

# Experiences and Perspectives of Female Employees Regarding Work-Family Balance Following Maternity Leave: A Cross-Sectional Survey in Southeastern Iran

## Abstract

**Background:** Work-family balance has emerged as one of the influencing factors for the physical and mental health of working mothers and their children. **Aims:** The present study aimed to understand the experiences and perspectives of working mothers on maternity leave and return to work after childbirth. This cross-sectional survey was conducted in three major cities in southeastern Iran. **Methods:** Working mothers who had at least one live birth during the 3 years prior to the survey, aged between 18 and 49 years, and living with their husbands were enrolled using a consecutive sampling method. The sampling framework consisted of all government workplaces that had at least 30 female employees. Using a validated anonymous questionnaire consisting of demographic and attitude variables, we assessed the working mothers' experiences and perspectives regarding the quantity and nature of the last maternity leave and how supportive their workplace was. Descriptive statistics with frequencies and percentages were used. To compare categorical variables between groups, the Chi-square test was used. A *P* value of less than 0.05 was considered significant. Statistical analysis was done using SPSS version 22. **Results:** A total of 900 female employees were invited to participate in the study, and finally, 741 valid questionnaires were analyzed. More than 21% of them reported that the office had changed their position or type of work after returning to work. Women with higher position jobs reported a higher husband's support for baby care (*P* = 0.03). Almost 51% of mothers agreed their workplace allowed them to use breastfeeding breaks, which was less evident in nurses (*P* = 0.001). Nearly 86% of them stated that mothering duties are much more important than job-related responsibilities. **Conclusions:** Our study identified areas of consideration for investing in family-friendly workplace policies in Iran.

**Keywords:** Mothers, women's health, work

## Introduction

In recent decades, more attention has been devoted to female labor force participation in developing countries.<sup>[1]</sup> Western countries differ from Asian countries in terms of expectations and views on work and family.<sup>[2]</sup> Nowadays, more mothers are participating in the work world across developing countries, and the perspective of the non-Western culture is different from the Western culture regarding the balance between work and family.<sup>[2]</sup> In Islamic countries like Iran, it seems that the traditional role of mothers in taking care of children takes precedence over workplace duties.<sup>[3]</sup> In contrast, in the American culture, the work devotion schema is dominant and the ideal worker is someone who prioritizes work duties above other facets

of life.<sup>[4]</sup> According to UNICEF, "Not only are maternity protections an internationally recognized labor right, but they are also crucial to ensure that work does not pose risks to the health and well-being of a woman and her child."<sup>[5]</sup> Thus, studying in the field of work-family balance (WFB) across different cultures potentially has public health implications.<sup>[6,7]</sup> If a working mother cannot maintain a balance between work and family, it leads to work-family conflict (WFC). WFC occurs when aspects of work interfere with family life.<sup>[7]</sup> It has been well established that WFC has deleterious effects on the both physical and mental health of mother and child. WFC has the potential to increase the likelihood of anxiety and depression as well as predisposing individuals to higher cardiometabolic risk and poor sleep quality.<sup>[6]</sup> Working mothers with better

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WFB experience a higher level of job satisfaction,<sup>[8]</sup> marital quality,<sup>[9]</sup> fertility intention,<sup>[10]</sup> and quality of life.<sup>[11]</sup> On the contrary, any factor that leads to the early separation of a mother from her child, especially in the first 1000 days of life, can have long-term effects on the child's health.<sup>[12]</sup> Working mother guilt is another negative consequence of WFC on family well-being.<sup>[13]</sup>

In recent decades, Iranian women made major progress in education, and women have outnumbered men in admission to colleges.<sup>[14]</sup> An increase in the level of education has led to an increase in the share of women in professional and technical jobs, although the female labor force participation is far from that in developed countries.<sup>[15]</sup> Thus, insights into the Iranian female employees' experiences and perspectives on WFB as a correlate of mental and physical health are important. Most of the studies conducted on Muslim female employees have been either qualitative<sup>[16]</sup> or relational.<sup>[3]</sup> On the contrary, if a study of work-related health issues is done, it is mainly about physical health rather than social and mental health.<sup>[17]</sup> To our knowledge, there is no empirical research describing the experiences and perspectives of female workers regarding WBL in a Muslim country.

