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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1218073>Available online at: <http://www.iajps.com>**Research Article****A QUALITATIVE STUDY OF ENVIRONMENTAL AND
BEHAVIOURAL FACTORS AFFECTING MOTHERS AT
WORKPLACE IN AN URBAN SOCIETY****Dr Tazeem Akhtar¹, Dr Muhammad Athar khan², Dr Saira Afzal³**¹Department of Community Medicine, University College of Medicine and Dentistry,
University of Lahore²Institute of Public Health, University of Lahore.³ Department of Community Medicine, King Edward Medical University, Lahore**Abstract:**

Background: - Females are having a multitasking personality not only performing their domestic activities brilliantly but also playing a crucial part in the growth of the financial system by being the significant employed force. From President to the C.E.O of the multinational company, women are performing their duties in the best possible way. Pakistani women face many problems at workplace in addition to cultural and social obstacles that hinder them from participating in the labor market. The basic objective of this study is to highlight the environmental (workplace) and behavioural factors faced by women during their pregnancy at work place and how to reduce them to ensure the best possible outcome from one of the essential component of our society.

Methodology: - A qualitative study design. FGDs with the workingwomen.

Result: - In our research, environmental including workplace factors identified for workingwomen in small organizations are: -Non-availability of company transportation, Non-availability of Day care centres for their babies, Limited availability of paid sick leaves, No flexi hours, No medical facility, No paid maternity leaves policy. The research also implies that pregnancy discrimination at both small and large organizations is a reality and faced by almost all the women.

Conclusion: - Working women, suffer from health related issues. Stress levels, both physical and mental, are extreme.

Key words: FGDs, Working women, Employment factors

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INTRODUCTION:

Females having a multitasking personality not only performing their domestic activities brilliantly but also playing a crucial part in the growth of the financial system by being the significant employed force. From President to the C.E.O of the multinational company, women are performing their duties in the best possible way even though, they have to perform double duties at both inter domestic and intra domestic level [1]. No country today can progress without the help of this part of our society. The participation of women has increased to a high level not only in Pakistan but also worldwide over the past few decades. Studies have also shown, due to financial pressure most of the expected women increase their work load instead of reducing it just because this extra work is going to provide them monetary reward [2].

Women pursuit for employment is probably influenced by factors related to independence in terms of financial necessity. However, some factors common to most employed women include young age, highly educated, likely to be unmarried and higher family income [3]. Pakistani women face many cultural and social obstacles that hinder them from participating in the labor market. These include restrictions on mobility and higher education, lack of moral support by family members and uneven allocation of jobs in almost every sector of the economy etc. Such discrimination limits women from searching for good jobs [4]. A study identified job satisfaction as an important factor for married women to work outside home along with other contributory factors for example number of children, stage of education, and no of dependents, family size and husband's income. Discriminatory treatment of pregnant females in the workplace seems to be associated with the type of employment and the nature of the employer [5].

Also, there have been many additional conditions that influence the decision of going back to work after pregnancy which include the individual characteristics for example education, type of organization for example the nature of job and contract, policies of the institution for example pleasant employed conditions and maternity benefits. Almost half of the countries in the world found to follow the minimal standard for maternity leave but only two out of five giving cash benefits along with it [6]. A wide gap was seen among the law and its implementation and a large no of groups of women are still not receiving the benefits in accordance with the law. In developed countries, 95 percent provide maternity leave and benefits. During

and after pregnancy, women go through many phases of depression and tension and this is one of the natural processes [7].

