Combining work and child care: The experiences of mothers in Accra, Ghana

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ABSTRACT

Work–family research has focused predominantly on western women. Yet the forms of economic labour in which women are typically involved and the meaning of motherhood are context specific. This article aims to explore the experience of combining economic activity and child care of mothers with young children using urban Ghana as a case study. Semi-structured interviews (n = 24) were conducted in three locations in the Accra Metropolitan Area. Transcripts were analysed using the general inductive approach. The results found women’s experience of role conflict to be bi-directional. With regard to role enhancement, economic activity allowed women to provide materially for their children. The combination of work and child care had negative consequences for women’s well-being. This research questions policy-makers’ strategy of frequently targeting women in their roles either as generators of income or as the primary care-takers of children by highlighting the reality of women’s simultaneous performance of these roles.

KEYWORDS

Work–family; motherhood; child care; Ghana

1. Introduction

The meaning of mothers, mothering and motherhood as well as the forms of economic labour in which women are typically involved vary over time, by country and by cultural background. However, prior work–family research has focused predominantly on western women (Mokomane, 2014). The context of sub-Saharan Africa is particularly dynamic in that it is undergoing social, economic and demographic changes (Mokomane, 2013). These changes are likely to have important implications for women combining economic and child care roles, including consequences for family health and well-being (Oppong, 2004). Using Accra, Ghana as a case study, this research uses qualitative methods to explore the experience of combining economic activity and child care of mothers with young children (younger than three years old). The article begins with discussion of motherhood and child care arrangements in urban Ghana, and highlights the need to conduct research on the work–family interface in non-western contexts.

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1.1. Mothers and motherhood in urban Ghana

To be a mother is to occupy a social position in society based on the relationship between a child and a woman. Whilst western notions of a mother are often based on biological ties, this identity can be forged not only through the activity of childbearing, but also child-rearing. Divorce and widowhood, and subsequent re-partnering, child fostering and extended family systems, mean that in the West African context child-rearing is frequently performed by other people in addition to biological or adoptive parents. For example, children are often viewed as belonging to the wider kin group (Nsamenang, 1992), and among ethnic groups of the matrilineage maternal uncles substitute fathers in the tasks of socialisation and discipline (Boakye-Boaten, 2010). Such circumstances have led to the term ‘social parents’ or ‘social parenting’ in the literature (for example, see Richter [2010] in reference to fathers in South Africa).

Although fertility has declined in urban Ghana, attainment of the biological mother status remains important for gender identity, with the bearing of children being a marker of full womanhood (Clarke, 1999) and motherhood being seen as a primary role in a woman’s life (Wilkinson & Callister, 2010). Whilst early writing on motherhood is ethnocentric, and views motherhood as a universal role based upon nurturing activities, motherhood is now recognised as culturally and historically variable (Hill-Collins 1994). In the context of Ghana, using life histories, participant observations, informal and formal interviews and sample surveys, Clarke (1999) investigated the gender and parenting practices of Asante Kumasi market traders. She found that among biological mothers, economic obligations were central to motherhood, with income generation being a maternal responsibility. This definition of motherhood could be seen as relatively recent or intensified due to the economic crisis and economic recovery programmes of the 1980s, which had an impact on gender roles in the affected countries, including Ghana.

1.2. The changing economic role of women in urban Ghana

Western research has focused on female engagement in formal employment, yet in the Ghanaian context informal labour dominates. Such female engagement in economic activity has been strong historically in Ghana (Overå, 2007). Women have a long past in trading, with descriptions of this work dating back to 1600 (Robertson, 1984). It is argued, however, that there has been an intensification of women’s economic roles (Oppong, 2001) attributed to the economic recovery programmes. For example, the decline in public-sector employment in the 1980s and 1990s in Ghana, caused by government retrenchment, resulted in heightened competition for traders from women who in previous times would have entered public employment or been supported by their husbands’ earnings (Overå, 2007). The characterisation of trading as feminine has also become distorted as males have begun to enter this sector (Overå, 2007). This overcrowding, combined with the lower purchasing power of customers, has reduced the potential profits of enterprises resulting in longer working hours being required to generate basic incomes for a family.

1.3. Mothering and child care arrangements in urban Ghana

Mothering is the set of activities associated with the caring and nurturing of children (Arendell, 2000). Whilst mothering is frequently associated with the exclusive and isolated care
of children by their biological mother, in the Ghanaian context mothering in the past has been a collective task with normative support existing for the extensive rearing of children by others, especially the extended family.

