

EXPLORING INTERVENTIONS FOR SUPPORTING EXCLUSIVE BREASTFEEDING AMONG WORKING MOTHERS IN RWANDA

My name is _____, and I am a Research Assistant for this study.

Thank you for agreeing to participate in this survey. Your participation is highly valued and will contribute meaningfully to this research.

The purpose of this study is to explore the challenges faced by working women in breastfeeding and to identify strategies that can support mothers to breastfeed their infants effectively while at work.

This study has been ethically reviewed and approved by the University of Rwanda. Authorization to conduct data collection was also granted by the Office of the Mayor of the District in which the study is being conducted. Approval letters are available for verification upon request.

This survey does not collect any personal identifiers such as your name, phone number, or address. All information provided will be kept strictly confidential and will be used for research purposes only.

Your participation in this study is entirely voluntary. You are free to decline participation or to withdraw from the study at any time without any penalty or loss of benefits to which you are otherwise entitled.

If you agree to participate, please proceed with the survey.

* Indicates required question

1. Email *

2. **Do you agree to participate in research voluntarily?** *

Mark only one oval.

☐ 1. Yes

☐ 2. No

3. **Data collected by:** *

I.DEMOGRAPHIC AND EMPLOYMENT CHARACTERISTICS

4. **1. Mothers' age (age in years)?** *

5. **2. What is your current marital status?** *

Mark only one oval.

☐ 1. No, I am Single

☐ 2. Married

☐ 3. Cohabiting

☐ 4. Divorced

☐ 5. Widow

Province

6. Intara *

Mark only one oval.

- ☐ North *Skip to question 9*
- ☐ West *Skip to question 8*
- ☐ East *Skip to question 7*
- ☐ Kigali *Skip to question 7*
- ☐ South *Skip to question 8*

District-Kigali and Eastern

7. Akarere *

Mark only one oval.

- ☐ Bugesera *Skip to question 10*
- ☐ Kicukiro *Skip to question 10*
- ☐ Nyarugenge *Skip to question 10*
- ☐ Gasabo *Skip to question 10*
- ☐ Rwamagana *Skip to question 10*

Skip to question 7

South and Wester districts

8. Akarere *

Mark only one oval.

- ☐ Kamonyi *Skip to question 11*
- ☐ Rutsiro *Skip to question 11*
- ☐ Karongi *Skip to question 11*
- ☐ Muhanga *Skip to question 11*

Skip to question 11

North districts

9. Akarere *

Mark only one oval.

- ☐ Gicumbi *Skip to question 12*
- ☐ Musanze *Skip to question 12*

Skip to question 12

Site-Kigali and Eastern province

10. Site-Kigali and Eastern province *

Mark only one oval.

- ☐ 2 Ruhuha HC
- ☐ 3 Nyamata HC
- ☐ 5 Rwamagana HC
- ☐ 6 Ruhunda HC
- ☐ 7 Muyumbu HC
- ☐ 8 Gishali HC
- ☐ 10 Gahanga HC
- ☐ 11 Solace Ministries HC
- ☐ 12 Kicukiro HC
- ☐ 13 DMC HC
- ☐ 15 Biryogo HC
- ☐ 16 Muhima HC
- ☐ 17 Kanyinya HC
- ☐ 18 Kanimba HC
- ☐ 20 Remera HC
- ☐ 21 La croix du Sud HC

Skip to question 13

Site-South and Western

11. Site-South and Western *

Mark only one oval.

- ☐ 2 Kamonyi HC
- ☐ 3 Musambira HC
- ☐ 4 Gihara HC
- ☐ 5 Rapha clinic HC
- ☐ 7 Mushubati HC
- ☐ 8 Congo Nil HC
- ☐ 9 Kibingo HC
- ☐ 10 Kayove HC
- ☐ 12 Kibuye HC
- ☐ 13 Rubengera HC
- ☐ 14 Police karongi HC
- ☐ 15 Kirambo HC
- ☐ 17 Gitarama HC
- ☐ 18 Kivumu HC
- ☐ 19 Nyarusange HC
- ☐ 20 La Providence HC

Skip to question 13

Northern SITES

12. **Northern SITES ****Mark only one oval.*

- ☐ 2 Byumba HC
- ☐ 3 Muhondo HC
- ☐ 4 Munyinya HC
- ☐ 5 Ruhenda HC
- ☐ 7 Muhoza HC
- ☐ 8 Kimonyi HC
- ☐ 9 Musanze HC
- ☐ 10 Gataraga HC

*Skip to question 13***DEMOGRAPHY**

13. 3. Where do you live/reside? *

Mark only one oval.