If this depression is going to be accompanied by financial problem than the situation will get more severe. Moreover, there has been a need to provide them a good environment at the work place so that they will be able to perform their tasks effectively not only in office but also will be able to create a good environment at home. Employed women in Pakistan have to face a lot of problems at their work place like gender based discrimination, family issues, work and unequal pay [8]. They also have to face mental and physical harassment at work place. And due to the fear of losing job most of the women just stay silent. Women also earn lower income at their work place but they opt for a less challenging job so that they will be able to perform their activities in a good manner [8]. Moreover, parenthood affect women career in an adverse way. Due to an increase of women at work place, there has been a great need to develop policies for their protection generally and specially during pregnancy and motherhood. The basic objective of this study is to highlight the issues faced by women during their pregnancy at work place and how to reduce them by ensuring the best possible outcome from one of the essential component of our society [9].

Objectives: -

Objectives of this study are:

1. To find out the factors at workplace which are affecting women during pregnancy and motherhood.
2. To gain insight into the experiences of women at workplace while pregnant and in motherhood.

RESEARCH METHODOLOGY:

Study Design: -A qualitative study design was adopted and Focus Group discussions were conducted to collect relevant data. As the questions asked during a focus group discussion mainly define the quality of a FGDS. For this purpose, pretested guidelines were used. In this study, two sets of questions used to guide the FGDS regarding "Experiences of women at work places during pregnancy" and second set related to "Experiences of mothers related to pregnancy, childbirth and postnatal health " [10]. Set one has five questions regarding arrangements at work place to facilitate pregnant women, unfair treatment due to pregnancy, support from boss and colleagues, satisfaction, maternity leave and re-joining of job. Set two has four questions regarding effect of work on

pregnancy, delivery details and complications, postnatal health and breast-feeding.

Table 1: Focus Group Discussion Guidelines

Focus Group	Measures
Working women either pregnant or not pregnant but having at least one child while working	Set 1. <u>Experiences of women at work places during pregnancy</u> <ul style="list-style-type: none"> • Arrangements at workplace to facilitate pregnant workers • Un fair treatment due to pregnancy • Support from boss and colleagues • Maternity leave policy • Re-joining after delivery
	Set 2. <u>Experiences of mothers related to pregnancy, childbirth and postnatal health</u> <ul style="list-style-type: none"> • Effect of work on pregnancy • Delivery notes and complications • Postnatal health • Breast feeding at workplace

Sample: - A total of 8 focus group discussions were conducted in Lahore city. Sampling was purposive and only pregnant working ladies and the mothers who have at least one child while they were working were invited for the purpose. A lady trained in research assisted in all the sessions.

The FGDS were recorded and notes were made to consult afterwards and for record. All the proceedings of the FGDS were in Urdu and were kept and analysed as such till end the results were translated into English for presentation.

Focus Group Discussion: -

The workingwomen invited for these FGDS belonged to different work fields e.g. some are teachers, some bankers, some doctors and some belong from other professionals. Data was only collected from Lahore District. During collection of data, help is taken from Doctors, midwives and LHV's working at different areas of Lahore. Detail of participants are shown in below:

Table 2: Number of Participants

Serial Number	Level	Number of Interview
1	Working Women pregnant at that time	15
2	Working Mother's who have had at least one child while working	24

Characteristics of Participants: -

The women who participated in FGDS hold different characteristics that played important role to obtain more reliable and true results. In 4 focus groups, there were 2 pregnant ladies and in other 4 FGDS, there were 3. Hence, the number of pregnant ladies in sample size is 15 in contrast to those

workingwomen, which were mothers of different age children. Most of women had 2 to 3 children on average basis. While most of women have average age of 25 years to 32 years. 83 % women had bachelor or master level degree and only 17% women had education that is intermediate or some diploma.

