

Original Research Article

Challenges of working mothers: balancing motherhood and profession

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ABSTRACT

Background: Females contribute to 48.5% of population of India. Shouldering dual responsibilities of house and work can eventually take toll on women's physical and mental health. The work and family commitments are likely to be influenced by parity, duration of breastfeeding, work environment and social support. This study is conducted to assess the stress levels among working professional mothers and their associated risk factors.

Methods: It was a cross sectional study conducted in working professional mothers of India. Data was collected using structured questionnaire and perceived stress scale (PSS-4) for assessing stress. The form was made available on internet so as to approach wide spectrum of professionally working mothers.

Results: Moderate to severe stress was perceived by 63.04% women. Severity of stress increases with shift duties ($p=0.05$), lack of family support ($p=0.08$) and inability to exclusively breastfeed child for 6 months ($p=0.09$). Only 1/3rd (31.88%) working mothers could exclusively breastfeed their child for 6 months. Exclusive breastfeeding was more observed in mothers with higher socio-economic status ($OR=2.39$) and also among those who had shift duties ($OR=5.23$).

Conclusions: In spite of family support for childrearing, most of the professional working mothers are experiencing perceived stress. Work environment flexibility and efficient social support to reduce stress is recommended.

Keywords: Working professional mothers, Perceived stress, Breastfeeding, Childrearing

INTRODUCTION

Woman is an integral part of the society. According to census 2011, females contribute to 48.5% of the Indian population.¹ Traditionally, Indian women had been home makers. In late decades, with the spread of education and better awareness, along with increasing cost of living, women have shifted from home to career. Like many other countries, India has provided a stage for growth and development for women. However, women in India are still seen as the family manager back home. This attitude of the society has put dual responsibilities on women.

Although the literature is not conclusive, parental employment has been found to have a beneficial effect on

many of children's health and developmental outcomes, including higher self-esteem, fewer social and emotional problems, reduced risk of being uninsured, higher vaccination rates and greater academic achievement.² However, women are wrapped in two equally exacting roles: pursuing a career and economic independence, while continuing, to bear the stress of household work. It can eventually take a toll on women's physical and mental health.

A working mother can be defined as a woman with an ability to combine a career with added responsibility of raising a child.³ The problems might be different in mothers from low socio-economic status for whom, doing a job may be essential due to economic reasons.

However, in women who are in professional field, balancing career and family life, even when they have a choice of selecting only one, might be facing emotional, psychological and physical burdens while effectively juggling between professional and child rearing responsibilities. Hence, it is important to understand the challenges that professional working mothers are facing in coping with the stress of handling multiple roles.

One of the crucial aspects in early child rearing is breastfeeding. WHO recommends exclusive breastfeeding for six months and a diet with complementary foods up to two years and beyond.⁴ Breastfeeding contributes to well-being of both mother and child. But, for employed women, who have to get back to work, after the end of maternity leave, breastfeeding becomes a challenging task.

Recovery of women from childbirth stress and their resumption of work and family responsibilities are mainly influenced by factors like pre-existing health status, parity, breastfeeding, the accessibility of social help from family and companions and work related variables, e.g., timing of return to work, work pressure, and working environment. Lack of social support increases the job stress, which in turn, affects the mental health of the employed working mother.^{5,6} It is also reported that professional working mothers either had to cease or conceal the breastfeeding practices when employed.⁷ However, there is paucity of studies in Indian population to explore the problems of working mothers.

This paper is an attempt to assess the stress levels among working professional mothers from India, from various geographical area and various fields, and to identify the risk factors of their perceived stress. The study also aims to identify problems faced by working mothers in child rearing especially breastfeeding, while maintaining a balance between their career and motherhood.

METHODS

It was a cross sectional study conducted in working professional mothers of India. A structured questionnaire was used to assess the socio-demographic data, work environment, child rearing problems and perceived stress.