This study aimed to shed light on the experiences and opinions of female employees regarding the work-family interface. We anticipated that the information obtained from this study be used to develop strategies to mitigate WFC in collectivistic cultures.

## Subjects and Methods

### Setting and participants

This cross-sectional survey was conducted in three major cities in southeastern Iran (Kerman, Sirjan, and Jiroft). The total population of these cities is approximately 1.5 million. The sampling framework consisted of all government workplaces that had at least 30 female white-collar workers. The inclusion criteria were married women who had at least one live birth during the 3 years prior to the survey, aged between 18 and 49 years, and living with their husbands. The exclusion criterion was unwilling to participate in the survey. The sample size was calculated to recruit 896 subjects, considering a prevalence of 30% (based on a pilot study) and a low marginal error ( $d = 0.1P$ ), by using the following formula:<sup>[18]</sup>

$$n = \frac{\hat{p}(1-\hat{p})(Z_{1-\alpha/2})^2}{d^2}$$

We used a consecutive sampling method and considered the number of female employees in each workplace proportionally.

### Data collection

Data were collected from February to May 2022 by using a self-administered questionnaire. To ensure participant

anonymity, the completed questionnaires were returned into a sealed ballot box in the workplace area.

### Survey questionnaire

The questionnaire consisted of three parts. The demographic questions included age, education, and job title. Job was categorized according to the nature and level of work as physician/faculty/manager, nurse, and office employee/teacher. The second part of the questionnaire was designed to elicit the respondents' experiences regarding the quantity and nature of the last maternity leave and how much their workplace was supportive in issues such as breastfeeding and child care. It included questions such as "During my maternity leave, the administration treated me in such a way that I felt completely secure in my job" or "My infant was exclusively breastfed for about the first 6 months." A five-point Likert scale was used, from 1 (strongly disagree) to 5 (strongly agree). To summarize the results, the degree of agreement was dichotomized on a binary scale (4–5 = high; 1–3 = low). Furthermore, in the second part of the questionnaire, we assessed the three important aspects of the work-family interface; work centrality, centrality of mothering, and WFB. They were measured by the following single-item questions: "My work is one of the most important things in my life right now," "Mothering duties are much more important than job-related responsibilities," and "In general, I feel that I have an adequate balance between my work and family life."<sup>[19]</sup> In the third part, we queried about the degree of involvement of the husband/grandmother in child care. The sample item was "Please rate the extent to which you feel that your husband was really trying to be involved in child care."<sup>[19]</sup> The contents and face validity of the questionnaire were confirmed according to an expert panel and extensive literature review.<sup>[19-21]</sup>

### Ethics

This study obtained ethical approval from the Kerman University of Medical Sciences. (IR.KMU.REC.1400.597). the participants were assured about the confidentiality and anonymity of the questionnaires. Verbal informed consent was obtained prior to the questionnaire completion.

All methods were carried out in accordance with the country's guidelines and regulations.

### Statistical analysis

Descriptive statistics with frequencies and percentages were used. To compare categorical variables between groups, the Chi-square test was used. *P* values less than 0.05 were considered significant. Statistical analysis was done using SPSS version 22.

### Results

A total of 900 female employees who had at least one motherhood experience during the last 3 years were

invited to participate in the study. Of them, 810 individuals accepted to complete the questionnaire (response rate of 90%). After the removal of questionnaires with incomplete data, 741 subjects were analyzed. The mean ( $\pm$ SD) age of subjects was 36.6 (5.3) years. More than 94% had college education. Nearly 10% of them were nursing staff. The demographic variables are shown in Table 1.