Despite declining fertility in Ghana, it is argued that the role of biological mothers in activities of mothering or child-rearing is intensifying, due to a shift towards greater personal responsibility in parenthood. Oppong (2004) highlights the dispersal of kin, resulting from migration, as one component contributing to the changing role of mothers. The engagement of an increasing number of household members in ‘productive labour’, including the engagement of a single person in multiple activities (Owusu et al., 2008), is also likely to be a contributory factor to changes in the provision of support. Whilst data on the daily provision of child care in sub-Saharan Africa are limited (Bray & Brandt, 2007), the Accra Urban Food and Nutrition Survey provides important insights into child care arrangements of working mothers co-resident with their biological children in the Accra Metropolitan Area of Ghana. Upon the resumption of economic activity, the most common strategy of biological mothers with children under the age of three is to care for their children in their place of work whilst working (57%) (Quisumbing et al., 2007). There are, however, important variations in child care arrangements by mothers’ work contexts. Although the majority of women engaged in home-based enterprises use the arrangement of caring for their children whilst working, for market and street traders relying on informal caregivers is also an important care arrangement (Quisumbing et al., 2007). The use of formal day care is only a common strategy among those working in offices. It should be noted that where physical separation of family members, or the engagement of family members in education or economic activity, makes support with daily child care difficult, this does not necessarily result in the total absence of support.

1.4. The experience of combining work and child care

Long working hours have been found to be significantly associated with conflict between work and family across countries (e.g. Aryee et al., 1999; Kim & Ling, 2001; Cousins & Tang, 2004). In Ghana, however, where part of the meaning of motherhood is to engage in economic activity, this poses the question of whether working hours are a source of conflict. In Clarke’s (1999) study, the notion of women staying at home with their children was seen to contradict the image of a good mother. Job insecurity has also been found to be positively related to work–family conflict (Batt & Valcour, 2003). This may be especially salient to Ghanaian mothers whose work is based on trading. Gendered access to formal financial institutions means the operations of many female enterprises are based on credit (Awusabo-Sare & Tanle, 2008). Vulnerability characterises this work because the ability to secure goods is based on trust and social relationships which can be threatened when one individual in the chain fails to make payment. Lastly, work schedule inflexibility is an important predictor of role conflict in some contexts because standardised schedules can make it difficult to fit work around changing family requirements (Aryee, 1992; Kim & Ling, 2001). The assumed flexibility of informal work has been questioned previously by Clarke (1999) who highlighted the need for informal wholesalers and traders to work at certain times of the day to get the best business. In the formal sector, women are protected by labour legislation such as that mandating 12 weeks of fully remunerated maternity leave (Government of Ghana, 2003). Nonetheless, gaps in
provision exist in terms of rights to request flexible working, parental leave and temporary
leave (Mokomane, 2013). Engagement in work, nonetheless, can have positive benefits for
women’s role as mothers through the generation of financial capital. Awusbo-Asare &
Tanle (2008) note that, despite their low profits, women involved in palm kernel oil pro-
cessing in the central region of Ghana enriched their well-being because they were able to
contribute economically to their households.

Mothers’ provision of child care in Ghana also has the potential to conflict with their
economic work commitments. In Clarke’s (1999) study of Asante traders, children were
reported to interfere with business through interrupting the process of bartering and
trading. In Annor’s (2014) study of staff at the University of Ghana, daily conflict was
described in the taking and picking up of children from school, and child sickness was
additionally seen to be a major interruption to work.

2. Work–family theories

There has been considerable academic interest in understanding how engagement in mul-
tiple roles, particularly those of work and family, results in observed work, family and indi-
vidual outcomes. This has led to the development of several distinct, but related, theories
representing the experience of combining roles. This research is underpinned by the the-
ories of role strain, role conflict and role enhancement.