- ☐ 1. Kigali city
- ☐ 2. Secondary cities to Kigali
- ☐ 3. Rural areas

14. 4. Monthly income level (francs): *

Mark only one oval.

- ☐ 1. □ <50,000
- ☐ 2. □ 50,001–100,000
- ☐ 3. □ 100,001–200,000
- ☐ 4. □ >200,001

15. 5. What is your level of education? *

Mark only one oval.

- ☐ 1. No formal schooling
- ☐ 2. At least primary school
- ☐ 3. At least secondary school
- ☐ 4. Vocational training
- ☐ 5. University
- ☐ Other: _____

16. 6. Sector of employment?: *

Mark only one oval.

- ☐ 1. Government
- ☐ 2. Private
- ☐ 3. NGO
- ☐ Other: _____

17. 7. What is your position in this organization/institution/? *

Mark only one oval.

- ☐ 1. Branch/Organization Manager or Executive Director
- ☐ 2. Manager or Supervisor
- ☐ 3. Officer/Technical Person

18. 8. What is your employment contract status/? *

Mark only one oval.

- ☐ 1. Full time
- ☐ 2. Shift work
- ☐ 3. Part time/on call
- ☐ 4. Informal contract

19. 9. How many hours do you work per day?..... *

Demographic information of the child

20. Age of the child (in months) *

21. Latest weight the child (kg) *

22. Weight at birth (kg)? *

Information on 6 months' exclusive breastfeeding

23. Currently breastfeeding *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

24. Have you breastfed your child exclusively for 6 months? *

Mark only one oval.

- ☐ Yes
- ☐ No *Skip to question 45*
- ☐ Maybe

Exclusive breastfeeding for the first six months

25. 3. What helped you to maintain exclusive breastfeeding for 6 months?- Maternity leave *

Mark only one oval.

- ☐ 1. Yes
- ☐ 2. No *Skip to question 31*
- ☐ Not applicable *Skip to question 31*

Untitled Section

26. 4. What helped you to maintain exclusive breastfeeding for 6 months?- ☐Flexible work hours *

Mark only one oval.

- ☐ 1.Yes
☐ 2. No
☐ Not applicable

27. 5. What helped you to maintain exclusive breastfeeding for 6 months?- ☐Support from employer *

Mark only one oval.

- ☐ 1.Yes
☐ 2. No
☐ Not applicable

28. 6. What helped you to maintain exclusive breastfeeding for 6 months?- ☐Support from family? *

Mark only one oval.

- ☐ 1.Yes
☐ 2. No
☐ Not applicable

29. 7. What helped you to maintain exclusive breastfeeding for 6 months?- ☐ Access to lactation room at work *

Mark only one oval.

- ☐ 1. Yes
☐ 2. No
☐ Not applicable

30. 8. What helped you to maintain exclusive breastfeeding for 6 months?- ☐ Other:

Child feeding practices

31. 9. How are you currently feeding your baby? *

Mark only one oval.

- ☐ 1. Formula milk only
☐ 2. Cow's milk only
☐ 3. Mixed feeding (breast milk and alternative feeding)
☐ 4. Breast milk only

32. 10. If the mother is breastfeeding, how often do you breastfeed your baby day time (number of times a day)? *

33. 11. If the mother is breastfeeding, how often do you breastfeed your baby during the night (number of times a day)? *

34. 12. If the mother is breastfeeding exclusively, where do you breastfeed your baby *
from-during day time?

Mark only one oval.

- ☐ 1. At work
☐ 2. At home
☐ 3. Expresses milk

35. 13. If the mother breastfeeds at work, where do you sit to breastfeed your baby *
here at work?

Untitled Section

36. 14. Do you find the place you use for breastfeeding convenient and comfortable *
for you to breastfeed your baby?

Mark only one oval.

- ☐ 1. Yes
☐ 2. No

Untitled Section

37. 15. If yes, what makes it comfortable?

