SESSION 05-05: "WORK-FAMILY AND WORK-LIFE ISSUES"

Coping with Family and Work in the Context of Rapid Urbanisation: Strategies of Mothers of Young Children

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Abstract

The process of urbanization in sub-Saharan Africa has had gendered consequences as economic, socio-cultural and environmental transformations have resulted in the greater intensification of women's burdens compared to men's. In such shifting contexts the combination of productive and reproductive roles may be increasingly difficult which raises the question of how mothers cope with their multiple responsibilities. This research develops a greater understanding of the coping strategies adopted by mothers with young children in Accra, Ghana, through the use of mixed methods. Qualitative data was analysed according to Hall's (1972) typology of coping. Whilst a diversity of coping strategies was found to be employed by mothers, the majority of these were of a structural role redefinition approach. Of primary importance was the childcare strategy used. In order to quantitatively investigate variation in the adoption of childcare arrangements multinomial logistic regression was performed on data from the Accra Urban Food and Nutrition Survey (AUFNS). The study found that mothers are active agents, drawing upon resources and negotiating with others to alter the demands of their roles to fit the changing requirements of their developing child(ren).

Introduction

Sub-Saharan Africa is currently experiencing rapid growth of its cities. Whilst 24% of the population resided in urban areas in 1980, this figure is projected to rise to 56.5% by 2050 (United Nations, 2011). Because of the particular characteristics of the process (Njoh, 2003), contemporary research is becoming concerned with examining the opportunities and challenges that urbanisation presents in the region. Increasingly consensus has focused on the stark inequalities that are heightening in growing urban centres (for example, refer to United Nations Human Settlements Programme, (UN-HABITAT) 2004). The new urban environment has had particular implications for the lives of women. Economic, socio-cultural and environmental transformations have resulted in the greater intensification of women's burdens compared to men's (Oppong 2001). In the sphere of economic activity, profound changes in the social organisation of female work have taken place (Maxwell et al. 2000). Simultaneously, traditional patterns of familial reciprocity have weakened due to the dislocation of kin though migration and as a result of changing norms and values associated with modernisation (Nukunya, 2003). In such shifting contexts it is argued that women are experiencing a tighter reproductive/productive squeeze (Oppong, 2001), with the combination of employment and mothering becoming increasingly difficult. These trends raise the question of how women cope with their multiple responsibilities in the newly emerging urban context.

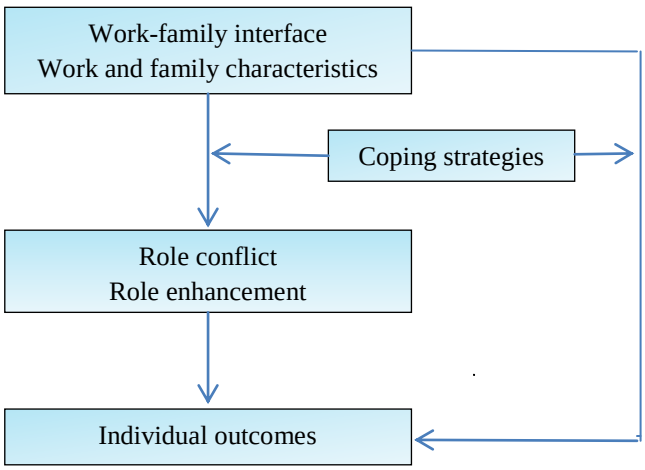
Using Accra, Ghana, as a case-study this paper aims to uncover the coping strategies employed by mothers in an urban context to manage their multiple responsibilities and secondly, to investigate variations in the strategies adopted to manage work and childcare. It should be noted both reproductive and productive roles are forms of work; however for convenience this article uses the term work to denote paid employment as opposed to domestic unpaid labour. We focus on the circumstances of mothers with children under the age of three. Results from the Women's Health Study for Accra indicate that children only have a small short-term influence on female labour force participation in the Accra Metropolitan Area (AMA), with women returning to work soon after giving birth (Hill et al. 2010). Effective adaptation and coping may be imperative where women have young children. Parental demands have been highlighted by Western literature to be an important antecedent

of work-family role conflict with younger children requiring the most parental time and attention (Voydanoff 1988).

Conceptual Framework

Figure 1 displays the conceptual framework underpinning this research. Interest in the work-family interface has been driven by the possibility of conflict that individuals may face when trying to combine their work and family roles and the adverse consequences this can have for individual, family and work outcomes (Aryee, 2005). Such conflict and incompatibility of roles is seen as the result of role overload (where time and energy requirements from the multiple roles prevent satisfactory role performance) and interference (where conflicting demands make it difficult to fulfil expectations of both roles) (Voydanoff, 2002). Despite the focus on conflict, it is gradually being recognised that participation in both work and family can have positive influences on outcomes (Greenhaus and Powell. 2006). This role enhancement approach assumes the engagement of individuals in a role exposes them to resources, experiences and opportunities (Barnett and Hyde. 2001). Evidence suggests that coping strategies can mediate the relationship between work and family characteristics and role experience and outcomes (Frone et al. 1997, Lazarus and Folkman. 1984).

Figure 1: Conceptualising the links between the work-family interface and individual outcomes



Adapted from Voydanoff (2002)

Different coping 'styles' are recognised to exist which vary in their effectiveness depending on circumstances (Rotondo et al. 2003) making the distinction between mechanisms important. Hall (1972) proposes a typology of coping based on Levinson's (1959) characterisation of a role. According to this typology three forms of coping exist:

1. Type I (Structural role redefinition): individuals actively redefine the role expectations of others.
2. Type II (Personal role redefinition): individuals change their perceptions and attitudes of the role demands made by others.
3. Type III (Reactive behaviour): individuals attempt to meet all the demands placed upon them.

Structural role redefinition involves the active communication between individuals to change role responsibilities. This could be seen as a long-term solution to reducing conflict (Kahn et al.1964) as the environment in which one is placed is directly and objectively addressed. Through the negotiation with others reduced demands are achieved whilst still fulfilling responsibilities. In contrast, personal role redefinition does not involve an adjustment of the external environment. Instead individuals change how they perceive expectations of others and their attitudes towards their roles (Hall, 1972). . Unlike structural or personal redefinition strategies, reactive role behaviours do not attempt to change the definitions of a role. Roles, and associated demands, are seen as unchangeable and individuals view themselves as being required to meet all expectations. This coping mechanism is not likely to result in long-term relief as considerable strain is placed on individuals' energy resources.