In his seminal work on role strain, Goode (1960) describes strain as arising from issues
of compatibility between activities performed in the fulfilment of role obligations, as well
as from overload through demands exceeding available resources. Although Goode’s view
of strain frames it as a physiological response to objective resources, energy and time have
also been conceptualised as social constructions and strain can also be seen as a psycho-
logical concept (Marks, 1977). In the literature the concept of role conflict is largely used
interchangeably with role strain, or seen as a narrow component of the latter. Role conflict
refers to circumstances where work and family are incompatible in some respects. It sees
that the engagement in work makes participation in family life more difficult or vice versa
(Beutell & Greenhaus, 1985). Some, however, see conflict and strain as two independent
concepts, with strain being the cognitive appraisal of conflict (Voydanoff, 2002). It is poss-
able that where conflict is experienced individuals may not necessarily perceive high diffi-
culties in performing both their work and family roles overall. The theories of role strain
and conflict do not explain incidences where individuals do not show difficulties perform-
ing multiple roles. In response to this gap, Sieber (1974) introduced the idea of benefits
arising from role accumulation, which in some cases can result in a net advantage. Role
privileges, compensation, the accumulation and transfer of resources and enhancement
of personality are mechanisms which could explain net benefit arising from multiple roles.

3. Methods

3.1. Recruitment of participants

Fieldwork took place in three locations in the Accra Metropolitan Area. Nima and Ga
Mashie were selected as examples of low-income communities where informal economic
activity is prevalent. They contrast in that Ga Mashie is an indigenous settlement (Razzu,
2005), whilst Nima is a migrant community (Owusu et al., 2008). This is a feature which could have implications for the social support received by women and the combination of work and child care. In addition to mothers engaged in informal labour in Nima and Ga Mashie, women employed in the formal sector either working or living in Legon were recruited. The majority of these women were based at the University of Ghana.

The recruitment of participants was based on snowball sampling, with informal contacts being vital in accessing initial participants. Contacts were asked whether they knew mothers who had children aged younger than three years, who were working at the time of the study or who had been working prior to the birth of their youngest child. Only individuals living or working in the three locations mentioned were included in the study. It is important to note that our focus was on biological mothers co-resident with their youngest child. Women in sub-Saharan Africa, including Ghana, may have responsibilities for non-biological children, whether children of their partners by other women, children that live in the same household or through temporarily or more permanently taking on the care role of fostered children. The mobility of children can also be an important part of how women themselves respond to the exigencies of work and caring for their children. We confirmed with participants whether they were the biological mother of the child/ren in question and that they were co-resident.

The definition of work adopted was that used by the Demographic and Health Survey (activities that women are involved in for pay, profit or family gain). No reference period and minimum levels were given, which could have led to individual differences in the definition of work for those engaged in casual, infrequent or low hours of work. Difficulties in defining informal work meant that women who were likely to be engaged in this form of labour were identified by compiling a list of associated activities based on Hart’s (1973) and Osei-Boateng & Ampratwum’s (2011) classification of labour in the urban Ghanaian economy. Prior to fieldwork it was envisaged that mothers who were in full-time education would be excluded from the study, but the subjective definition of work status as defined by postgraduate research students at the University of Ghana meant that several students were recruited because they were involved in substantial teaching and research responsibilities in order to fund their studies.

3.2. Procedures

A total of 24 semi-structured interviews were conducted, lasting between 17 and 43 minutes. The interview guide focused on the strategies women use to combine economic work and child care, in addition to the consequences they perceived these had for themselves and their children.

Nine interviews were conducted in English and 15 interviews in Ewe, Ga or Twi, depending on the respondents’ preference. Variance in the familiarity of researchers with different groups of participants can result in different implications for the research process and findings of the study. One interviewer noted that her position of not being a mother and being foreign appeared to create a distance between herself and a small number of the participants she interviewed. In these cases, her position could be considered a limitation if it resulted in these women not disclosing fully. In contrast, the second interviewer found exchanging stories about her child to be a useful way of building rapport with participants and starting an open dialogue. This could be considered a
strength in that it resulted in rich and honest answers. Nonetheless, shared understanding of a situation in some cases was a limitation leading to meanings and experiences not being fully explored.

### 3.3. Ethics

Before commencing the research, written or oral consent from participants was sought. Full ethical approval was granted from the Faculty of Human and Social Sciences’ Ethics Committee at the University of Southampton.

### 3.4. Data analysis

Interviews were audio-recorded, for which consent was gained prior to the interview, and transcribed verbatim. Transcripts were checked against original recordings for accuracy and analysed using a general inductive approach. As recommended by Thomas (2006), the first stages involved preparation of the raw data files and familiarisation with the data through close reading and re-reading of transcripts. The next two phases, the generation of initial codes and collation of themes, was an iterative process as codes and themes were reviewed, discussed and revised. Initial codes were created to describe segments of the data. Codes were reviewed through matching them up with data extracts, and codes that showed substantial overlap in their meaning were collated together and renamed. Contrasting ideas and patterns in the data were also identified, for example with regard to whether breastfeeding caused difficulties in combining economic responsibilities and mothering or whether this experience was unproblematic. Guided by the theoretical underpinning of the research and its aims, the codes were collapsed into four overarching themes and seven sub-themes (Table 1).