Table 3: Socio-Demographic characteristics of Participants FGDS

General Characteristics	Number, Total = 36	Percentage
A) Age (years) Mean=27.5, SD=5.16, Range=18-32		
B) Number of children Mean= 1.58, SD= 1.5, Range=0-3		
C) Education	12	25
Intermediate OR Technical Diploma	23	47.91
Bachelor	13	27
Master		
D) Socio-Economic Status	13	27
High	35	8
Middle		

Many themes and sub-themes emerged from the focus group discussion, of which some of themes gained main importance and is discussed below

Themes

- Arrangement to facilitate pregnant women at workplace
- Unfair Treatment due to pregnancy
- Support from Supervisor
- Maternity Leave
- Re-Joining the Job
- Reasons for Quitting the Job

Table 4: Theme: - Experiences of women at work places during pregnancy

Experiences at workplace	Illustrative Quotes from Focus Group Discussions
Sub-theme 1. Arrangement to facilitate pregnant women at workplace	“Sometimes I have to wait for even an hour at bus stop for any van to come...I mean it's really tiring and frustrating especially at home time in later hours of day”
Sub-theme 2. Unfair Treatment due to pregnancy	“It is there and will always be. As women are already being treated unfairly at all levels in routine life... How can you expect the different attitude when you get pregnant.....Grow up ladies and cope with it,”
Sub-theme 3. Support From Supervisor	The immoral behavior and absence of support from supervisors and executives also affect the working of pregnant ladies” " My boss used to comment in a very awkward manner with regard to my pregnancy, it felt so bad but I just smiled,”
Sub-theme 4. Maternity Leave	“I had vey basic idea about my rights of maternity leaves but they did not agree to give me the leaves for even 6 week with pay and I availed my 6 weeks leave with out pay and a bear all my maternity expenses as well”

Sub-theme 5. Re-Joining the Job	“Actually I wanted to earn more money now to support extra expenses due to my baby. I wanted to give...my baby... I mean best things available for her care”
Sub-theme 6. Reasons for Quitting the Job	“Yes. I did not want to re-join the job but I had a good support at home and needed to support my family as well.” “I left my job with heavy heart but was happy to be with my baby girl as enjoying her company so much.”

FINDINGS:

- Workplace factors identified for workingwomen in small organizations are:
 -
 - Non-availability of company transportation
 - Non-availability of Day care centres for their babies
 - Limited availability of paid sick leaves
 - No flexi hours
 - No medical facility
 - No paid maternity leaves policy
- In large or multinational organizations all the above facilities are available.
- Pregnancy discrimination at both small and large organizations is a reality.
- Support from boss and colleagues is very rare-----source of considerable stress
- The negative treatment at work during pregnancy not only results in disturbed mental health of women but also seems to affect her re-joining the job with the same employer or her choice of not to join the job at all.

DISCUSSION:

The recent influx of women in jobs is although does not match with our traditional thinking, according to which women have to choose between her family and work. A mother or a woman who is working has to convince other people that she is actually working for the betterment of her family and children [11]. In working women's life, Pregnancy and motherhood is a complete phase of transition not only physically but psychologically as well. And different factors at workplace have an essential role in maintaining a balance between personal and work life at a level that will benefit a family as a whole [12]. Availability of different facilities by the organization including transportation was seen as an important factor by the FGD, s participants as one of the participants blamed poor local transport system for her previous two abortions [13].

This finding was consistent with the findings from

previous studies like workingwomen from industrial and agriculture sections have reported spontaneous abortions in many studies. Similarly, other studies also documented use of public transport particularly for more than one hour on one way a risk for premature births in working women [14]. Another factor identified by the participants was long working hours with workload and availability of day care at a workplace. Fortunately, in our society where joint family system is still common and not all the members are working, many working ladies get support from their families for taking care of their babies but the real problem was seen with ladies who were living in nuclear families [15]. Working Women participating in all FGDS suffered from different range of unfair treatment starting from unpleasant comments, subtle changes in attitude towards them by their colleagues and employers to refusal for the training and unfair promotion and even calls to quit the job [16].