The Context of Accra

Accra as a Case-Study

The features of Accra, Ghana, in terms of urbanisation, female labour participation and family changes, make it an ideal case-study for the investigation of maternal coping in the context of a contemporary urban sub-Saharan African environment. Accra is one of the fastest growing cities in the West African region (Grant and Yankson. 2003) swelling from a size of 250,000 in 1950 (Maxwell. 1999) to 2,873,000 in 2010 (Otiso and Owusu. 2008). The failure of development to keep

pace with this urbanisation has led to social and economic problems including acute housing shortages, deterioration of infrastructure and an expansion of underemployment (Maxwell et al.2000) .Living in such environments could have potential impacts for maternal work-family strategies and experience through influencing maternal time-use, as well as the resources available to families. Weak macro-economic performance has also influenced the nature of female livelihoods[1]. As the informal market has absorbed many retrenched formal sector workers, due to structural readjustment in the 1980s, and as increasing numbers of school leavers joins this market competition has amplified among workers (Overa. 2007). This, in combination with the lower purchasing power of customers has reduced the potential profits of enterprises resulting in the requirement of longer working hours in order to generate basic incomes. This economic vulnerability of female informal workers has occurred concurrently to the redefinition of females as household breadwinners due to growing male underemployment and unemployment (Lloyd and Gage-Brandon. 1993). Labour force participation of women with children under the age of three is high at 66% and the majority of these individuals are engaged in informal activity (Quisumbing et al.2007). Whilst the emotional and temporal burdens of women's productive roles has escalated, contemporary research in Ghana suggests that households have also become more self-reliant as the pattern of balanced reciprocity of support between extended family members has declined (Aboderin, 2004). In addition to the destabilisation of these traditional sources of assistance, inside the nuclear family the provision of instrumental support from offspring may also have declined. Accra has near replacement levels of fertility (Weeks et al., 2010). This combined with increasing enrolment into and duration of schooling may have reduced the availability of offspring to provide help.

Coping Strategies of Ghanaian Mothers

A deficiency of knowledge exists concerning how mothers cope with their dual roles as workers and parents in urban sub-Saharan Africa. Where information is available this has focused predominantly on childcare. In Accra, evidence from the AUFNS reveals in the period immediately

[1] Due to female presence being traditionally strong in Ghana (Overa. 2007), Economic Recovery Programmes did not have the effect of inducing large scale movement of women into the labour force as in other sub-Saharan African countries.

after birth women 'scale back' on their work activities through temporarily withdrawing themselves from the labour market (Maxwell et al. 2000). Once mothers return to work the most common childcare arrangement was found to be the care of children by mothers whilst working (57%), which is likely to reflect the dominance of female informal economic activity in Accra (Quisumbing et al. 2007). Redefinition of roles also occurs with 55% of women delegating childcare to others. Traditionally, these individuals have been older female siblings, taken out of school to provide care (Cassirer and Addati. 2007). The AUFNS also reveals important determinants of the joint decision by mothers of young children to be engaged in labour and to be using formal day-care. In particular demographic factors (the age of the youngest child and household composition) were found to have important consequences for these two decisions (Quisumbing et al. 2007).

Women in the formal sector, unlike those engaged in informal activity, are protected by labour legislation, which can address the conflict between work and family. For example Act 651 of the Ghana Labour Act (2003) states the entitlement of at least twelve weeks of fully remunerated maternity leave, in addition to any usual period of annual leave, for pregnant workers. Furthermore, upon the resumption of work nursing mothers[2] are entitled to an hour paid interruption to work for the purpose of breastfeeding. However, these provisions do not take a life-course approach to combining work and family, instead focusing on reproduction through providing women with rights only in the period immediately after birth. Gaps exist in legislation with there being no formal agreements in relation to:

1. Paternity leave: the availability of short-term, fully remunerated and secure leave to fathers in the period immediately after childbirth.
2. Parental leave: additional leave after the exhaustion of earlier maternity leave.
3. Temporary leave: for the care of dependent family members.

There is additionally no right of employees, whether female or male, to request flexible working in their schedules and location. As a consequence of such gaps many women feel a lack of support

[2] Nursing mothers are defined as a woman with a suckling child less than one year of age.

and understanding from their workplaces in their roles of mothers and rely heavily on kin assistance in achieving work-family balance (Mensah 2011).