38. 16. If no, what makes that room not comfortable?

39. 17. If the mother expresses breast milk), where you do you express the milk, you *
feed your baby?

Mark only one oval.

- ☐ 1. At home
☐ 2. At work
☐ Not applicable
☐ Other: _____

40. 18. How do express the breast milk?/ *

Mark only one oval.

- ☐ 1. Express milk by hand
☐ 2. Breast pump
☐ Not applicable

41. 19. How often do you express milk to give your baby?(number of times):.....

42. 20. If the mother is applying mixed feeding to the baby), Has it been your preferred choice to not breastfeed your baby exclusively?

Mark only one oval.

- ☐ 1. Yes
☐ 2. No
☐ Not applicable

43. 21. If yes, what motivated you to apply mixed feeding for your baby?

44. 22. If no, what barriers led you to not breastfeed your baby exclusively?

A. KNOWLEDGE ON BREAST MILK EXPRESSION AND STORAGE

45. 1. Have you heard about breast milk expression? *

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

46. Sources of information on breast milk expression- **Healthcare provider** *

Mark only one oval.

☐ Yes

☐ No

47. Sources of information on breast milk expression-**Media** *

Mark only one oval.

☐ Yes

☐ No

48. Sources of information on breast milk expression-**Community health worker** *

Mark only one oval.

☐ Yes

☐ No

49. Sources of information on breast milk expression- **Friends/Family** *

Mark only one oval.

☐ Yes

☐ No

50. Sources of information on breast milk expression- **Other**

51. 3. Are you aware of how to express breast milk safely ? *

Mark only one oval.

☐ Yes

☐ No

52. 4. Are you aware of how to store expressed breast milk safely/ ? *

Mark only one oval.

☐ Yes

☐ No

53. 5. Do you know the recommended duration for storing expressed breast milk? *

Mark only one oval.

☐ Yes

☐ No *Skip to question 57*

Untitled Section

54. a. Freshly expressed milk can be store at room temperature 20-30 degree celsius for:

*

Mark only one oval.

- ☐ 1. Don't know
- ☐ 2. Maximum 24 hours
- ☐ 3. Up to 4 hours
- ☐ 4. Up to 7 days
- ☐ 5. Up to 6 months

55. a. Freshly expressed milk can be store at in a refrigerator (-4 to +6 degree Celsius) for:

*

Mark only one oval.

- ☐ 1. Don't know
- ☐ 2. Maximum 24 hours
- ☐ 3. Up to 4 hours
- ☐ 4. Up to 7 days
- ☐ 5. Up to 6 months

56. a. Freshly expressed milk can be store at in a refrigerator (-18°C or colder) for: *

Mark only one oval.

- ☐ 1. Don't know
- ☐ 2. Maximum 24 hours
- ☐ 3. Up to 4 hours
- ☐ 4. Up to 7 days
- ☐ 5. Up to 6 months

Breast milk expression

57. 2. Are you aware of how to express breast milk safely ? *

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

IV. FACTORS AFFECTING BREASTFEEDING PATTERNS

58. 1. Duration of maternity leave received: *

Mark only one oval.

☐ 1. ☐ None

☐ 2. ☐ Less than 3 months

☐ 3. ☐ 3 months

☐ 4. ☐ More than 3 months

59. 2. After returning to work, how many hours per day are you away from your baby? *

-TIME IN HOURS

60. 14. Do you have access to a lactation/breastfeeding room at work? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

61. 15. Does your workplace allow you to take breastfeeding breaks? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

62. 17. Does your employer support breastfeeding-friendly policies (e.g., extended leave, on-site childcare)? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

☐ 3. ☐ Not sure

Milk expression practices

63. 1. Have you ever expressed breast milk while? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No *Skip to question 68*

Untitled Section

64. 2. If yes, what method did you use?

Mark only one oval.

☐ 1. Hand expression

☐ 2. Manual pump

☐ 3. Electric pump

65. 3. How often do/did you express breast milk? *

Mark only one oval.

- ☐ 1. Never
- ☐ 2. Occasionally
- ☐ 3. Daily
- ☐ 4. Several times a day

66. 4. Where do you usually express breast milk?

Mark only one oval.