Quotations used in the results section are indicative of the themes identified. To ensure confidentiality, pseudonyms are used.

### 4. Results

#### 4.1. Participant characteristics

A total of 24 mothers were included in the study: nine had temporarily withdrawn from economic activity; six were currently engaged in economic activity and their primary child care arrangement was to care for their child whilst working; and nine were engaged in economic activity but their primary child care arrangement was to use a crèche or

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
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<tr>
<td>Conflict between economic activity and childcare</td>
<td>Breastfeeding, Sickness, Withdrawal</td>
</tr>
<tr>
<td>Strain and the working mother</td>
<td>Deficiency of time, Economic stagnation</td>
</tr>
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<td>Work as a means to provide</td>
<td>Maternal well-being, Child well-being</td>
</tr>
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<td>Outcomes of roles</td>
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</tr>
</tbody>
</table>

Table 1. Themes and sub-themes identified in the interviews.
grandmother to care for their child whilst they worked. The age of the youngest biological child with which the mother was co-resident was younger than six months old for seven of the women, six to 17 months old for nine women and 18 to 35 months old for the other eight women.

In Ga Mashie and Nima, women were mainly engaged in secondary and distribution activities, with 70% of participants being involved in petty trading or vending street food. The work of women in Ga Mashie and Nima did not involve them travelling outside their communities, with the exception of a seamstress in Ga Mashie who commuted into the community six times a week for work. The professional and managerial women interviewed in Legon were mainly staff or research students at the University of Ghana. All of these women lived outside Legon and described their travel to work as taking between one and two hours twice daily. Summary characteristics of all participants are presented in Table 2.

4.2. Conflict between economic activity and child care

A recurring theme of the interviews was the personal experience of conflict between economic activity and child care in the past or present, or anticipations for the future. The source of incompatibility was not the same for all women, and neither was the frequency or degree of incompatibility.

4.2.1. Sickness

For the majority of mothers, no conflict was described as occurring on a day-to-day basis, but sickness, of both children and child care providers, was used as an illustration of what can go wrong. On these infrequent occurrences, women frequently do not perform their economic responsibilities due to having to care for their children and the unsuitability of their work environments for this. For example, Rita (whose son was being cared for by her mother) described:

> when my mother is ill I have to stop work and take good care of my son. I will not bring my son to work here. I would get tired if he is here and at the same time as working I cannot not take good care of him.

The nature of Rita’s work environment (a stall at a nearby market) carried too many risks for her son. These included the hot temperatures of her cooking and the busyness of the marketplace.

For a number of women, the conflict experienced as a result of sickness was more acute due to increased frequency or longer duration of illness. Naa, a seamstress working in Ga Mashie, re-accounted the hopelessness that she felt when her son was hospitalised and how her self-employed status made ‘things very difficult’ financially because she ‘couldn’t work for a whole month and can’t do anything but you need to take good care of him’. For Ruby, it was the frequency of her son’s illness that resulted in severe conflict, as she described: ‘when they are little say six months, and you leave them at times they fall sick, so you come to work but then you have to go as he is not well, he is vomiting, he is running a temperature’. Such scenarios, she explained, left her ‘torn between two serious and important things’ but her child had to take priority. Despite this, Ruby expressed a sense of guilt of having returned to work when her son was four months old. She was
Table 2. Summary characteristics of participants (n = 24).

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age (years)</th>
<th>Marital status</th>
<th>Education</th>
<th>Age of youngest child (months)</th>
<th>Working at time of interview</th>
<th>Occupation</th>
<th>Location of work</th>
<th>Primary care arrangement</th>
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<td>6 to 17</td>
<td>Working</td>
<td>Trader</td>
<td>Front of home</td>
<td>Caring for child whilst working</td>
</tr>
</tbody>
</table>

Notes: Married (m) = monogamous, married (p) = polygamous. All women had been working prior to giving birth to their youngest child; occupation and place of work shown for those working at the time of the interview.
the only mother to express a strong desire to stay home to care for her child instead of working, but this could have been an outcome of her being the only mother to use a crèche before her child reached the age of two years, a situation she was unhappy with and one she felt was the source of illness for her child:

Erm I say it is average [the quality of care at the crèche]. You have to motivate them, they do not show motivation … without motivation some of them there just close their eyes, even if the diaper is wet, and there are other children to take care of.