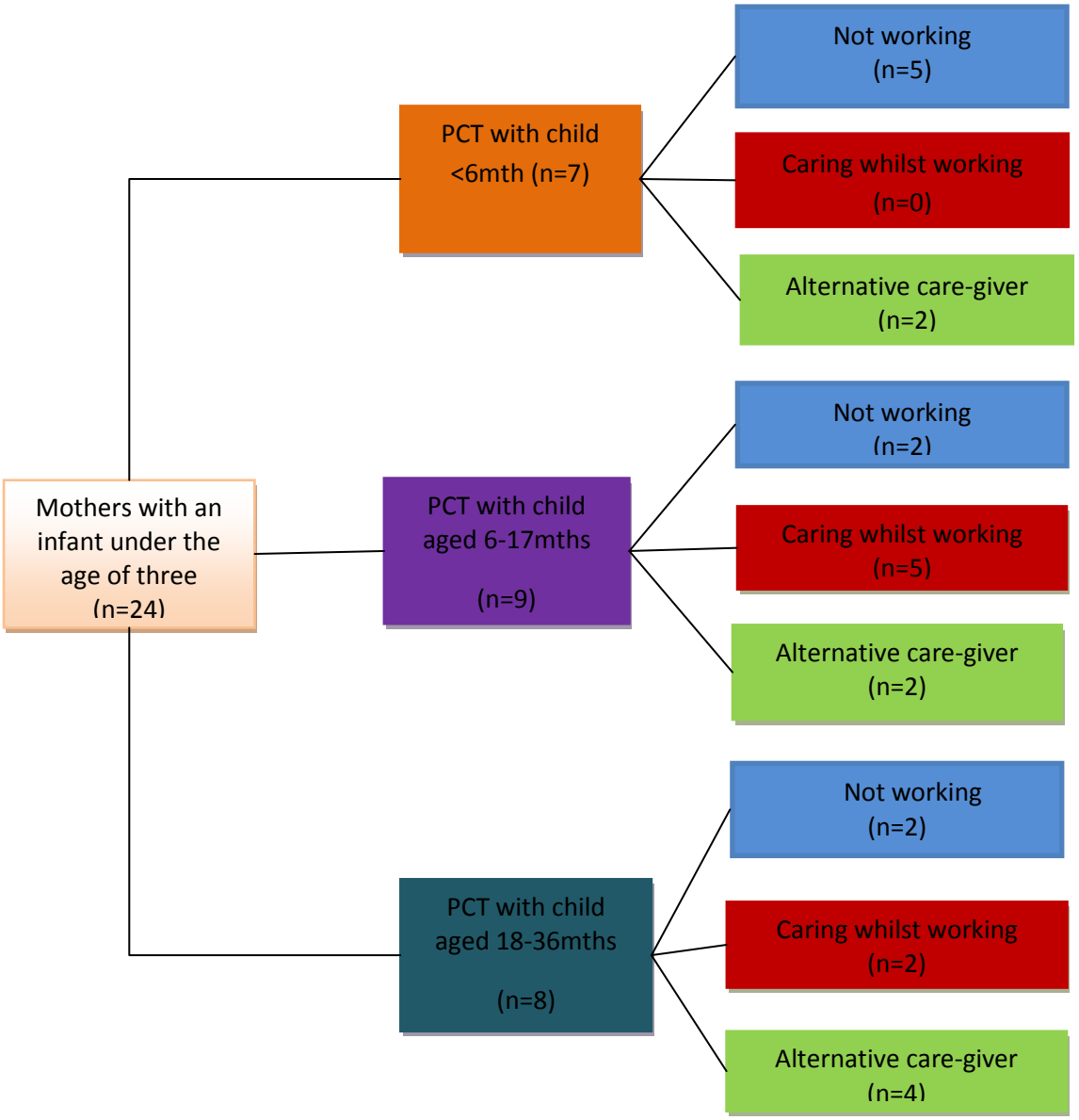
Data and Methods

Qualitative Data and Analysis

Fieldwork was conducted in three study locations in the AMA; Ga Mashie, Nima and Legon. Ga Mashie and Nima are two urban poor communities characterised by the deterioration and absence of basic infrastructure (Owusu et al., 2008, Owusu and Afutu-Kotey, 2010) and female reliance on petty trading and street food preparation (Maxwell et al., 2000, Owusu et al., 2008). Nevertheless, the two settlements differ in that Ga Mashie is an indigenous settlement (Razzu, 2005) whilst Nima is a migrant community (Owusu et al., 2008). All women sampled in these communities were primarily involved in informal labour. In addition to Nima and Ga Mashie, fieldwork was conducted with professional and managerial women in Legon. All participants recruited were mothers working at the time of the study or who had been working prior to the birth of their youngest child. In order to capture a diversity of experiences, respondents with children of a range of ages (between 0 and 35 months) and adopting different child-care strategies were sampled (Figure 2).

Focus Group Discussions (FGDs) (n=2) and semi-structured interviews (n=24) were used in order to investigate the coping strategies of mothers. The FGDs and interviews were conducted in either English or the local dialect (by a trained research assistant) depending on respondent's preferences. Both FGDs and interviews were audio-recorded and transcribed verbatim by a member of the research team. Before commencing the research full ethical approval was granted from the Faculty of Human and Social Sciences' Ethics Committee at the University of Southampton. The data was analysed using thematic analysis. Both a concept and data driven approach was adopted with codes being constructed based on main ideas and theories identified during the literature review and on common responses in the research process. Data analysis was further facilitated through the reorganisation and classification of individual codes into threads reflecting a common theme.

Figure 2: Sample characteristics of mother interviewed



Quantitative Data and Analysis

In addition to building upon the literature concerning work-family adaptive strategies, this study aims to extend previous knowledge on the variations in the adoption of childcare in Accra, Ghana through a focus on a wider range of childcare options. Data from the AUFNS, a representative sample of households in the AMA with children under the age of three resident, is used. The module

of interest, *Health and Care*, contains information on the socio-economic characteristics of the principal care-taker (PCT) and the care provided to and the health of the index child (IC) in each household.[3] The dependent variable in this analysis was the child-care arrangement adopted by PCTs. Using information on PCTs' work status, in addition to information on whether those engaged in income generation care for their IC at the same time as working, women were separated into three categories; those not working, those working and caring for their children at the same time and those working and using an substitute care-giver. A range of socio-economic and demographic covariates were considered during the modelling process based on the literature review and data availability. These were: IC age, household composition, and PCTs' marital status, ethnicity, migration status (whether an individual was born in Accra), educational attainment and wealth quintile membership. Bivariate analysis, the Fisher exact test for categorical data and multinomial logistic regression were used to investigate the relationships between the use of childcare strategies and these socio-economic and demographic characteristics.

Results

Coping Strategies Adopted by Mothers

Hall's typology of coping was used to analysed the coping strategies adopted by mothers interviewed as a part of the qualitative research.

1. *Structural Role Redefinition*

Women from all occupations temporarily eliminated work role activities through withdrawing themselves from economic activity for a short period of time after giving birth. In Legon and Ga Mashie women commonly recommence work between three and six months after giving birth to their child. In Nima it appears the resumption of work occurs earlier with women in the FGD reporting between one and three months of rest. Although this withdrawal is seen as essential for the

[3] The PCT is defined as the individual primarily responsible for caring for the index child. This is assumed to be the mother except in cases where the mother is absent from the household or deceased. Health and care information was collected on one child under the age of three in each household. If more than one child under three resided in the household, the index child was the one whose name was first alphabetically (Ahiadeke et al. 1997).

recuperation of mothers from childbirth, the fragility of new-born children also makes maternal home-based care the desirable child-care option in the early months of life. Whereas the timing of the resumption of work for women engaged in informal activity was determined by economic necessity, for many of the mothers of a professional and managerial status their return to work was compelled by official contracts. In order to maximise the time that could be spent at home caring for their children, two women employed by the University of Ghana reported the tactic of combining all of their annual and maternity leave together. Such an example shows how women can engage and negotiate with their employers to solve problems. This interaction can also be extended to redefine the conditions of the work role upon the recommencement of economic activity. At the University of Ghana the policy of allowing women to choose to work half days until their child reaches the age of one year was highlighted as important in easing the combination of multiple roles. Yet, the reduction of working hours was also stated not to reduce stress as workloads were not restricted by the same extent, meaning that women spent longer at their places of work than their reduced hours would warrant.