The Perceived Stress Scale (PSS) measures the level to which a respondent considers his or her life stressful. perceived stress scale 4-item version (PSS-4) was used to assess working mothers' perceived stress.^{8,9}

The study population consisted of working mothers ranked above semi-professionals, with the work experience of more than one year.¹⁰ Mothers from socio-economic class below upper middle class (B. G. Prasad's classification-2016) were excluded from the study.¹¹ Mothers whose children were greater than 18 years of age were excluded from the study, as most of the child-rearing responsibilities are over by this time. Considering

the prevalence of medium to high stress levels among employed women as reported to be 75.66%, the sample size was calculated to be 136.¹²

The form was made available on internet so as to approach a wide spectrum of professionally working mothers. Attempts were made to cover various professions such as teaching, doctors, IT professionals, banking and finance professionals and business women. The approval was obtained from institutional ethical committee. Data was collected by convenient sampling (type of nonprobability sampling) during July 2017 to December 2017.

RESULTS

In all, 152 working mothers from various states of India, working in different occupational fields, participated in the study. Out of these, 138 mothers fulfilled the inclusion criteria. Maximum responses were from Maharashtra, followed by Karnataka (Figure 1).

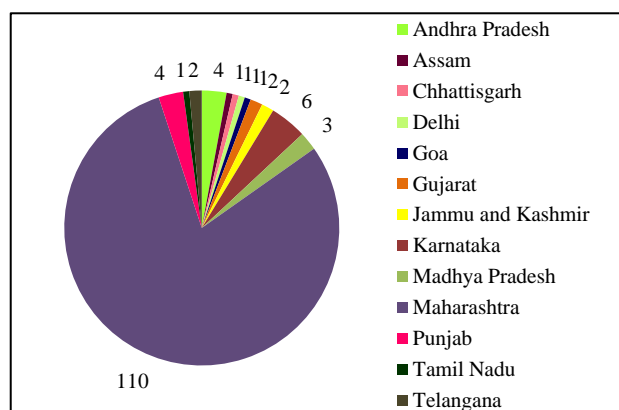


Figure 1: Distribution of study participants according to place of work.

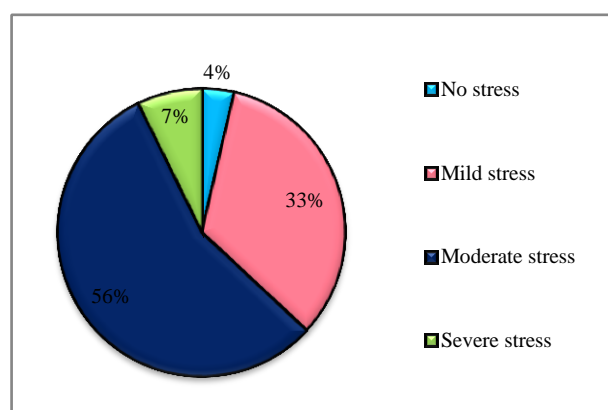


Figure 2: Perceived stress among study participants.

Distribution of study participants with respect to their occupation is depicted in Figure 2. It was observed that, most of the participants were from health and medical sector, followed by computer and technology.

Table 1: Demographic characteristics of the study participants.

Variables		Number	Percentage (%)
Age in years	18-30	23	16.67
	31-40	77	55.80
	41-50	38	27.54
Education	Graduate	23	16.67
	Post-graduate	69	50
	Professional or honours	46	33.33
Socio-economic status	Upper class	122	88.41
	Upper middle class	16	11.59
Marital status	Married	123	89.13
	Divorced	5	3.62
	Separated	5	3.62
	Widowed	5	3.62
Type of family	Nuclear	95	68.84
	Joint	43	31.16
Total number of children	1	75	54.35
	2	62	44.93
	3	1	0.72

Table 1 shows the demographic characteristics of working mothers in the study. Most of them were in

reproductive age group. More than half of the participants had only one child at the time of the study. Nearly 1/3rd of the working mothers were highly qualified. 68.84% mothers belonged to nuclear family.

Almost all (96.38%) of participants were found to be stressed as per perceived stress scale. A mild level of stress is considered to be an important motivating factor and thus is considered normal and necessary. If the stress is intense, continuous, and repeated, it can lead to physical illness and psychological disorders. Thus, in order to study severity of stress, perceived stress score was divided into quartiles. We observed that, 63.04% women experienced moderate to severe perceived stress. Further analysis was done to see the factors associated with severity of stress (Table 2).