The lack of availability of other sources of assistance meant Ruby felt she had no other options for child care.

4.2.2. Breastfeeding

Breastfeeding was identified as a source of conflict by the research. The processes and direction between work and family in which tension operated differed between women. On the one hand, for women working at the University of Ghana, their return to work interrupted their ideal breastfeeding strategy. As described by Ruby:

As I had to resume work I had to introduce food at four months, introduce him to coca for something in preparation for when I come back to work so he would get use to it. When working you breastfeed at seven in the morning say, but you can’t assume you will get home to two … if I was not working I would have breastfeed him [exclusively] until say seven months.

Faustina, an administrative assistant, outlined a similar experience, except she also described the difficulties that her daughter had with weaning, and how these were not resolved before she returned to work when her daughter was four months old. This resulted in additional difficulties in terms of financial costs because at the end of her day Faustina would be in a rush to get home from work to breastfeed:

Sometime before she got used to food she was crying. She was used to the breast milk and she wouldn’t take the food. In those times I went in the taxi. To my place that is about 15 to 17 cedis [approximately US$4.50]. By tro-tro [shared mini-bus] it is only two [approximately US$0.50].

The difference between Faustina and Ruby, and other women working at the University of Ghana who did not experience conflict in terms of breastfeeding, was the non-use of expressed milk. For Ruby this was not an option due, first, to her perception that bottle-feeding could result in illness such as diarrhoea, and, second, to difficulties expressing breast milk.

Unlike Faustina and Ruby, Abigail and Matilda – both of whom were food traders – cared for their youngest children whilst working. For them conflict flowed in the direction of family to work, with breastfeeding resulting in a loss of trade. When asked whether it was easy to breastfeed at work, Abigail replied: ‘Oh no, it is not easy. Say you are selling, she is crying, you have to stop selling and take care of her. You will lose customers so it is difficult’. For Matilda the situation was more complex, with her explaining that some of her customers did ‘understand’ her need to breastfeed her child and would wait to be served; however, others would leave because ‘they need to be served promptly’. Again amongst women working in Nima and Ga Mashie there was a diversity of experiences, with some women not referring to breastfeeding in their stories of conflict, or outlining
their ease at balancing breastfeeding with work. Reasons for differences in the experience of women in Nima and Ga Mashie seemed to be related to the availability of support from co-workers and/or family members, as well as the nature of the work.

4.2.3. Withdrawal
The conflict between work and child care was a theme that did not just appear in the interviews with working women. For Euka, whose child was aged between six and 17 months at the time of the interview, difficulties caring for her child whilst working resulted in her withdrawing from work:

the way she behaves, she cries a lot and because of that I stay at home. I use to sell pure water at Makola [market] but now I’ve stopped because she cries too much and I always have to attend to her. She is a very wild child.

4.3. Strain and the working mother
4.3.1. Deficiency of time
Strain was also a central theme in the interviews, with descriptions of how lack of time could result in difficulties fulfilling roles. For example, Charlotte, who at the time of the interview was working from home, said: 'It [having several roles] means less time for any one of those roles you will have so that makes difficult for a woman to give any one of them her all’. For Ruby and Faustina, this lack of time meant fulfilling their child care responsibilities was difficult due to limited time spent with their children having consequences for the mother–child bond. For example, Ruby explained:

You don’t spend as much time with your child as you are meant to. If you are not working and you are with your child you can grow closer to your child. So you send your child off in the morning, by the time you close at five you will see them say six or seven so the child is now asleep till the following morning.

For Faustina, the change in her working hours after childbirth also meant she was not able to fulfil her work duties:

I think it is a good policy [working half days until children are a year old], it is a part of our conditions of service. The thing is it does do us good as mothers. On the other hand when you have a work schedule you have to complete for the day sometimes you are not able to complete it. That is the problem, I don’t normally go home at twelve thirty as when there is work to be done I have to finish later.

Faustina’s experiences reinforce the value of certain policies, but in order for these to be effective there also needs to be an appropriate adjustment in workloads.

