

Perceived Stress in Breastfeeding Working Mothers in Iran

Sousan Valizadeh¹, Mina Hosseinzadeh^{2*}, Eesa Mohammadi³, Hadi Hassankhani⁴, and Marjaneh M. Fooladi RN⁵

 ¹Ph.D, Department of Pediatrics Nursing, Nursing and Midwifery Faculty, Tabriz University of Medical Sciences, Tabriz, Iran
 ²Ph.D. Student, Department of Health Nursing, Nursing and Midwifery Faculty, Student Research Committee, Tabriz University of Medical Sciences, Tabriz, Iran
 ³Ph.D, Department of Nursing, Faculty of Medical Science, Tarbiat Modares University, Tehran, Iran
 ⁴Ph.D, Department of Medical-Surgical Nursing, Center of Qualitative Studies, Tabriz University of Medical Sciences, Tabriz, Iran
 ⁵Ph.D, Marjaneh M. Fooladi: University of Jordan, Amman, Jordan; World Wide Nursing Service Network (WWNSN, PLLC), El Paso, TX, United States *Corresponding Email: <u>m.hosseinzadeh63@gmail.com</u>

ABSTRACT

Working breastfeeding mothers because of multiple and conflicting roles and demands in home and work-place experience high level of stress. Identifying perceived stress of this group of mothers can be helpful in their life promotion. This study aimed to describe the experiences of sixteen Iranian breastfeeding mothers who returned to work and to discover, through in depth, semi-structured interviews their perceived stress. All interviews were recorded, transcribed and analyzed using thematic-analysis. Two main themes emerged by analyzing data about perceived stress: 1) "Not being a good mother" with subthemes of a)Feeling of cruelty toward the child and b) Child neglect of maternal care; and 2) "Feeling trapped" with subthemes of a) Inflexible expectations and 2) Forgotten identity. Findings of this study emphasize the need to promote awareness of spouses of this group of mothers about the difficult situation which mothers face with and planning to promote their participation especially in care of child. Providing family-friendly policies in work-place is suggested.

Keywords: Breastfeeding; Employment; Women's health; Stress; Iran

INTRODUCTION

Nowadays, working mothers make up a significant proportion of labor force [1] and despite the global recognition of women's social status, maintaining household and providing care for children are continuously viewed as maternal roles [2], especially during transition to parenthood [3]. Mothers' return to employment magnifies stress levels with the addition of job responsibilities to the household activities [4]. Conflicting role expectations for working women come from internal and external sources in association with work and family [5]. Work and family are one's the most important aspects of life, and the conflicts between them can cause unfavorable outcomes for individuals, families and organizations [6].

Previous studies have shown the hazards of conflicting roles for women and reported that involvement in multiple roles depleted mother's energy and lessened her life satisfactions [7, 8]. In fact, role overload with conflicts at work and household responsibilities contributed to fatigue and exhaustion and potentiated health risks for women [8]. When there are high demands at workplace and home, the level of stress for working mothers increase. Other studies have shown that breastfeeding mothers face stressful challenges when they return to work while committed to continue breastfeeding [9, 10]. Although 88.8% of working mothers breastfeed during maternity leave, merely 24.1% continue with breastfeeding after returning to work [10].

Stress is a growing problem for all employees, but it is especially at a higher level for working mothers who breastfeed and often associated with stress-related illness among women twice the rate in men [11]. When people find inconsistency in their ability to meet the perceived demands within an environment, their stress level rises [12], with a negative impact on their overall health including mental health for mothers who become depressed and anxious immediately during and after postpartum period [13]. Mental wellbeing is essential for avoiding a distorted relationship with infant and others at home or work [14].

It is essential to understand the sources of stress for working mothers in order to find ways to offer support. Multiple factors could be considered as stressors such as unsupportive work and home environment and the unrelenting demands of breastfeeding [15]. Involvement in conflicting roles under stress at work and home [5] and the ability to balance family and job responsibilities are challenging and learning about how to manage role constrain, could help working mothers reduce their stress levels [16].