- ☐ 1. At home
- ☐ 2. At work
- ☐ 3. Health facility
- ☐ Other: _____

67. 5. Where do you store expressed breast milk?

Mark only one oval.

- ☐ 1. Room temperature p to 25°C
- ☐ 2. Refrigerator -≤4°C
- ☐ 3. Freezer -18°C / 0°F or colder
- ☐ Other: _____

Untitled Section

68. 6. What challenges have you faced in expressing/storing breast milk? Lack of time

Check all that apply.

- ☐ 1. Yes
- ☐ 2. No

69. 6. What challenges have you faced in expressing/storing breast milk? Lack of privacy

Check all that apply.

- ☐ 1. Yes
☐ 2. No

70. 6. What challenges have you faced in expressing/storing breast milk? Lack of knowledge

Check all that apply.

- ☐ 1. Yes
☐ 2. No

71. 6. What challenges have you faced in expressing/storing breast milk? Inadequate storage equipment

Check all that apply.

- ☐ 1. Yes
☐ 2. No

72. 6. What challenges have you faced in expressing/storing breast milk? Cultural beliefs

Check all that apply.

- ☐ 1. Yes
☐ 2. No

73. 6. What challenges have you faced in expressing/storing breast milk? Other

74. 3.What kind of support would help you use breast milk expression and storage more effectively? Breastfeeding education *

Mark only one oval.

☐ 1. Yes

☐ 2. No

75. 3. What kind of support would help you use breast milk expression and storage more effectively? Lactation space at work *

Mark only one oval.

☐ 1. Yes

☐ 2. No

76. 3. What kind of support would help you use breast milk expression and storage more effectively? Access to breast pumps *

Mark only one oval.

☐ 1. Yes

☐ 2. No

77. 3. What kind of support would help you use breast milk expression and storage more effectively? ☐ Community support groups *

Mark only one oval.

☐ 1. Yes

☐ 2. No

78. 3. What kind of support would help you use breast milk expression and storage more effectively? Other
-

Work-related Factors

79. 1. Long distance from home to workplace? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

80. 2. Working hours (too tight)/inflexible schedule? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

81. 3. Nature of work (position, task) prevent me from breastfeeding as I want? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

82. 4. Lack of breastfeeding corner/lack of designated private BF or BM expressing space? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

83. 5. Lack of milk bank *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

84. 6. Lack of co-worker /supervisor support/? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

85. 7. No breast pump at the workplace) *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

86. 8. Children not allowed at the workplace ? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

87. 9. Nowhere to keep babies at the workplace? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

88. 10. Lack of breastfeeding break at work? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

Knowledge and Attitudes on Exclusive Breastfeeding

89. 1. Are you aware of the WHO recommendation on exclusive breastfeeding for 6 months? *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

90. 2. Where did you get information on exclusive breastfeeding? (Check all that apply)? 1. ☐ Health facility *

Check all that apply.

☐ 1. ☐ Yes

☐ 2. ☐ No

91. 2. Where did you get information on exclusive breastfeeding? (Check all that apply)? 2. ☐ Media (TV, radio, newspapers) *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

92. 2. Where did you get information on exclusive breastfeeding? (Check all that apply)? 3. ☐ Social media *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

93. 2. Where did you get information on exclusive breastfeeding? (Check all that apply)? 4. ☐ Community health worker *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

94. 2. Where did you get information on exclusive breastfeeding? (Check all that apply)? 5. ☐ Family/Friends *

Mark only one oval.

☐ 1. ☐ Yes

☐ 2. ☐ No

95. 2. Where did you get information on exclusive breastfeeding? 6. ☐ Other/ Ibindi:

96. 3. How would you rate your knowledge on exclusive breastfeeding? *

Mark only one oval.

- ☐ 1. ☐ Excellent
- ☐ 2. ☐ Good
- ☐ 3. ☐ Fair
- ☐ 4. ☐ Poor

97. 4. What are your attitudes towards exclusive breastfeeding? *

Mark only one oval.

- ☐ 1. ☐ Very positive
- ☐ 2. ☐ Positive
- ☐ 3. ☐ Neutral
- ☐ 4. ☐ Negative

INDIVIDUAL & FAMILY BARRIERS

98. 1. Insufficient breastmilk flow *

Mark only one oval.