4.3.2. Economic stagnation
For several self-employed mothers difficulties fulfilling the maternal role were also described, but in terms of economic responsibilities. Esi, a trader in Nima, stressed:

Talking about this topic [combing economic work and child care] it is all about money. You have to work to help yourself. If your business is not moving on it is more hard. You need money for your children, for their schooling, for their food. So when you see your stall going down without any improvements it can be very difficult.
4.4. Work as a means to provide

In the interviews, economic activity was described as central to being able to provide materially for children, which is seen as a responsibility of the mother. Atiyah, an unmarried mother in Nima, expressed this clearly: ‘Because I work they have things. It is positive for them. You need to work to provide for your children’. Abigail, a married mother in Ga Mashie, reiterated the point:

No one focuses me to give birth to my daughter. So when she is here I have to look and take good care of her. So if I spend my money on her it is no problem. I work so I can have that money.

For some, work was not just about being able to provide for children but also about being economically independent from their partners or the fathers of their children. For Faus-tina, working gave her a sense of being independent from her husband, whose income was also key in bringing up their daughter: ‘So if you are a working mother and your husband is also supporting, it wouldn’t be like you need to go to your husband for things like diapers as you are also working and supporting yourself’. In contrast, for Matilda, a married trader in Nima, there was more the sense of needing to be economically self-sufficient to ensure the economic functioning of the household, due to the unreliable or low provision of income by her husband. As she explained:

the business brings me a little income that I use to manage my household and its needs … his [her husband’s] contribution is much less than mine. He does not give chop money [house-keeping money] every week. What he does provide does not suffice us.

For Grace, also a trader in Nima, there was a sense that her contribution to the household was to supplement that of her husband’s: ‘The little business brings me a little income that I help my husband with to be able to provide for the needs of our children’.

4.5. Outcomes of roles

The last theme to emerge from the interviews concerned the outcomes resulting from women combining economic activity with child-rearing, and this related to both the women themselves and their children.

4.5.1 Maternal well-being

The majority of working mothers saw that there were negative implications for their own health and well-being. These were mainly described as tiredness but some also reported dizziness. For many women the source of tiredness was not their economic work, but having to care for their children whilst working or having to look after children after work. Naa recounted that:

when I had not any children I stick to my work, I stick to my way. I will do everything then I will finish and if I am tired then I can go and rest. I don’t have any child to disturb me … I always have to put my baby first then my work. It is very tiring, I feel dizzy.

Atiyah’s account also reflected this belief with her stating the ‘thing is not work. If you have a business or job you do it. It is also taking care of the children, I feel tired from this’.

Other effects on physical health were mentioned in a minority of the interviews. Eliza-beth, a consultant who worked in an office, recalled that when she first returned to work a
reduction in breastfeeding resulted in discomfort: ‘you see sometimes my breasts get full and swollen with milk whilst I am at work and it hurts very much that it makes me feel feverish and makes me get a body temp’. For Abigail the effects were more general, with her stating that ‘sometimes I have pains in my body’, something she attributed to the process of having to serve customers whilst also caring for her child at the same time.

4.5.2 Child well-being
In contrast, the theme of child well-being was less prevalent in the interviews. Only a minority saw that the combination of their roles had implications for their children beyond the income that their work provided. Ruby saw that the deficiency of time that she was able to spend with her young son had influences for socialisation and could result in negative or disruptive behaviours. She explained:

As a child is growing up you need to teach him the do and don’t. Maybe you will check the ways he talks, the way he does certain things. You know if you are living in the community you have other children they play with, some of the children are very naughty, they use naughty words. If you are not there to check your child ‘oh this word is not good’ they will use it. At the end of the day when you are playing with your child and they start using these words it is difficult for you to correct it as they have been using it for the whole day or maybe the whole week.

This outcome was in addition to the consequences Ruby saw – that early return to work could have a detrimental effect on children’s health when young children are put into crèches and when exclusive breastfeeding is interrupted prior to the recommended six months old.

5. Discussion
This study used qualitative research to explore the experiences of Ghanaian mothers in the combination of their economic activity and child care responsibilities. The results found that role conflict, role strain and role enhancement characterise this particular aspect of the mothers’ work–family interface. When considering role conflict, as distinguished in the theoretical literature, our research found this experience to be bi-directional with child care activities interfering with work (e.g. in cases of child illness) but also vice versa (e.g. work preventing the implementation of preferred breastfeeding guidelines). With regard to role enhancement, this was only in the direction from work to the family in terms of the work allowing women to provide materially for their children. For women, their work–family interface had consequences for their own well-being in the form of tiredness. Such a result is consistent with qualitative work conducted by Avotri & Walters (1999) among women in the Volta region, Ghana where women attributed their ailments frequently to their work and family duties.