Severity of stress was found significantly more in the mothers who had shift duties ($p=0.05$). Inability to spend enough time with children and inadequate social support in child rearing were found marginally significant with severity of stress levels. Mothers who could not exclusively breastfeed their youngest child till 6 months, were found to have high level of stress ($p=0.097$). However, duration of working hours and reasons for working was not associated with high stress levels.

Table 2: Association of severity of the perceived stress with various factors.

		Mild	Moderate	Severe	Total	P value
Age in years	18-30	13	8	2	23	0.094038949
	31-40	24	46	4	74	
	41-50	9	23	4	36	
Total work experience in years	1-5	19	21	3	43	0.471631191
	6-10	13	23	2	38	
	>11	14	33	5	52	
Duration of working hours (including travel timing)	<8 hours	27	40	5	72	0.739879972
	>8 hours	19	37	5	61	
Do you have shift duties?	Yes	7	17	5	29	0.054024318
	No	39	60	5	104	
Were you given easier jobs or concession during pregnancy?	Yes	27	43	5	75	0.871617207
	No	19	34	5	58	
Do you think you spend enough time with children?	Yes	18	18	1	37	0.071753471
	No	28	59	9	96	
How long was your youngest baby given exclusive breastfeeding?	<6 months	20	35	8	63	0.097127111
	≥6 months	26	42	2	70	
Total duration of breastfeeding to youngest baby	≤ 6 months	14	9	3	26	0.10018087
	≤ 1 year	22	42	5	69	
	≤ 2 years	10	26	2	38	
Do you get enough time (7-8 hrs) to sleep?	Yes	19	21	2	42	0.192529805
	No	27	56	8	91	
Do you think, you are doing justice to both your work and your motherhood?	Yes	14	22	0	36	0.14561961
	Injustice to work	9	7	1	17	
	Injustice to motherhood	18	31	7	56	
	No	5	17	2	24	

Continued.

		Mild	Moderate	Severe	Total	P value
Who is effectively helping you in child rearing?	Spouse and relative	29	48	2	79	0.086253531
	Maid at home and day care	14	27	7	48	
	None	3	2	1	6	
Main reason for working	Financial need	8	19	3	30	0.800633187
	Self- esteem & self-respect	20	38	4	62	
	Career oriented	14	15	2	31	
	Other	4	5	1	10	

Table 3: Association of breastfeeding with various factors.

		Exclusive breastfeeding for 6 months		Odd's ratio
		Given	Not given	
Working hours	<8	45	28	0.524781341
	>8	49	16	
Shift duties	Yes	26	3	5.225490196
	No	68	41	
Easier jobs or concession during pregnancy	Given	41	18	1.117400419
	Not given	53	26	
BG Prasad SES	Upper class	86	36	2.388888889
	Upper middle class	8	8	
Type of family	Nuclear	68	27	0.995693368
	Joint	26	17	

Study of various factors at work environment pointed out that, 47.1% women spend >1/3 of their day at workplace including travel time. 42.73% mothers feel that they were not given any concession or easier jobs during pregnancy. 21.01% working mothers have to work in shift duties. Main reason for working was found to be self-esteem & self-respect (44.93%).

Out of 138 participants, 70.29% (97) mothers felt that they were doing injustice either to motherhood, or work, or both. Among them, most of the women felt injustice towards motherhood than towards work.

Analysis of factors related to child-rearing revealed that, only 31.88% mothers could exclusively breastfeed their youngest child till 6 months. Nearly half of the mothers faced problems during lactation (44.93%). Most common problem reported was early lactational failure. More than 2/3rd of the mothers felt that, they were not able to spend enough time with their children (70.29%). Inadequate sleep was reported by 69.57% mothers.

Data was further analysed to identify factors associated with exclusive breastfeeding (Table 3). Shift duties at work are positively associated with exclusive breastfeeding. (OR=5.23). Exclusive breastfeeding is more observed in mothers from higher socio-economic class. (OR=2.39). Mothers who were given easier jobs or concession during pregnancy could complete exclusive breastfeeding for 6 months effectively (OR=1.17).