This finding of our research can easily be correlated with previous studies. In which they found that women who were working during their pregnancies, faced different types of discrimination by their colleagues and employers [17]. According to Pakistan Maternity benefit ordinance 1958, paid maternity leaves should be provided to all the workingwomen 6 weeks before and 6 weeks after the delivery. It is also admissible by law to combine these leaves with other leaves if required [18]. This all was done to balance the family and work life of workingwomen. In our research, only handful women got this right of maternity leaves and all others especially working in small organization were not able to claim for this right [19]. All this actually give an insight in the situation that how much this is needed for saving a family unit and for laying a healthy foundation for the society. To take care of a child is responsibility of both parents and it can only be fulfilled with full health and no other action can substitute for this duty [20]. Lack of support in this regards can discourage the females to participate in labour force on one hand and can diminish the family resources on the other side. Many factors were noted in our study, which can have some

influence on woman for her return to job [21]. These factors were at personal level, education level, status and job of husband, financial stability, support from family or husband. Women with higher qualifications and privileged job positions were found to had higher rates of return to their jobs after childbirth than their counterparts. Similarly, organizational policies regarding maternity leave and childcare support were also identified as important factors in re-joining their job [22]. Many participants of FGDS mentioned about nausea, vomiting, drowsiness and extreme weakness during her early months of pregnancy. Many also mentioned mood changes, behavioural changes and depression [23]. Many of them complained about high level of stress during pregnancy. Many complications of pregnancy like high blood pressure, abortion, miscarriage and premature birth were blamed by workingwomen to excessive stress from job [24]. Lack of supervisor support and discriminated treatment at workplace was found other factors in causing different complications during pregnancy and in childbirth. In our qualitative study, medical facility by the organization and paid maternity leave were the two factors which were mentioned by many FGDS participants playing a part in re-joining a job after childbirth [25].

Conclusion: -

Working women, when asked about their experiences in the work place, revealed that most of them suffer from health related issues. Stress levels, both physical and mental, are extreme. Furthermore, physical weakness, family pressure and workplace stress etc. often make women think about leaving their jobs however all this stress is so normalized by the society that women feel that it is all part of life. They feel that the extra workload is something they signed up for when they chose job and family life simultaneously and will eventually make them stronger. Other than these health related problems, women are also victims of discrimination as they are thought to be less capable than their male colleagues.

Recommendations: -

1. Organizations should provide pregnant women a stress free, friendly environment by applying good practice principles and by providing security from negative treatment.
2. Childcare facilities and medical leaves on demand should be made available by all the organizations
3. Flexible working hours should be norm for every pregnant employee in an

organization. All the organizations should follow the maternity leave act and medical and sick leave provision as given by government in its law.

REFERENCES:

1. Yu, W.-h. and J.C.-L. Kuo, *The Motherhood Wage Penalty by Work Conditions: How Do Occupational Characteristics Hinder or Empower Mothers?* American Sociological Review, 2017. **82**(4): p. 744-769.
2. Colichi, R.M.B., et al., *Interactions between quality of life at work and family: integrative review.* International Archives of Medicine, 2017. **9**.
3. Clark, M.A., et al., *Organizational support factors and work-family outcomes: exploring gender differences.* Journal of Family Issues, 2017. **38**(11): p. 1520-1545.
4. Arif, A., S. Naveed, and R. Aslam, *Factors causing stress among Pakistani working women.* Pakistan Administrative Review, 2017. **1**(3): p. 159-174.
5. Bekru, E.T., A. Cherie, and A.A. Anjulo, *Job satisfaction and determinant factors among midwives working at health facilities in Addis Ababa city, Ethiopia.* PloS one, 2017. **12**(2): p. e0172397.
6. Rabbani, S. and A. Qayyum, *Comparative analysis of factor affecting child mortality in Pakistan.* 2017.
7. Khaliq, A. and S.J. Amin, *ONLINE SUBMISSION.* Assessment, 2017.
8. Urooge, S., et al., *A Comparative Analysis of Urban and Rural working Women (A Case Study of District Peshawar).* Dialogue (Pakistan), 2017. **12**(3).
9. Nizami, A. and J. Ali, *Climate change and women's place-based vulnerabilities—a case study from Pakistani highlands.* Climate and Development, 2017. **9**(7): p. 662-670.
10. Naz, S., S. Fazal, and M.I. Khan, *Perceptions of women academics regarding work-life balance: A Pakistan case.* Management in Education, 2017. **31**(2): p. 88-93.
11. Ali, S.A., *Pregnancy Outcomes among Women with an Unintended Pregnancy: Findings from a Prospective Registry in Rural Pakistan.* EC Gynaecology, 2018. **7**: p. 57-67.
12. Goodwin, L., B. Hunter, and A. Jones, *The midwife-woman relationship in a South Wales community: Experiences of midwives and migrant Pakistani women in early pregnancy.* Health Expectations, 2018. **21**(1): p. 347-357.
13. Ahsan, J., et al., *ASSESSMENT OF RISK FACTORS FOR HIGH RISK PREGNANCY.*