Whilst in the interviews there was an emphasis on the roles of mothers as economic providers as described by Clarke (1999), the interviews also suggested that the meaning of motherhood is more complex than this, with an emphasis also placed on mothering. In the recruitment of participants it was difficult to find women with children younger than six months old who were working, and for working mothers their caring responsibilities were discussed as resulting in extended working hours. In cases of child sickness mothering took priority over work duties. Two women also discussed the requirement
of children to receive ‘motherly love’ that only a biological mother can provide, and which strengthens the bond between child and mother, suggesting they saw biological mothers to be important providers of physical and emotional care. Intensification in the involvement of biological mothers in activities of child-rearing in Ghana has been noted by Oppong (2004) and has been attributed to changes in the provision of instrumental support. Whilst this study found that economic and educational commitments, or physical separation, resulted in kin not being able to provide support in some circumstances, women’s involvement in activities of care were widespread across the whole sample.

This study has limitations that merit consideration. The reliance on snowball sampling in the recruitment of participants resulted in the enlistment of individuals from similar social contexts. The majority of clerical, managerial or professional women interviewed were either staff or postgraduate students at the University of Ghana, an institution noted by the mothers themselves to have favourable procedures concerning maternity leave and conditions of employment for mothers. In Nima and Ga Mashie, our mothers’ work in secondary or distribution activities did not involve them travelling outside their communities, with the exception of one individual. The focus was on how women combine work with child care for children younger than three years old. The experience is likely to differ when focusing on older children. These women may have a particular set of experiences with regard to work and child care, and further research should include a greater diversity of individuals in terms of work and family conditions.

6. Contributions and implications of research

This research contributes to the literature on the work–family interface, which has been predominantly western in nature to date. Firstly, the research suggests that the processes by which the family and work microsystems have been linked in the literature can be generalised to the sub-Saharan African context. Women described scenarios that could be considered examples of the concepts of role conflict, strain and enhancement. The transportability of the work–family interface model has also been suggested by Hill et al.’s (2004) quantitative cross-cultural investigation of employees of the company IBM in 48 different countries. Secondly, it confirms and provides evidence for the assertion by Ayree (2005) that the economic and socio-cultural context of sub-Saharan Africa will result in differences in the experience of the work–family interface compared with western countries. Economics, as a reason for conflict, strain and enhancement of roles, features to a great extent in the stories of mothers in this study. Both the literature on motherhood in Ghana (Clarke, 1999) and the interviews suggest that income generation to provide materially for children is a core responsibility of mothers. The stagnant and difficult economic context in which many self-employed women operated their businesses in the study may explain why the experiences focused predominantly on the economic benefits of work for children or the conflict that child care causes when women have to temporarily withdraw from work.

This research also has implications for the post-2015 development agenda, and supports recent calls for the greater consideration of the role of the family in the achievement of development goals (Mokomane, 2014). In particular, it questions policy-makers’ strategy of frequently targeting women in either their roles as generators of income or as the primary caretakers of children (Glick & Sahn, 1998), by highlighting the reality of
women’s simultaneous performance of these roles. Increasing employment opportunities could be a core strategy for improving maternal and child outcomes. In our study mothers described themselves as core providers for their children. The financial insecurity of some self-employed women and the increased importance of their income for family survival, nonetheless, mean threats to livelihoods can have severe implications for the household economy. Several mothers described their struggles to make ends meet due to increasing competition in trading and barriers to formal credit institutions, constraints previously found in Accra by Asiedu & Agyei-Mensah (2008). The unpredictable and irregular pay of some women leaves them susceptible to financial shocks (Levin et al., 1999), and our study found that this can result in maternal strain. In addition to the economic benefits for children generated by female employment opportunities, due to the interconnections between work and family it is likely that this will also facilitate the achievement of maternal work–family balance through reducing stress. Yet for such schemes to be successful they need to recognise the reality of women’s roles as caregivers, and the constraints that family members can face in assisting with this role, and ensure that high-quality, flexible and affordable options are available for women in the care of their children.

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