



'Negotiating the tensions of having to attach and detach concurrently': A qualitative study on combining breastfeeding and employment in public education and health sectors in New Delhi, India



Amal Omer-Salim, Licentiate of Philosophy (Medical Sciences) PhD Candidate^{a,*},
Shoba Suri, PhD (Nutrition & Physiology) Policy & Programme Coordinator^b, Jai
Prakash Dadhich, MD (Pediatrics), FNNF National Coordinator^b, Mohammad Moonis
Akbar Faridi, MD, DCH Professor & Head^c, Pia Olsson, PhD, Ass professor Senior lecturer^a

^a Department of Women's and Children's Health, International Maternal and Child Health (IMCH), Uppsala University, Uppsala, Sweden

^b Breastfeeding Promotion Network of India (BPNI), New Delhi, India

^c Department of Paediatrics, University College of Medical Sciences & Guru Tegh Bahadur (GTB) Hospital, New Delhi, India

ARTICLE INFO

Article history:

Received 3 April 2014

Received in revised form

10 December 2014

Accepted 31 December 2014

Keywords:

Breastfeeding
Employment
Maternity leave
Public sector
Qualitative
India

ABSTRACT

Objective: the aim of this study was to explore the factors involved in combining breastfeeding and employment in the context of six months of maternity leave in India.

Design: qualitative semi-structured interviews were conducted and analysed using a Grounded Theory approach.

Setting: Health and Education sectors in New Delhi, India.

Participants: 20 first-time mothers with one 8–12 month-old infant and who had returned to work after six months' maternity leave.

Measurements and findings: the interviews followed a pre-tested guide with a vignette, one key question and six thematic areas; intentions, strategies, barriers, facilitators, actual experiences and appraisal of combining breastfeeding and employment. Probing covered pre-pregnancy, pregnancy, maternity leave, the transition and return to work. This study revealed a model of how employed women negotiate the tensions of concurrently having to attach and detach from their infant, work, and family. Women managed competing interests to ensure trusted care and nutrition at home; facing workplace conditions; and meeting roles and responsibilities in the family. In order to navigate these tensions, they used various satisficing actions of both an anticipatory and troubleshooting nature.

Key conclusion: in spite of a relatively generous maternity leave of six months available to these women, several individual, familial and workplace factors interacted to both hinder and facilitate the process of combining breastfeeding and employment. Tension, negotiation and compromise are inherent to the process.

Implications for practice: antenatal and postnatal interventions providing information and support for working mothers need to address factors at the individual, family and workplace levels *in addition* to the provision of paid maternity leave to enable the successful combination of breastfeeding and employment.

© 2015 Elsevier Ltd. All rights reserved.

Background

The successful combination of breastfeeding and employment has important implications for maternal and child health as well as for labour markets. breastfeeding practices have a major public

health impact in a country such as India. There is ample evidence that the promotion, protection and support of exclusive breastfeeding (EBF) for six months are key interventions to improve maternal and child health and survival (Bryce et al., 2006). However, in many parts of the world, the exclusive breastfeeding rates still fall short of the international recommendations of six months' exclusive breastfeeding followed by complementary feeding and continued breastfeeding for two years or beyond (WHO, 2003). In India, the last National Family Health Survey showed a zero- to six-month EBF rate of 46.4% (IIPSI, 2011).

* Correspondence to: Department of Women's and Children's Health, International Maternal and Child Health (IMCH), Akademiska sjukhuset, SE-751 85 Uppsala, Sweden.

E-mail address: amal.omer-salim@kbh.uu.se (A. Omer-Salim).

A further analysis of the determinants of termination of breastfeeding indicates that breastfeeding promotion in India should focus on certain high-risk mother–child pairs. The risk factors identified in the survey are female infants, first-born babies, urban sector residency, literate, higher wealth status, less than 20 years of age, and certain religious denominations. Further qualitative studies to investigate the cultural norms and causal pathways underlying these findings are called for (Malhotra et al., 2008).

India has one of the lowest female labour participation rates globally, especially in the urban formal sector, and furthermore, these are on the decline; from 37% in 2004/2005 to 29% in 2009/2010 (ILO, 2013). Role incompatibility between domestic work and employment is one of the reasons for these rates, alongside increased secondary school enrolment (Bhalla S, 2011). A negative correlation between employment status and duration of exclusive breastfeeding has been demonstrated in both high- (Fein et al., 2008; Johnston and Esposito, 2007; Ogbuanu et al., 2011) and middle-to-low-income settings, for example, Bangladesh (Haider and Begum, 1995), Thailand (Yimyam, 1998), Brazil (Vianna et al., 2007) and Kenya (Lakati et al., 2002). The emerging evidence is that the length of the maternity leave taken, the nature of the work, the existence of shift work, options for part-time work and the position of the individual, modify the extent of the difficulties that women face in combining work and breastfeeding (Rea and Morrow, 2004; Omer-Salim and Olsson, 2008; Guendelman et al., 2009; Mandal et al., 2010). The provision of maternity leave for more than 12 weeks and increased flexibility in working conditions, as well as encouraging mothers to take their maternity leave, appear to be important conclusions from these studies to promote the successful combination of breastfeeding and employment. Mothers also need skilled breastfeeding support and counselling from trained health providers such as midwives, nurses and physicians throughout the reproductive continuum (Haroon et al., 2013).