Table 2 describes the experiences and perspectives of female workers regarding maternity leave by job titles. More than 21% of female employees stated that the office had changed their position or type of work after returning to work. Nursing staff had the lowest chance of using paid break time for milk expression compared to other job types (30.3%) ( $P < 0.001$ ). Women with higher position jobs reported a higher husband's support in domestic work and childcare compared to nurses and office employees/teachers (55.8%) ( $P = 0.030$ ). Nearly one-third of subjects believed that they could establish a balance between work and family.

## Discussion

This study has shown that despite the social change, most working Iranian women are more concerned with motherhood than work and workplaces are not family-friendly enough.

Over the last decades, Iranian women have faced rapid social transformations, such as a rapid decrease in fertility rate and an increase in college enrolment.<sup>[22]</sup> For example, between 1979 and 2015, the number of female medical subspecialists increased from 57 to 1025.<sup>[23]</sup> Along with these social changes, the issue of WFB shows itself more than ever. According to national laws, Iranian working mothers have the right to use 9 months of maternity leave. In our study, almost 40% of them used full maternity leave (i.e., 9 months), and the rest of them returned to work

before that time. This could be due to fear of job insecurity and/or the fact that most of them only receive two-thirds of their basic salary during maternity leave and thus want to go back to work sooner.<sup>[24,25]</sup> The other reason may be that only 42% of them reported that they felt completely secure in their job during the maternity leave. In 21% of the working mothers, the office changed their position or type of work following maternity leave. Such negative workplace experiences were less reported by nursing staff, which may be due to their exact work schedule. A study among employed mothers in Vietnam showed that 16.5% of mothers returned to work before the end of their leave.<sup>[24]</sup> In Iran, "Law on Family Support" was approved on October 16, 2021, to overcome the aging population and declining fertility. According to Article 17 of the law, the duration of paid maternity leave for singleton and twin pregnancies is 9 and 12 months, respectively. Thus, our findings indicate a gap in the implementation of the law.

Approximately 12% of female employees reported that an onsite childcare center is available at their workplace. According to the global UNICEF survey conducted on 307 businesses in 14 countries, childcare support was the policy least implemented by businesses in their own workplaces; only 2.3% had onsite childcare facilities.<sup>[24]</sup> Korean studies have shown that female employees with lower incomes benefit more from onsite childcare than those of higher socioeconomic status.<sup>[26]</sup>

Nearly 51% of respondents stated that the workplace offered them the opportunity to have paid breastfeeding breaks. Of the 307 businesses surveyed by UNICEF from around the world, 59 had policies supporting paid breastfeeding breaks.<sup>[24]</sup> In the United States, 40% of working mothers complain about a lack of access to adequate breastfeeding break time.<sup>[27]</sup> Apart from the beneficial effects of breastfeeding on maternal and infant health,<sup>[28]</sup> a recent study showed that women who reported three or more work-related breastfeeding problems had nearly seven times higher odds of low job satisfaction compared to women reporting no problem.<sup>[29]</sup>

More than 50% of the participants reported a high level of their own or their husband's mother's and/or her husband's support for baby care. The more the husband's involvement in raising children, the better the mother's mental health.<sup>[30]</sup> However, such a positive effect has not been seen in relation to the grandmother's support.<sup>[31]</sup>

Nearly 86% of working mothers highly agreed with the statement that "mothering duties are much more important than job-related responsibilities," and most working mothers found it difficult to comply with WFB. In the *Survey of Mothers in Europe*, which was conducted in 16 European countries, 89% of mothers working full- or part-time wanted a high level of involvement in the care of their own children.<sup>[32]</sup> Thus, even in individualistic cultures, the motherly sense is still alive. It seems that in a collectivistic

**Table 1: Characteristics of the female employees (n=741)**

Variable	Frequency	Percentage
Age group (yrs)		
20–29	72	9.7
30–39	461	62.2
40 and higher	208	28.1
Education*		
Secondary school or lower	38	5.1
College	698	94.2
Job title		
Physician/faculty/manager	43	5.8
Nurse	76	10.3
Office employee/teacher	622	83.9
Duration of maternity leave		
Less than 2 months	88	11.9
2–5 months	141	19.0
6–8 months	220	29.7
9 months	292	39.4

\*The percentages may not add up to 100% due to missing value.