- ☐ Yes
- ☐ No

99. 2. Emotional stress *

Mark only one oval.

- ☐ Yes
- ☐ No

100. 3. Lack of Partner support *

Mark only one oval.

☐ Yes

☐ No

CHILD-RELATED BARRIERS

101. 1. Poor health condition/Sick baby

Mark only one oval.

☐ Yes

☐ No

102. 1. Poor health condition/Sick baby

Mark only one oval.

☐ Yes

☐ No

103. 2. Baby refused BF

Mark only one oval.

☐ Yes

☐ No

B. Uko yumva cyangwa afata gukama amashereka no kuyabika/Attitudes Toward Breast Milk Expression and Storage

104. 1. How do you perceive breast milk expression? *

Mark only one oval.

- ☐ 1. Very positive
- ☐ 2. Positive
- ☐ 3. Neutral
- ☐ 4. Negative

105. 2. Would you consider expressing breast milk for your baby? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

106. 3. Do you feel comfortable expressing breast milk in your current setting? *

Mark only one oval.

- ☐ Yes
- ☐ No

107. 4. Do you believe expressed breast milk is as nutritious as directly breastfed milk? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ May be

108. 5. Do you feel expressing and storing breast milk helps working mothers? *

Mark only one oval.

- ☐ 1. Very positive
- ☐ 2. Positive
- ☐ 3. Neutral
- ☐ 4. Negative

B. Knowledge and Perceptions of Workplace Support

109. Are you aware of any policies or laws in Rwanda that support breastfeeding at work? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

110. Do you think workplaces should provide support for breastfeeding mothers? *

Mark only one oval.

- ☐ 1.Strongly agree
- ☐ 2. Agree
- ☐ 3. Disagree
- ☐ 4. Strongly disagree

111. What types of workplace support for breastfeeding are you aware of?- Maternity leave *

Check all that apply.

- ☐ Yes
☐ No

112. What types of workplace support for breastfeeding are you aware of?- Lactation rooms *

Check all that apply.

- ☐ Yes
☐ No

113. What types of workplace support for breastfeeding are you aware of?- Breastfeeding breaks *

Mark only one oval.

- ☐ Yes
☐ No

114. What types of workplace support for breastfeeding are you aware of?- On-site childcare *

Check all that apply.

- ☐ Yes
☐ No

115. What types of workplace support for breastfeeding are you aware of?- Flexible hours *

Check all that apply.

- ☐ Yes
☐ No

116. Has your workplace implemented any breastfeeding-friendly interventions? *

Check all that apply.

- ☐ Yes
☐ No

117. If yes, which interventions:--1. Designated lactation room

Check all that apply.

- ☐ Yes
☐ No

118. If yes, which interventions:-- 2. Flexible schedules

Check all that apply.

- ☐ Yes
☐ No

119. If yes, which interventions:-- 3. Awareness campaigns

Check all that apply.

- ☐ Yes
☐ No

120. If yes, which interventions:-- 4. Provision of breast pumps

Check all that apply.

- ☐ Yes
☐ No

121. If yes, which interventions:-- 5. Other

Check all that apply.

- ☐ Yes
☐ No

C. Feasibility and Acceptability

122. How feasible do you think it is for your workplace to implement the following interventions: *

Mark only one oval per row.

	1. Birashoboka cyane/Very feasible	2. Birashoboka/Feasible	3. Ntibishoboka/Not feasible
1. Designated lactation room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Flexible schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Awareness campaigns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Provision of breast pumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

123. Would you be willing to use these interventions if provided? *

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

124. What barriers might prevent these interventions from being implemented? (Check all that apply) *

Mark only one oval per row.

	1. Yes	2. No
<input type="checkbox"/> Igiciro/Cost	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Kubura ibyumba/Space constraints	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Kubura ubufasha bw' Ubuyobozi/Lack of management support	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Imyemerere ishingiyeye ku muco/Cultural beliefs	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Kubura ubumenyi/Lack of awareness	<input type="radio"/>	<input type="radio"/>

D. Recommendations

125. What do you think would be the most helpful intervention to support breastfeeding mothers at work?

126. What recommendations would you make to employers to support breastfeeding mothers in Rwanda?

Thank you for your invaluable time to participate in this survey

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