Whilst the managerial and professional women in this study engaged in problem solving with their employers, this strategy was not adopted by mothers in the informal sector as the majority were self-employed. Instead these women showed evidence of the strategy of role integration. Where family assistance is not available, these women often care for their children at the same time as their work activities. Additionally, women whose work is located in or nearby the home perform domestic activities such as sweeping and washing at the same time as doing their paid work.

Lastly, roles can be structurally redefined through the engagement of additional individuals in supportive relationships. With the re-entry of mothers into economic work childcare was delegated to grandmothers where such persons were available. Preference for this arrangement was expressed because of the higher quality of care that these older women were seen to provide attributed to their personal experience of childrearing and their compassion for their kin. Where daily assistance from kin was not possible, it was commonly stated relatives would provide childcare at weekends allowing mothers to perform their domestic responsibilities efficiently. Women showed hesitancy at using childcare support from outside the family for young children due to a lack of trust in the quality of

care that would be provided. This apprehensiveness was also applied to household helps, even by those who employed such individuals to aid them with their other domestic responsibilities. Nonetheless, women working in managerial and professional occupations are compelled to resort to formal day-care facilities where family support is not avaiable.

2. *Personal Role Redefinition*

Mothers only adopted one personal role redefinition strategy, which was to establish priorities between their various roles and activities. During interviewing numerous examples were given where childcare requirements and emergencies took preference over women's personal needs and where possible work needs even if it meant a loss of income or failure to complete work tasks. The daily dairies revealed the majority of women wake as early as four o'clock to ensure all their childcare and domestic responsibilities are fulfilled before the start of their work and in many cases these activities are resumed in the evening. This strategy was reported to have negative implications for their own wellbeing through a lack of personal time resulting in severe tiredness.

3. *Reactive Role Behaviours*

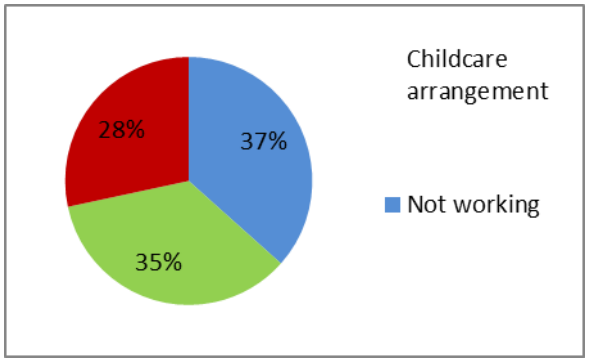
Despite the perceived negative implications for wellbeing resulting from prioritization, no conscious attempt was made by women to change or solve this issue. Instead there was an acceptance of this challenge being the norm. To women the performance of all their roles is very important, and as shown by the daily dairies women are willing to work hard to ensure the achievement of all their responsibilities. In addition to working harder, several women also noted they use time management strategies to organise and make the most of their limited time. Many women reported using their day off to cook their meals in bulk so that during the week time not spent at work could be spent with their children rather than performing domestic chores.

<u>Variations in Child-Care Strategies</u>

This section presents the descriptive and multinomial results of the childcare strategies of PCTs in the AUFNS. At the time of the survey 37% of women were not working, 35% were working

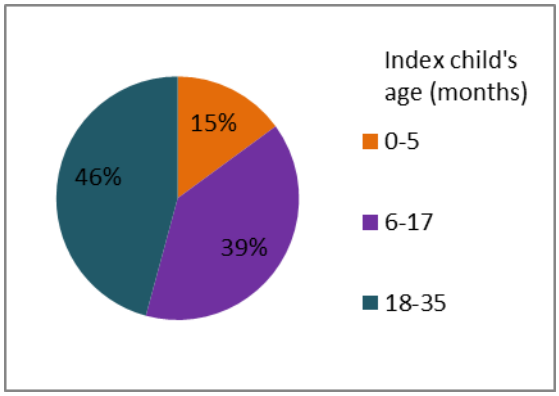
and caring for their child simultaneously and 28% were working and using an alternative care-arrangement (Figure 3). The AUFNS data investigates the circumstances of children aged between 0 and 35 months. 15% of ICs were aged between 0-5 months, 39% 6-17 months and 46% 18-35 months (Figure 4). Table 1 located in the Appendix displays a full description of the sample characteristics, as well as results from the bivariate analysis and Fisher's Exact Test. Bivariate relationships between childcare strategies and PCTs' marital status, ethnicity, education and age are significant at the 1 or 5% level. Significant differences also exist by IC age and household demographic factors. These variables remain significant in the multinomial regression model (Table 2 located in Appendix).