India provides a general paid maternity leave of three months for female employees (ILO, 2011). In 2008, the Government of India (GOI) extended the maternity leave entitlement for Central government employees to six months (Government of India. S. C. P. Commission, 2008). This leave can be taken from up to six weeks before the expected date of childbirth. There is an additional provision made for child care leave (CCL) for up to two years that can be taken for any reason, such as child rearing, sickness, or to meet any other needs of the child. Infant and young child feeding guidelines highlight the need to support working mothers to take maternity leave and breast feed exclusively for six months (Government of India. Ministry of Women and Child Development, 2004).

Given the currently declining female labour market situation in India (ILO, 2013) and that the six months of maternity leave is in place for central government employees, it is important to develop the knowledge base on how to optimise breastfeeding practices in the context of maternity leave and the return to work thereafter. Enabling women to satisfactorily combine breastfeeding, domestic work and employment may help to reverse the declining labour market situation. The aim of this study was thus to explore the factors involved in combining breastfeeding and employment in the context of six months of maternity leave, among public sector employees in New Delhi, India.

Methods

Study design

A Grounded Theory Approach inspired by Charmaz (2006) was employed to inductively construct an explanatory, conceptual model from data. Charmaz grounded theory was chosen because it offers a flexible constructivist approach. As Charmaz suggests,

'Grounded theory methods offer a set of general principles, guidelines, strategies and heuristic devices' (Charmaz, 2006). Iterative and comparative strategies for analysis are central in the construction of concepts, models and/or theories. The Grounded Theory Approach has proven its applicability for the conceptualisation of social processes when explanatory theory is lacking and using the knowledge thus gained to transform practice and social processes (Charmaz, 2006; Creswell, 2007).

Study setting

The study was conducted in the city of New Delhi, India, in early 2012. The study of urban populations is appropriate and timely as urbanisation is rapid in India and about half of the global population is urban (WHO/UN-HABITAT, 2010). The government sectors of health care and education were selected as the study setting because they employ many women who are potential role models in society, especially in their daily contact with other women as clients or as educators. Health care workers' own health practices have been shown to correlate positively with those of their patients (Frank et al., 2013). Similarly teachers have an important role in mentoring young adolescents to face the challenges of the complexities of life (Khan, 2013). Participants were selected at primary health care facilities (six participants), secondary/tertiary level health care facilities (four participants), primary education facilities (six participants), secondary education facilities (one participant) and university level (three participants).

Participants

Purposive sampling was used to select 20 participants within different cadres and positions at health care (10) and education (10) facilities within the different levels. The inclusion criteria were: first-time mother with one 8–12 month-old infant, have taken about six months' maternity leave, and willing to participate after being provided with oral and written information. Furthermore, we selected for sample variation in age and cadre/position at the workplace as these factors have impact on breastfeeding or indicate vulnerable groups (Malhotra et al., 2008). The potential participants were selected from a list of women who had availed of six months' maternity leave provided by the employers. Initially, 25 potential participants were identified; however, five were not eligible according to the other inclusion criteria described above. Participants' characteristics are provided in Table 1.

Data collection and handling

Three women research assistants, fluent in Hindi and English and knowledgeable in breastfeeding, were trained in qualitative research techniques by the first author. The research assistants and the first two authors conducted the recruitment, data collection and data handling. After obtaining informed consent, the interviews were conducted in either Hindi or English at a time and place chosen by the participant. The interviews followed a pre-tested semi-structured interview guide (Fig. 1) with a vignette, one key question, six thematic areas and time periods to be covered. The use of the semi-structured interview guide was to ensure that key topics were covered, yet leaving room for the interview to develop according to the participants' experience. This method was adopted as interviews were conducted by several research assistants to ensure consistent and reliable data collection. The vignette was developed to showcase different possible scenarios regarding breastfeeding/infant feeding and employment and thus facilitate the interview (Schoenberg and Ravdal, 2000). Probing covered pre-pregnancy, pregnancy, maternity leave, and return to work. The interviews had a conversational style, were held in privacy,

Download English Version:

<https://daneshyari.com/en/article/10515685>

Download Persian Version:

<https://daneshyari.com/article/10515685>

[Daneshyari.com](https://daneshyari.com)