DISCUSSION

Dual responsibilities of working mothers lead to a need of balance between the work and family life. Their attempt to justify the different roles simultaneously puts them under tremendous pressure. The extent of stress and the factors responsible to it needs evaluation.

There are a few studies which address the work place stressors in specific occupations such as health workers or IT industry.^{6,13} However stress of working mothers is rarely reported.

Mishra et al reported the prevalence of psychiatric morbidity as 58.9% in working women, with 49.5% moderate and 9.3% severe morbidity. Profession wise doctors recorded the highest prevalence of psychiatric morbidity followed by skilled manpower at 61.8% and unskilled at a low value of 48.5%. There was significant difference in psychiatric morbidity between professionals and skilled groups vs. unskilled groups ($p<0.05$).¹³ In our study, most of the participants were working in medical and health sector, prevalence of stress is found to be comparable.

In a study, by Chandraiah et al, age was found to be negatively correlated with occupational stress and positively with job satisfaction.¹⁴ As against this, we found a positive association of age with severity of stress. This might be because of increase in work experience,

leading to increased responsibility, in turn, resulting in high levels of stress among working mothers.

Exclusive breastfeeding upto 6 months is reported to be 54.9% as per NFHS- 4 data.¹⁵ In a similar population of Pakistan, it is reported to be 41.5%.¹⁶ However, it was much less in the present study. An improvement in this regard might be expected due to The Maternity Benefit (Amendment) Bill, passed in 2017, by Government of India. Women will be entitled to 26 weeks of paid maternity leave (up from 12 weeks) for their first two children. Breastfeeding beyond this period can be a difficult task. According to the Bill, companies with 50 or more employees will now have to mandatorily provide a day care facility, or crèche.¹⁷ This may help the working mother to continue breastfeeding for longer duration.

A literature review study in U.S. states that, breastfeeding at work moves an intimate interpersonal relationship into a broader socio-physical ecosystem. Breastfeeding at work is mainly affected by type of work, social support from family as well as workplace, work flexibility, instrumental support at workplace in the form of on-site lactation rooms, on-site child care.¹⁸ In the present study, the ODD's ratio shows positive association of shift duties and socio-economic status with exclusive breastfeeding. In India, though social conditions provide social support to the working mother, no association was seen between exclusive breastfeeding and type of family.

Shift work is considered necessary to ensure continuity of work in many occupations such as health care, production and IT. However, it can cause significant alterations of sleep and biological functions that can affect physical and psychological well-being of a person resulting in disturbing his or her work life balance. In a study among nurses Ferri et al, reported statistically significant decrease in quality and quantity of sleep, with more frequent chronic fatigue, psychological, and cardiovascular symptoms in nurses doing night duties in comparison with the day shift workers.¹⁹ Similarly, proportion of mothers having higher perceived stress was more among mothers doing shift duties in the present study.

It has been researched in past that, a minimum of 6 to 8 hours of sleep is required for sound health. But ever increasing demands of modern day professional lives have taken tolls on the personal lives of mothers. Conclusion of different researches has also proposed that the majority of mothers throughout the world today suffer from chronic sleep deprivation, which affects every area of their lives.²⁰ In our study also, more than 2/3rd of the mothers reported to have inadequate sleep.

A study conducted among working mothers by Sandra Mary Travasso et al, reported that, lack of adequate support for child care appear to be more susceptible to severe and prolonged periods of depression.²¹ The finding is similar to our study.

Limitations

The study findings should be interpreted in the light of its limitations. There may be a tendency of those with strong opinions to participate, which may bias the responses. A sampling frame could not be generated as there is no database available for married professional working mothers. Further, factors associated with stress levels could be better explored with the help of qualitative type of study. But, this study can be further expanded on a large scale, with a better study design, to explore the problems of working mothers in detail.

CONCLUSION

Most of the married working women could not breastfeed their child for 6 months. In spite of social support for childrearing, most of the professional working mothers are having perceived stress. Health care providers can use the findings of this study, to promote breastfeeding in this population, by using tactics geared toward the mother, her social network, and her entire community. Work environment flexibility for breastfeeding mothers is need of the hour to achieve effective exclusive breastfeeding. At the same time, need of stress buster measures is essential for effective balance of motherhood and profession.

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