Figure 3: Childcare strategies adopted by PCTs in the AUFNS



Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997)

Figure 4: Age of ICs in the AUFNS



Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997)

Table 3 shows the predicted probabilities of using the different childcare arrangements by the significant covariates in the multinomial regression. The predominant variation in the adoption of

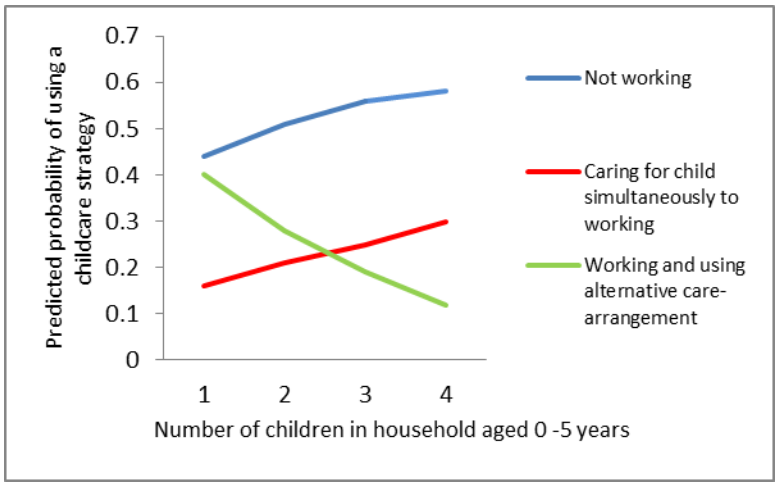
childcare is by the age of the IC. For PCTs with IC aged 0-2 months, women are most likely to be not working and least likely to be working and using substitute carers. For PCTs with index children in the oldest age group (24-35 months) this pattern of strategies is reversed. The probability of a PCT not working progressively declines as an IC gets older. Whereas the predicted probability of not working is 0.85 for PCTs of IC aged 0-2 months, this figure continuously declines to 0.22 for those with IC aged 24-35 months. In contrast, the probability of a PCT working and using a substitute carer increases with the age of the IC. No PCTs with IC aged 0-2 months use this childcare strategy and predicted probabilities remain comparatively low (below 0.21) until IC reach two years old. The predicted probability of PCTs working and using a substitute carer approximately doubles between the groups 'PCTs with IC aged 18-23 months' and 'PCTs with IC aged 24-35 months' (from 0.21 to 0.46 respectively). Lastly, the predicted probability of caring for a child at the same time as working increases from 0.15 for PCTs with the youngest aged IC to 0.53 for PCTs with IC aged 6-11months. The probability of PCTs using this strategy stabilises until IC reach the age group 24-35 months after which it declines to 0.32.

For women of different educational statuses, the predicted probability of not working are not significantly different varying between 0.20 and 0.25. However, differences exist in the probability of adopting the strategy of working and using alternative care-arrangements. The probability of those with secondary or higher education using this care arrangement is 0.64, a figure seventy percent higher than the probabilities of PCTs with no or basic education. When considering ethnicity, those of an Ewe ethnicity have the lowest probability of not working. Instead this ethnic group had a higher probability of caring for their child simultaneously to their work activities (probability of 0.43 compared to 0.32 for Ga Dagne, 0.26 for Akans and 0.31 of those of other ethnicities). In terms of marital status the use of strategies differed significantly between women of a single status and women of a married status. Whilst the predicted probability of not working is 0.13 for single PCTs, this figure was higher for married and separate, divorced or widowed women at 0.22 and 0.21 respectively. Conversely, single women have a higher probability of working and using an alternative care-

arrangement (0.68 compared to 0.46 and 0.56 of married and separated/divorced or widowed women respectively).

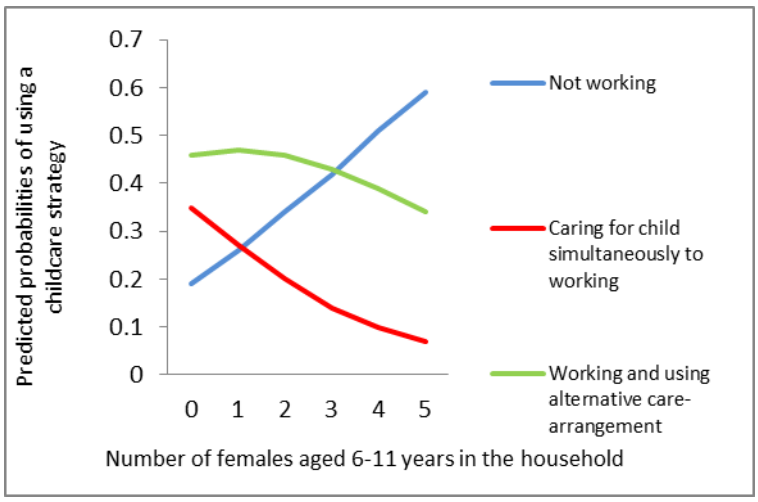
Several household demographic variables were found to be significant. Figure 5 suggests additional pre-school children in the household increases the use of maternal care. Whilst the predicted probability of working and using an alternative care arrangement declines with increases in the number of pre-school children in the household, the predicted probability of caring for child simultaneously to working increases. This latter pattern was also found for the childcare strategy of not working. The variation displayed in strategies adopted according to the number of females in the household aged 6-11 years (Figure 6) is unexpected. Whereas increases the presence of girls aged 6-11 years increases the probability of a PCT not working, the predicted probabilities of working and either caring simultaneously or using alternative care-arrangement declines. This suggests that the presence of young females could put additional burdens upon PCTs. In contrast, Figure 7 suggests that young female adolescents are sources of informal maternal substitutes. Whilst the predicted probabilities of not working and working and simultaneously caring decline with the number of females aged 12-15 years in the household, the predicted probability of working and using an alternative care-arrangement increases.

Figure 5: Variations in the Predicted Probabilities of Employing a Childcare Strategy in Accra, Ghana by Number of Children under the Age of Five in the Household



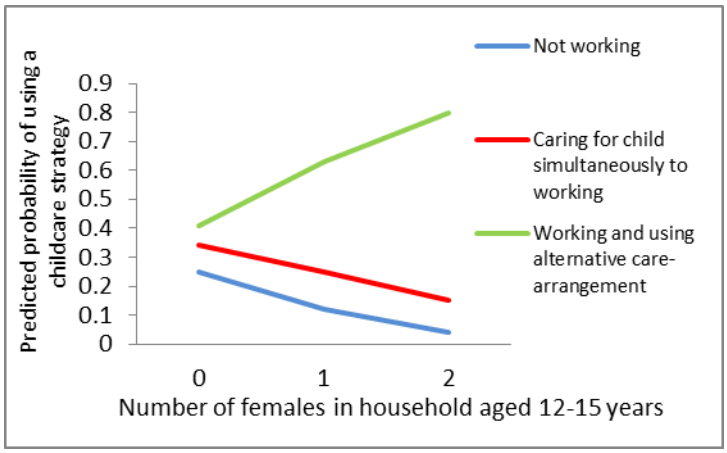
Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997)
Note: Predicted probabilities varying by number of children aged 0-5 years in the household assumes all PCTs are married, of a Ga Dagne ethnicity, have no education, have a IC 24-35 months, are native to Accra, are 29.72 years old (the mean age), and in the household there are 0.38 males 6-11, 0.35 females aged 6-11. 0.13 males aged 12-15, 0.22 females aged 12-15, 0.22 males aged 16-24, 0.52 females aged 16-24, 0.53 males aged 25-44, 0.83 females aged 25-44, 0.16 males 45-64, 0.18 females 45-64, 0.04 males 65+ and 0.05 females 65+.

