



Maternity protection in formal and informal economy workplaces: The case of Ghana

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ABSTRACT

Maternity protection (MP) in the workplace is a vital element of ensuring women's and children's well-being. It aims to minimize the difficulties that working women face because of giving birth and to protect the health of mothers and their babies. Most research on MP around the world is carried out in larger organizations in developed countries. This cannot be applied uncritically to developing countries, where work in small firms and the informal economy tends to dominate and enterprises are more influenced by their local communities and environment. This paper explores different forms of MP found in various forms and sizes of enterprise in Ghana. Specifically, it examines 1) how workplaces in the formal and informal economy manage MP and 2) how reciprocity shapes workers' access to the different forms of MP support. The paper draws on 63 qualitative interviews with employers and women employees across three geographic regions of Ghana. The findings show that there are a range of measures related to pregnancy, maternity leave, family-friendly flexible working conditions, breastfeeding and childcare. While large formal economy organizations mostly offer MP measures corresponding to regulatory entitlements, women working in small informal economy businesses often only benefit from informal MP support. However, neither statutory nor informal supports alone provide adequately for women's needs. The paper highlights the important roles of reciprocity and relationships built on trust as conditions for family-friendly MP provisions, particularly in the informal economy workplaces. It concludes by identifying lessons that can be learnt by both formal and informal economy businesses.

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1. Introduction

Maternity protection (MP) is essential to minimize the difficulties and disadvantages that working women face because of giving birth and to protect the health of mothers and their babies.¹ Effective MP in workplaces is also essential to attain broader social and economic development (Addati, 2015; Fallon, Mazar, & Swiss, 2017; Lewis, Stumbitz, Miles, & Rouse, 2014; Stumbitz, Lewis, & Rouse, 2018). While there is a growing interest in MP around the world, most research on MP related workplace provisions has been

conducted in large firms and predominantly in high income countries (Stumbitz et al., 2018). Evidence from larger organizations in developed countries cannot be applied uncritically to developing countries, where work in small firms and the informal economy tends to dominate.

This lack of research on MP in developing regions is significant, particularly (but not exclusively) in relation to the failure to meet the United Nations' Millennium Development Goal 5 (MDG 5) on improving maternal health (GSS, 2013), and the need to tackle the new Sustainable Development Goal 3 (SDG 3) on reducing maternal morbidity and mortality.² Much of the effort to improve maternal health has been focused on enhancing regulatory

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¹ As defined by the International Labour Organization (ILO), MP includes maternity leave; health protection at work for pregnant and breastfeeding women; cash and medical benefits; employment protection and non-discrimination; and breastfeeding support after returning to work. It also includes a number of workplace family-friendly policies and practices, including flexible working arrangements, paternity and parental leaves, and childcare support.

² Although the global maternal mortality rate was reduced by 45% between 1990 and 2013, MDG 5 made the least progress out of the eight MDGs, with 61% of participating countries being seriously off target. Sub-Saharan Africa had the highest maternal mortality ratio (the proportion of mothers that do not survive childbirth) in the world, with 510 deaths for every 100,000 live births (UN, 2014; World Bank, 2015). The new SDG 3 (Target 3.1) aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 (UN, 2015b).

frameworks and formal social protection programmes at national levels (Addati, Cassirer, & Gilchrist, 2014). Although increasing women's legal entitlement to MP provisions, the impact of policies on maternal health is limited in contexts where related laws are not fully enforced or enforceable, for example in the informal economy. This paper addresses this research gap by exploring how MP is provided in large formal and (mostly informal) small and medium-sized enterprises (SMEs) in Ghana, a Sub-Saharan country with high levels of maternal and infant mortality which has not met maternal health targets.

It is estimated that 88% of the employed in Ghana work in informal labour markets, which are predominantly made up of SMEs,³ with women being more highly represented than men (GSS, 2014). It should be noted that there is no universally accepted definition of the informal economy (Babbitt, Brown, & Mazaheri, 2015; Lloyd-Evans, 2008). In our research we define informal economy enterprises as small, unregistered private unincorporated businesses (Williams, Shahid, & Martinez, 2016) that do not provide written employment contracts (Osei-Boateng, 2011). Work in the informal economy can include all varieties of absence of job quality, equality and health protection, and rarely provides basic social protection (Addati et al., 2014; Kumi-Kyereme, & Boachie-Mensah, 2012; Akorsu, 2013). However, we also acknowledge that enterprises – regardless of their classification as formal or informal – operate at varying levels of (in)formality and that the same business can comply with formal regulations in some respects but not others (Croucher, Stumbitz, Vickers, & Quinlan, 2013; Kabeer, 2008; Marlow, Taylor, & Thompson, 2010; Williams et al., 2016). While formality tends to increase with size (Cassell, Nadin, Gray, & Clegg, 2002), this process is not linear (Marlow et al., 2010) and informal approaches to maternity management can be found in firms of all sizes (Stumbitz et al., 2018).

