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CASE STUDY

Theory and social practice of agency in combining breastfeeding and employment: A qualitative study among health workers in New Delhi, India

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ABSTRACT

Background: Women's agency, or intentional actions, in combining breastfeeding and employment is significant for health and labour productivity. Previous research in India showed that mothers use various collaborative strategies to ensure a "good enough" combination of breastfeeding and employment. Bandura's theoretical agency constructs previously applied in various realms could facilitate the exploration of agency in an Indian context.

Aim: To explore manifestations of agency in combining breastfeeding and employment amongst Indian health workers using Bandura's theoretical constructs of agency and women's experiences.

Methods: Qualitative semi-structured interviews were conducted with ten women employees within the governmental health sector in New Delhi, India. Both deductive and inductive qualitative content analyses were used.

Findings: Bandura's features and modes of agency revealed that intentionality is underpinned by knowledge, forethought means being prepared, self-reactiveness includes collaboration and that self-reflectiveness gives perspective. Women's interviews revealed four approaches to agency entitled: 'All within my stride or the knowledgeable navigator'; 'Much harder than expected, but ok overall'; This is a very lonely job'; and 'Out of my control'.

Conclusions: Agency features and their elements are complex, dynamic and involve family members. Bandura's theoretical agency constructs are partially useful in this context, but additional social practice constructs of family structure and relationship quality are needed for better correspondence with women's experiences of agency. The variation in individual approaches to agency has implications for supportive health and workplace services.

1. Introduction

This paper is about how women's agency, or intentional actions, are displayed in combining breastfeeding and return to employment in the health sector after maternity leave in New Delhi, India. The study aims to explore manifestations of agency in combining breastfeeding and employment amongst Indian health workers using Bandura's theoretical constructs of agency and women's experiences. Breastfeeding has well documented benefits for the health and survival of both mother and child.[1] The World Health Organisation (WHO) recommends that breastfeeding is exclusive for the first 6 months and continues with adequate complementary foods for up to 2 years or beyond.[1] However, only 46.3% of Indian infants below 6 months of age are exclusively breastfed.[2] In a comparison of exclusive breastfeeding rates in seven countries in South Asia, India ranked number 4, after Afghanistan (83%), Sri Lanka (76%) and Nepal (53%).[3] Continuing exclusive breastfeeding in the context of work is often challenging.[4] This challenge is also addressed in many societies by providing a maternity leave period that allows the mother time to recuperate and establish breastfeeding while retaining her employment.[5] The labour participation rate of women in India has declined from 37% in

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2004/2005 to 29% in 2009/2010.[6] One of the reasons given for this decline is women's experience of the incompatibility of domestic work with employment[7]; hence the importance of designing measures, such as maternity leave, which will enable the combination of productive and reproductive and domestic work. In 2008, maternity leave entitlement was extended from three to six months for Central State government employees. There is also an additional possibility for Child Care Leave (CCL) after maternity leave for up to 2 years.[8]

In South Asian societies the role of the joint or extended family structure is a powerful source of influence, especially that of the mothers-in-law.[9] The joint family typically includes husband and wife with married son(s)/daughter(s) with their spouses and children. The extended family could include husband and wife with married brother(s)/sister(s) and their spouses, their son(s)/daughter(s) with their spouses and children.[10] The family structure most common in north India is the patrilineal joint family where the newly married couple move into the affinal household, that is to say, with the in-laws.[10] In recent years, nuclear families are emerging in the urban cities of India.[11] Allendorf's ethnographic and quantitative studies suggest that in South Asian contexts, both family structure and relationship quality need to be considered to better understand the phenomenon.[12]

Our previous inductive study of health and education workers' combining of breastfeeding and employment in New Delhi, India highlighted the importance of the support and demands from the family unit. Mothers used various strategies and tactics to ensure a "good enough" combination of breastfeeding and employment, often together with family members. Similarly, health workers in urban Tanzania also displayed various efforts to balance breastfeeding and employment.[14] The Indian study did not explore agency factors in depth and thus a secondary analysis was warranted. A better and more nuanced understanding of women's agency could improve interventions that support infant feeding practices amongst employed women in an Indian health sector and other similar contexts.

Over the last decades, there has been a growing interest in the construct of agency with Bandura,[15] Hitlin and Elder,[16] and Sen[17] in the forefront. Within the realms of women's rights, healthcare and workplace literature, the similar concept of women's empowerment has also developed.[18] The elusiveness of agency and the difficulty in assessing it has also been highlighted in the literature.[11] In spite of this, there is consensus that women's agency is closely linked to better maternal and child health outcomes. As such, empowerment of women and gender equity are recognised as part of effective health interventions.[19]

To deepen the understanding of agency in this context we chose Bandura's agentic perspective on social cognitive theory as a tool. Although originally developed in western contexts, it has been applied in various settings and realms and uses different facets of agency as modes and features.[15] Bandura defines agency as "*acts done intentionally*" and describes its four features as: (1) intentionality refers to intentions, plans that may be individually or collectively crafted, (2) forethought includes the temporal aspect of thinking ahead, considering various options and discussing with others, (3) self-reactiveness encompasses the construction and implementation of appropriate courses of action towards the intention or goal as well as regulation and modification; (4) self-reflectiveness includes a self-examining, corrective adjustment and lessons learned.[15] Bandura further delineates three modes of agency that may operate together: (1) individual agency is when the main agent performs her/himself; (2) proxy refers to the use of another person who can act on her/his behalf; and (3) collective agency is when several persons in the environment or social network work together to implement the intention.[15]

The research questions are twofold: (a) How useful are Bandura's theoretical agency constructs in an urban Indian context? and (b) How does agency manifest itself in the context of combining breastfeeding and employment in a health sector in urban India? The aim of this study was thus to explore manifestations of agency in combining breastfeeding and employment amongst Indian health workers using Bandura's theoretical constructs of agency and women's experiences.

2. Methods

The study has a qualitative design and uses semi-structured interviews, both deductive[20] and inductive qualitative content analyses[21] and was conducted within New Delhi, India in 2012.

2.1. Study participants and setting

The ten participants for this study were recruited from the Central Government health care sector covering primary healthcare clinics and tertiary hospital settings. They were selected as a subset of an original dataset of twenty interviews with health and education workers. The original dataset was analysed with the aim of understanding 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. The rationale for choosing the health worker subset for the present study is that health workers also tend to be role models in society, especially in their daily contact with other women and mothers as clients. Purposive sampling was used to select participants of different cadres and positions, working within healthcare settings. The general selection criteria were; first-time mothers currently employed at a health facility, eligible for six months of maternity leave or had availed six months' maternity leave, and had a baby between 8 and 12 months of age. Furthermore, we selected for sample variation on the basis of age, cadre/position at the workplace and family structure (nuclear and joint families) as these factors have been shown to have an impact on breast feeding practices or represent more vulnerable groups.[22] The potential

Table 1
Characteristics of participants combining breastfeeding and employment.

ID	Type of family	Age of mother (years)	Work class status (1 and 2[a])	Age of baby (months)	Postnatal maternity leave (months)
1	Joint	27	2	12.5	6
2	Joint/nuclear	27	1	11	2
3	Joint	28	2	8	6
4	Joint	29	1	12	6
5	Joint/nuclear	30	2	12	5
6	Joint	31	1	12	6
7	Joint	31	1	8	6
8	Joint	32	1	11	5
9	Joint/nuclear	32	2	12	6
10	Joint/nuclear	33	2	12	6

[a] (1) Categorised public servants with executive decision-making powers and (2) officers with limited supervisory or subordinate managerial roles.