Figure 6: Variations in the Predicted Probabilities of Employing a Childcare Strategy in Accra, Ghana by Number of Females Aged 6-11 Years in the Household



Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997)
Note: the predicted probabilities varying by the number of females in the household aged 6-11 years assume all PCTs are married, of a Ga Dagne ethnicity, have no education, have a IC 24-35 months, are native to Accra, are 29.72 years old (the mean age), and in the household there are 1.48 children aged 0-5, 0.38 males 6-110.13 males aged 12-15, 0.22 females aged 12-15, 0.22 males aged 16-24, 0.52 females aged 16-24, 0.53 males aged 25-44, 0.83 females aged 25-44, 0.16 males 45-64, 0.18 females 45-64, 0.04 males 65+ and 0.05 females 65+.

Figure 7: Variations in the Predicted Probabilities of Employing a Childcare Strategy in Accra, Ghana by Number of Females Aged 12-15 Years in the Household



Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997)
Note: the predicted probabilities varying by the number of females aged 12-15 years in the household assume all PCTs are married, are of a Ga Dagne ethnicity, have no education, have a IC 24-35 months, are native to Accra, are 29.72 years old (the mean age), and in the household there are 1.48 children aged 0-5, 0.38 males 6-11, 0.35 females aged 6-11. 0.13 males aged 12-15, 0.22 males aged 16-24, 0.52 females aged 16-24, 0.53 males aged 25-44, 0.83 females aged 25-44, 0.16 males 45-64, 0.18 females 45-64, 0.04 males 65+ and 0.05 females 65+.

Lastly, maternal age is significantly negatively associated with the use of the strategy of not working compared to the use of working whilst caring simultaneously.

Discussion

Although mothers in Accra employ a diversity of coping strategies to manage their work and family roles, the majority were individual adaptions. Whilst respondents showed success and satisfaction in their personal management of work and family, questions are raised regarding the future availability of support and consequently the social isolation of mothers. This study conflicts with descriptions by those such as Oppong (2001) and Nukunya (2003) of diminishing social capital and traditional supportive networks. The existence of bonded relationships between respondents and their kin suggests that balanced reciprocity, which has been traditionally practiced in Ghana, still occurs and continues to be an essential component of the family that reduces women's role burdens. However, as found by Wusu and Isiugo-Abanihe (2006) in Nigeria, where assistance is given the level is often less. The reported decline in both the ability and willingness of kin and the community to provide assistance poses the question of whether increasing resource constraint will further weaken this support. Informal sector member based organisations are gathering momentum in many

developing countries. In Accra, the Accra Market Women's Association has increased mothers' access to services through the creation of a childcare programme for working women (Chen et al 2005). Such collective interaction and communication between women should be encouraged to not only stimulate local programmes and policies to improve the circumstances of working women, but also to further the development of community networks. Both outcomes are likely to be important sources of support to mothers engaged in the informal sector with the combination of their work and family roles. During qualitative fieldwork a considerable source of stress of working mothers was the insecurity of their work and their struggle to make end meet due to increasing competitions and barriers to formal credit. The unpredictable and irregular pay of female informal workers in Accra leaves women susceptible to shocks (Levin et al 1999) and as this study found results in maternal strain as a result of the importance of their income for household economic survival. Due to the interconnections between work and family roles, policy directed at generating female employment opportunities in addition to having economic benefits is likely to facilitate the achievement of greater work-family balance of women. Yet for employment schemes to be successful they need to recognise women's roles as care-givers as well as workers and ensure that temporal and spatial features of programmes allow women to fulfil their family obligations.

The interviews revealed mothers have a deep commitment to all their responsibilities. Accordingly reactive role behaviours are an important category of coping strategies employed. As found by Elman and Gilbert (1984), mothers in this study displayed evidence of increased role behaviour, for example waking extremely early to ensure all domestic activities are performed before work. Whilst such a tactic may be successful in achieving the fulfilment of work and family roles, the qualitative interviews raise the question of whether this is at the expense of maternal wellbeing. The majority of mothers reported the combination of their productive and reproductive roles as difficult resulting in a lack of personal time and severe tiredness and strain. Yet, despite these reported negative outcomes women saw they were managing their multiple responsibilities successfully with such difficulties being seen as typical. The strategy of cognitive restructuring resulting in the acceptance of circumstances has been found by Harrison and Minor (1978) among black working

wives. Possible further work on this topic could be a quantitative exploration of the wellbeing of working mothers with young children.

The quantitative analysis revealed important variations in the adoption of childcare strategies by socio-economic and demographic characteristics. Differences in childcare choices was found by child's age with maternal care being preferred for younger children (under the age of two). The flexibility of informal labour means this form of work is frequently seen as compatible with childcare. Nonetheless, this study revealed difficulties faced by such women in caring for their children simultaneously to their work activities, for example the loss of business. Whilst the focus of literature has been on the interference of work on the family (Foley and Hang-Yue 2010, Hill et al 2010), such an example highlights the complexity of WFC being a bi-directional with family responsibilities having the potential to interfere with work activities. Work-family matters are often neglected in policy due to the higher importance allocated to social development issues (Mokomane 2009). The financial insecurity of informal work, and the importance of female income for family survival, means threats to livelihoods, such as distractions of childcare, can have significant implications for the household economy. As well as displaying the linkages between multiple role engagement and economic and social welfare, this research highlights the potential contribution of childcare in the workplace to gender inequality in the informal labour market. Further work should be directed at investigating how women caring for their children in the workplace can be supported to minimize the conflict that may arise between these two roles. The association between the use of a care-giver(s) by working PCTs and the presence of adolescent (12-15 years) suggests the adoption of the strategy of caring for children simultaneously to working could partly be the result of absence of substitute carers available. The creation of low cost or free community childcare facilities, such as the Accra Market Women's Associations', may give women the greater option to choose childcare. This could also result in greater gender equality in higher levels of education through reducing the demands of childcare among female adolescent household members. The number of children under the age of five in the household was also found to have a significant relationship with childcare mode. Whilst previously analysis shows that children only have a small short-term impact on female labour force

attachment in Accra, this relationship suggests that where women engage in childbearing of short birth intervals female economic activity may be affected either through their removal from work or through the caring of their children whilst working.