This qualitative study explores current workplace MP practices on the ground in Ghana, and contributes to the existing literature on workplace MP provisions in two ways. Firstly, it focuses on a neglected population (pregnant women and new mothers working in small firms and the informal economy) and a neglected context (Ghana, a developing country) to show how MP includes both statutory elements (implemented in formal enterprises only) and discretionary practices supporting women (more evident in informal enterprises). Secondly, it highlights the importance of patterns of reciprocity in MP provisions based on 'give and take' by employers and employees, even when there are considerable power imbalances.

Below we first discuss MP and workplace context in more detail before developing a conceptual framework and theoretical underpinning of this study. This is followed by the presentation of the method and our empirical data on current MP practices and challenges. The final section highlights the contributions of the paper, discusses implications for theory, policy and practice related to SDG challenges, women's livelihoods and the informal economy, and provides suggestions for future research.

1.1. Maternity protection and workplace context

MP at work is a key element of decent work and social protection and crucial to the achievement of the post-2015 global development agenda (Addati et al., 2014)⁴. Since the introduction of MP by the ILO in 1919, MP legislation and related policies in line with

ILO standards have been introduced in most countries but are implemented and enforced at workplace level to various extents.

Most research on MP supports at work focuses on regulatory/legal frameworks and the availability of related written organizational policies in large firms, predominantly in high income countries (Lewis et al., 2014). The size of firm matters with smaller businesses, which are less likely to have written policies, facing challenges in offering maternity leave and arranging staff cover, particularly if employers are fully responsible for the payment of maternity leave cash benefits. Smallness also has an effect on MP through the closer relationship of business owner and employee (Ram & Edwards, 2003; Stumbitz et al., 2018). However, even where formal workplace policies exist, there is widespread evidence of an implementation gap between policies and practices (Herman & Lewis, 2012; Holt & Lewis, 2011; Kossek, Baltes, & Matthews, 2011), largely influenced by deeply entrenched gendered organizational assumptions (Bailyn, 2011; Holt & Lewis, 2011) and attitudes to maternity at work (Gatrell, 2011).

The provision of MP on the ground is particularly limited in developing countries, where the majority of women do not benefit from legal maternity entitlements as they work in the informal economy where related regulation is poorly enforced and actions are not "undergirded by statute or law" (Addati et al., 2014; Betcherman, 2014; Mupedziswa & Ntseane, 2013: 84). As a result, the most vulnerable new mothers remain unprotected and are also those most likely to be affected by maternal and child mortality and morbidity (UN, 2015a).

There is therefore a need for research on forms of non-statutory discretionary maternity protection that may be occurring in workplaces. There has been less research on these forms of 'informal' social protection, despite the fact that it is the only form of protection available to the majority of the population in many developing countries (Addati et al., 2014; Hebo, 2013). Although not specifically focusing on MP and employer-employee relationships, there is an increasing body of literature on social protection at the community or kinship level in Africa and Asia that explicitly recognises that it comprises both formal and informal mechanisms (Hebo, 2013; Mendola, 2010; Verpoorten & Verschraegen, 2010). Informal social protection builds on traditional cultural values of mutuality, community solidarity and reciprocity and related custom-based institutions which remain strongly embedded in African culture (Amdissa, Adanech, Kasa, & Zeleke, 2015; De Coninck & Drani, 2009; Hebo, 2013; Keikelame & Swartz, 2017; Mupedziswa & Ntseane, 2013; Wright, Neves, Ntshongwana, & Noble, 2015) and other parts of the Global South (e.g. Mohanty, 2011).

This paper therefore examines the different types of MP found in formal and informal economy businesses in Ghana. Our analysis focuses on the key elements of pregnancy, including maternity leave, and the return to work, including family-friendly working conditions, breastfeeding and childcare supports (Gatrell, 2011; Stumbitz et al., 2018). We also conceptualize these forms of support as fitting on a continuum from the purely statutory (formal) to the purely discretionary (informal), but recognise that there are a range of approaches to support that include elements of both, and that informal activities may be located within enterprises that we classified as formal.

Although the ILO sets international standards and statutory entitlements are set at national level, implementation and availability of MP provisions in workplaces are also shaped by a range of intersecting contextual factors (Granovetter, 1985), including employment characteristics (e.g. firm size, in/formal economy, rural/urban, un/skilled) and wider cultural context, including societal views on the role of women as mothers and workers. We thus emphasize the importance of considering the interface of international standards (as determined by ILO), national legislation, and local contexts as they impact on MP practices, especially for SMEs.

³ 99.6% of all businesses are SMEs and 91% of all firms are informal (GSS, 2015).

⁴ Consisting of workplace responses to the reproductive labour of pregnant women and new mothers, including breastfeeding, MP addresses the SDGs on good health and wellbeing (SDG 3), decent work (SDG 8), gender equality (SDG 5), as well as those aiming to eliminate poverty (SDG 1) and hunger (SDG 2).

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