**Table 2: Frequency and percentage of high agreement among female employees on aspects of work-life balance by job title**

Item	Job title			Total (n=741)	P*
	Physician/ manager/ Faculty (n=43) <sup>#</sup>	Nurse (n=76)	Office employee/ Teacher (n=622)		
Negative workplace experiences					
Many times, I had to come to work during maternity leave.	10 (23.3)	8 (10.5)	167 (26.8)	185 (25.0)	0.008
During my maternity leave, the office changed my position or type of work.	4 (9.3)	11 (14.5)	141 (22.7)	156 (21.1)	0.038
Positive workplace experiences					
During my maternity leave, the management treated me in such a way that I felt completely secure in my job.	19 (41.9)	32 (42.1)	262 (42.1)	312 (42.1)	0.999
My office has been very cooperative in preparing a daycare in the workplace.	2 (4.7)	8 (10.5)	76 (12.2)	86 (11.6)	0.310
My office permitted me to use paid break time daily to breastfeed my baby for up to two years.	18 (41.9)	23 (30.3)	335 (53.9)	376 (50.7)	0.001
I breastfed my baby for the first 6 months.	18 (41.9)	36 (47.4)	401 (64.5)	455 (61.4)	0.001
Family support experiences					
My husband supported me during and after pregnancy.	24 (55.8)	38 (50.0)	245 (39.4)	307 (41.4)	0.030
My mother (or my husband's mother) assisted me in raising my child.	23 (53.5)	38 (50.0)	398 (64.0)	459 (61.9)	0.030
Perspectives					
My work is one of the most important things in my life right now (work centrality)	21 (48.8)	39 (51.3)	270 (43.4)	330 (44.5)	0.358
Mothering duties are much more important than job-related responsibilities (centrality of mothering)	30 (69.8)	69 (90.8)	535 (86.0)	634 (85.6)	0.005
In general, I feel that I have an adequate balance between my work and family life (work-family balance)	18 (41.9)	19 (25.0)	196 (31.5)	233 (31.4)	0.163

\*The Chi-square test was used to compare the distribution of frequencies

<sup>#</sup>Only high agreement responses are shown and the percentages are based on “n” in the column above.

society such as Iran, a working mother accepts to be viewed as a bad worker for being a mother, rather than a bad mother for being a worker.<sup>[33]</sup> In Iranian culture, the ideal mother is a woman who gives up a lot for her children.<sup>[34]</sup> It can be concluded from this that in both individualistic and collectivist cultures, when conflicts arise between work and childcare, the maternal role usually takes center stage and childcare becomes a higher-value activity.<sup>[35]</sup>

It is noteworthy to mention that the association between WFB and workability has been well-established in longitudinal studies in Western countries.<sup>[36]</sup> Perhaps it can be said that lack of access to adequate on-site childcare facilities may be more stressful and challenging from the point of view of working mothers in collectivistic cultures than individualistic cultures.<sup>[37]</sup>

One limitation of the study was that owing to the geographical limitation of the study to the province of Kerman, the generalizability of the results to the whole country should be done with caution.

## Conclusions

It appears that despite the passage of the Family Support Act, the needs of working mothers are not being fully met

in terms of childcare support in the workplace, and they are seriously concerned about this issue. As for the detrimental effects of limited WFB on maternal and child health, further research is warranted in this area in developing countries such as Iran.

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## Key Messages

This study highlighted that the working mothers' needs regarding childcare support in the workplace are not met completely, and it is a very serious concern for them and may affect the physical and mental health of them and their children as well as their quality of life.

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## Conflicts of interest

There are no conflicts of interest.

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