Conclusions

The conceptual framework underlying this research highlights the complexity of the links between work and family roles and individual outcomes with coping strategies being highlighted as a potential moderating factor (Voydanoff 2002). Yet, despite this hypothesised importance little information exists in the urban SSA context of how women manage their work and family responsibilities. Research conducted with dual-earner and career families in Europe, the United States and Asia reveals that women engaged in formal employment use a variety of strategies, such as prioritizing, compartmentalizing and compromising, to reduce role conflict. Nonetheless, due to the unique features of work and family in SSA it is important not to transfer Western, or more recently Eastern, findings directly to these contexts due to the possible failure to fully capture the challenges and opportunities faced by working mothers in this under-researched area (Aryee 2005). In Accra, despite profound social, cultural and economic transformations intensifying women's role demands, previous research suggests that this has had no adverse consequences for children's physical wellbeing (Maxwell et al 2000). Urban families are resilient, achieving competent functioning and wellbeing in the context of risk and adversity. To explain this resilience, it is important to understand their coping and adaptation mechanisms. This study found mothers are active agents, drawing upon resources and negotiating with others to alter the demands of their roles to fit the changing requirements of their developing child(ren). Whilst women in the study found attending to their multiple responsibilities difficult, they could be seen as successful in orientating their lives to achieve work and family balance.

This study has several limitations. The reliance on the recruitment of participants through snowball sampling, and hence on social networks, resulted in the enlistment of respondents from similar social contexts (Hennink et al 2001). The majority of managerial and professional women

interviewed were either staff or post-graduate students at the University of Ghana, an institution noted to have favourable procedures concerning maternity leave and conditions of employment for mothers. Additionally, in Nima and Ga Mashie, all except one of the women interviewed were working in their resident community. Informal workers who work away from their community, including those who must travel to obtain the goods that they sell, were not captured by this research. Interview responses suggest that women working in these contexts may have a different experience of the combination of their productive and reproductive roles. A question that arises is whether the work and family contexts of mothers in other formal institutions or in less static informal occupations have different consequences for maternal role experience and hence the coping strategies that they must adopt to manage their multiple responsibilities. Additionally, information on theoretically important dimensions of coping strategies was not fully captured by the research. The qualitative investigation hinted at the importance of women's social capital for childcare and assistance with domestic activities; however information was not collected from participants on the nature and extent of their relationships and resources nor was this included in the quantitative investigations of variations in the adoption of coping strategies.

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Appendix

Table 1: Sample characteristics of the PCTs and bivariate relationships with employment and childcare strategy

		PCT work and child-care strategy (percentage)		
	Sample (percentage)	Not working	Working and caring for child simultaneously	Working and using alternative carer
Marital Status**				
Single	15.13	35.44	24.05	40.51
Married	78.74	37.71	37.71	24.57
Div/sep/wid	6.13	25.00	28.13	46.88
Education*				
None	11.88	30.65	46.77	22.58
Basic	63.03	37.39	36.78	25.84
Secondary or higher	25.10	37.40	25.19	37.40
Migration status				
Born in Accra	59.00	39.61	31.49	28.90
Not born in Accra	41.00	32.24	40.19	27.57
Wealth				
Poorest	20.11	31.43	42.86	25.71
Poor	19.73	35.92	36.89	27.18
Middle	19.92	40.38	26.92	32.69
Rich	20.31	36.79	39.62	23.58
Richest	19.92	38.46	28.85	32.69
Ethnicity**				
Ga Dangme	36.40	41.05	28.95	30.00
Akan	27.01	34.75	30.50	34.75
Ewe	24.52	28.13	49.22	22.66
Other	12.07	44.44	34.92	20.63
Age (mean)	29.72	28.14	30.80**	30.42*
Household demographics (mean)				
Children 0-5 years	1.48	1.54	1.56	1.32**
Males 6-11 years	0.38	0.34	0.45	0.33
Females 6-11 years	0.35	0.41	0.29*	0.38
Males 12-15 years	0.13	0.14	0.13	0.11
Female 12-15 years	0.22	0.12	0.22*	0.35**
Males 16-24 years	0.22	0.26	0.22	0.18
Females 16-24years	0.52	0.56	0.50	0.5
Males 25-44 years	0.53	0.53	0.57	0.47
Females 25-44 years	0.83	0.83	0.80	0.85
Males 45-64 years	0.16	0.14	0.19	0.16
Females 45-64 years	0.18	0.17	0.16	0.20
Males 65+	0.04	0.04	0.03	0.04
Females 65+	0.05	0.07	0.04	0.03
Child age**				
0-2	5.56	86.21	13.79	0.00
3-5	9.39	69.39	24.49	6.12
6-11	22.61	41.53	43.22	15.25
12-17	16.67	31.03	41.38	27.59
18-23	19.54	25.49	47.06	27.45
24-35	26.25	21.90	23.36	54.74
Total	100 (522)	36.59 (191)	35.06 (183)	28.35 (148)

Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997)

Note: *Indicates the Fisher's Exact Test for the association between independent covariate and PCT work-care strategy is significant at the 5% level, **denotes significance at the 1% level

Table 2: Multinomial logistic regression results of the association between childcare arrangements and PCT/IC socio-economic and demographic characteristics, the Accra Urban Food and Nutritional Security Survey

