorded	✓	
4.	I understand that all information I provide for this research will be confidential	✓	
5.	I understand and agree that my words may be quoted in publications and other research reports.	✓	

I have read and understood the information provided above. I hereby voluntarily agree to participate in this study.

Participant code: SPM21 Sign: [Signature] Date: 19/02/25

Researcher's name: T. A. NTHUSETSANG Sign: [Signature] Date: 19/02/25

Contact information

Nthusetang Tsholofelo Agrineth

Cell: +267 71207142 / + 250 798203176

Email: nthusetang@gmail.com

Date :07/10/2025

Note

The Study Entitled "EXPERIENCES AND PERCEPTIONS ON PAID MATERNITY LEAVE POLICIES AMONG WORKING MOTHERS OF PRETERM BABIES IN THREE SELECTED HOSPITALS IN BOTSWANA.", is approved by the Directorate of Research and Innovation for submission in UR_CMHS Library. The plagiarism report is 15% with the following parameters :

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Sincerely



Emile Nisingizwe

Research and Innovation Officer, CMHS

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- 12% Submitted works (Student Papers)

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**AUTHORITY TO DEPOSIT THE CORRECTED VERSION OF THE PROJECT TO
THE DIRECTORATE OF POSTGRADUATE STUDIES**

We, the undersigned, hereby do testify to have verified the corrections done by the student
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AMONG WORKING MOTHERS OF PRETERM BABIES IN THREE SELECTED
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Date: .../.../2025

CO-Supervisor name and signature: Dr MUHAYIMANA Alice

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