- Journal Of Medical Sciences, 2017. **25**(1): p. 41-44.
14. Ali, T., et al., *Pesticide genotoxicity in cotton picking women in Pakistan evaluated using comet assay*. Drug and chemical toxicology, 2018. **41**(2): p. 213-220.
 15. Ghaffar, R., et al., *Frequency and predictors of anxiety and depression among pregnant women attending tertiary healthcare institutes of Quetta City, Pakistan*. BMC women's health, 2017. **17**(1): p. 51.
 16. Bangash, S., S. Hamid, and N.H. Niazi, *EXPLORING BARRIERS TO REPRODUCTIVE HEALTH SERVICES UTILIZATION AMONG YOUTH, A QUALITATIVE STUDY IN DISTRICT RAWALPINDI, PUNJAB, PAKISTAN*. Pakistan Journal of Public Health, 2017. **7**(3): p. 132-136.
 17. Fell, D.B., et al., *Influenza epidemiology and immunization during pregnancy: Final report of a World Health Organization working group*. Vaccine, 2017. **35**(43): p. 5738-5750.
 18. Iqbal, S., et al., *Continuum of care in maternal, newborn and child health in Pakistan: analysis of trends and determinants from 2006 to 2012*. BMC health services research, 2017. **17**(1): p. 189.
 19. Asim, M., et al., *ANTENATAL HEALTH CARE; A LITERATURE REVIEW OF ANTENATAL AND POSTNATAL HEALTH CARE UTILIZATION IN PAKISTAN*. Professional Medical Journal, 2017. **24**(4).
 20. Lau, Y., et al., *Breastfeeding attitude, health-related quality of life and maternal obesity among multi-ethnic pregnant women: A multi-group structural equation approach*. International journal of nursing studies, 2017. **67**: p. 71-82.
 21. Tenaw, Z., et al., *Magnitude and Factors Associated with Institutional Delivery Service among Women who have Antenatal Care Follow-Up at Hawassa University Referral Hospital, Ethiopia, 2016*. Diversity & Equality in Health and Care, 2017. **14**(1).
 22. Sönmez, A. and Y.A. Derya, *Effects of sleep hygiene training given to pregnant women with restless leg syndrome on their sleep quality*. Sleep and Breathing, 2018: p. 1-9.
 23. Chiumento, A., et al., *Evaluating effectiveness and cost-effectiveness of a group psychological intervention using cognitive behavioural strategies for women with common mental disorders in conflict-affected rural Pakistan: study protocol for a randomised controlled trial*. Trials, 2017. **18**(1): p. 190.
 24. Saeed, A. and S. Farooq, *"I Can't Go Out": Mobility Obstacles to Women's Access to HIV Treatment in KPK, Pakistan*. Journal of the Association of Nurses in AIDS Care, 2017. **28**(4): p. 561-574.
 25. John, V.G., *Predictors of Postpartum Depression among Women in Karachi, Pakistan*. 2017.