	Not working		Working whilst using a substitute carer	
Covariate	Coefficient	P-value	Coefficient	P-value
Constant	0.947215	0.256	1.270989	0.145
IC age (months)				
0-2	2.162497	0.001	-15.20433	0.986
3-5	1.120587	0.015	-2.161003	0.003
6-11	0.014927	0.966	-1.971798	0.000
12-17	0.212769	0.580	-1.403877	0.000
18-23	0.498092	0.181	-1.358508	0.000
24-35[a]				
Marital Status				
Single	0.006319	0.986	0.884876	0.019
Div/sep/wid	0.280141	0.625	0.520948	0.354
Married[a]				
Education				
None[a]				
Basic	0.246512	0.534	0.124149	0.779
Secondary/vocational or higher	0.629885	0.196	1.036777	0.052
Migrant status				
Born in Accra[a]				
Not born in Accra	0.075563	0.799	0.007641	0.981
Maternal Age	0.051635	0.012	-0.019176	0.343
Ethnicity				
Ga Dange[a]				
Akan	0.080568	0.820	0.400956	0.295
Ewe	0.897881	0.010	-0.303083	0.437
Other	0.223841	0.589	-0.075380	0.878
Wealth				
Poorest[a]				
Poor	0.088239	0.810	-0.177881	0.664
Middle	0.350814	0.363	0.536603	0.201
Rich	0.023611	0.951	-0.509770	0.239
Richest	0.182301	0.668	-0.061329	0.859
Household Demographics				
Child 0-5 years	0.118408	0.549	-0.624949	0.007
Male 6-11 years	0.107723	0.564	-0.169805	0.408
Female 6-11 years	0.551296	0.008	0.274373	0.255
Male 12-15 years	0.116198	0.728	0.059102	0.874
Female 12-15 years	0.454860	0.147	0.728752	0.009
Male 16-24 years	0.061701	0.799	-0.279521	0.331
Female 16-24 years	0.026588	0.890	0.074781	0.722
Male 25-44 years	0.146883	0.568	-0.041788	0.888
Female 25-44 years	0.351283	0.170	0.489285	0.068
Male 45-64 years	0.059336	0.878	-0.207113	0.628
Female 45-64 years	0.135086	0.713	0.282827	0.470
Male 65+ years	0.103314	0.884	-0.125677	0.866
Female 65+ years	0.473709	0.407	-0.195037	0.766

Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997) Note: [a] donates reference category of the independent variable, reference category for the response variable is working and caring for child simultaneously
Abbreviations: PCT-Principle Care-Taker, IC-Index Child

Table 3: Predicted probabilities of use of childcare arrangement by statistically significant PCT/IC demographic and socio-economic characteristics, the Accra Urban Food Security Survey

	Maternal work and child-care arrangement		
Child age (months)	Not working	Caring for child whilst working[a]	Working and using an alternative carer
0-2	0.85**	0.15	0.00
3-5	0.64*	0.31	0.05**
6-11	0.36	0.53	0.11**
12-17	0.29	0.53	0.19**
18-23	0.23	0.56	0.21**
24-35[b]	0.22	0.32	0.46
Education			
None[b]	0.22	0.32	0.46
Basic	0.25	0.29	0.47
Secondary or higher	0.20	0.16	0.64*
Ethnicity			
Ga Dagne[b]	0.22	0.32	0.46
Akan	0.19	0.26	0.55
Ewe	0.12*	0.43	0.45
Other	0.27	0.31	0.42
Marital Status			
Single	0.13	0.19	0.68*
Married[b]	0.22	0.32	0.46
Sep/div/wid	0.21	0.23	0.56

Source: AUFNS conducted by NMIMR, IFPRI and WHO (1997) Note: [a] donates the reference category for the response outcome, [b] denotes reference category for the independent variables,**denotes significance at the 1% level and * significance at the 5% level

Abbreviations: PCT – Principle Care-Taker, IC – Index Child

Note: the predicted probabilities for: 1. Women with different aged IC assumes all women are of Ga Dange ethnicity, are married, have no education, are native to Accra, are from the poorest wealth quintile, are 29.72 years old (the mean age), and in the household there are 1.48 children aged 0-5, 0.38 males 6-11, 0.35 females aged 6-11. 0.13 males aged 12-15, 0.22 females aged 12-15, 0.22 males aged 16-24, 0.52 females aged 16-24, 0.53 males aged 25-44, 0.83 females aged 25-44, 0.16 males 45-64, 0.18 females 45-64, 0.04 males 65+ and 0.05 females 65+. 2. Women of different educational statuses assumes all are of Ga Dange ethnicity, are married, have a IC aged 34-35months, are native to Accra, are from the poorest wealth quintile, are 29.72 years old (the mean age), and in the household there are 1.48 children aged 0-5, 0.38 males 6-11, 0.35 females aged 6-11. 0.13 males aged 12-15, 0.22 females aged 12-15, 0.22 males aged 16-24, 0.52 females aged 16-24, 0.53 males aged 25-44, 0.83 females aged 25-44, 0.16 males 45-64, 0.18 females 45-64, 0.04 males 65+ and 0.05 females 65+.

3. Women of different ethnicities assumes all are have a IC aged 24-35 months, are married, have no education, are native to Accra, are from the poorest wealth quintile, are 29.72 years old (the mean age), and in the household there are 1.48 children aged 0-5, 0.38 males 6-11, 0.35 females aged 6-11. 0.13 males aged 12-15, 0.22 females aged 12-15, 0.22 males aged 16-24, 0.52 females aged 16-24, 0.53 males aged 25-44, 0.83 females aged 25-44, 0.16 males 45-64, 0.18 females 45-64, 0.04 males 65+ and 0.05 females 65+.

4. Women of different marital statuses assumes all are of Ga Dange ethnicity, have a IC aged 24-25 months , have no education, are native to Accra, are from the poorest wealth quintile, are 29.72 years old (the mean age), and in the household there are 1.48 children aged 0-5, 0.38 males 6-11, 0.35 females aged 6-11. 0.13 males aged 12-15, 0.22 females aged 12-15, 0.22 males aged 16-24, 0.52 females aged 16-24, 0.53 males aged 25-44, 0.83 females aged 25-44, 0.16 males 45-64, 0.18 females 45-64, 0.04 males 65+ and 0.05 females 65+.