Working mothers in Iran

As a developing country, Iran has a population of over 75 million [17], and working mothers account for 27% of the labor force [18]. It is clear that women's role as a spouse, a mother and an employee often overlap and create conflict, where effective coping mechanisms deem essential to bring balance and reduce stress. Few studies have examined daily stressors for employed mothers[19,20,21], and thus far, there has been no study focusing on working mothers who want to continue breastfeeding after returning to work and their family equilibrium. In this study, researchers explored the experiences of working mothers, who returned to work and continued to breastfeed, while managing family and household responsibilities.

MATERIALS AND METHODS

Design

A qualitative approach was selected as the most appropriate methodology to guide data collection and analysis process, for the fact that it provided better understanding of a particular human phenomen by exploring the perspective of those experiencing it [22].

Participants and Recruitment

Participants were sixteen employed mothers who returned to work after maternity leave. Several recruitment strategies were applied to gain access to suitable participants, such as using flyer distribution in several health centers, where mothers came for newborn screenings and followed by snowball sampling. For maximum diversity, purposive sampling included participants from different occupations and educational background. Table 1 shows the demographic characteristics of participants.

Data collection

Eghiteen face-to-face semi-structured interviews with sixteen employed breastfeeding mothers after maternity leave, generated relevant data and upon the interview of 12th participant common patterns began to form and continued until saturation was reached. Interview sessions were held at participants' work place, home or other locations such as park or library. Each interview lasted 45 -70 minutes and were recorded using a digital recording device. Only 2 participants were interviewed twice for data clarification.

Researchers simultaneously reviewed and assigned codes to the tabulated data in participants'native language. The key interview questions asked: "How has your life changed at the end of maternity leave and return to your work?", or "as an employed and breastfeeding mother, what stressors have you faced in your daily life?", and "what have you done to cope with life stress since your return to work?". As data collection progressed, participants answered

follow-up and exploratory questions starting with "how" and "please explain more" to encourage further description of their experiences.

Ethical Considerations

The ethics committee at Tabriz University of Medical Sciences and research council approved this research study (No. 7159). Participants were assured of their anonymity, privacy and voluntary engagement before signing a written informed consent, explaining the study objectives, methods, and analysis process.

Data analysis

Interviews were audio recorded and transcribed after several reviews by the research team. Qualitative thematic analysis identified common patterns as they formed themes and subthemes according to their relations with one another in a constituent pattern [23]. Concurrent with data collection after the first interview, analysis was initiated [24]. Upon data analysis, transcribed contents were translated to English and back translated for accuracy of code assignment and theme extraction.

Rigor

Lincoln and Guba (1985) criteria used in this study, addressed trustworthiness. Authors present several strategies such as maximum variation sampling, member checking and prolonged engagement of research team to improve finding's credibility [25]. To establish data conformability, the entire set of codes and categories were reviewed by research supervisors and academic advisors. Original raw data, the categories and subthemes remained intact for an audit trial [26]. Precise data documentation, study methods, and decisions made during data analysis ensured dependability.

RESULTS

Data analysis about perceived stress revealed two main themes: 1)" not being a good mother" and, 2) "Feeling trapped". The first theme comprises two sub themes related to women's feeling of cruelty toward their child and feeling of depriving child of loving mother because going away from the child. In the second theme, which has two sub themes, women talked about multiple roles without enough support and its impact on their health.

"Not being a good mother"

According to this theme, the participants stated that they felt guilt for assigning the duty of childcare to others and leaving the child for a couple of hours when they were at the workplace. Moreover, some mothers shared their perspectives of the feeling of cruelty toward their child. They declared that leaving the child and assigning the duty of childcare to others made them to feel that they had no commitment. As a source of stress, this feeling stemmed from depriving the child of motherhood care.

This theme was consisted of two subthemes as follow:

Feeling of cruelty toward the child

The participants described the assigning of childcare duties to others as some type of cruelty toward the child and therefore, felt guilt.

"You know, there is a nagging feeling inside me... a feeling of guilt...due to financial issues and self-promotion needs, I should make my child away of myself... I feel that I am cruel toward him." (P1)

Also, some participants stated that job requirements made them busy; therefore, they were unable to spend enough time with the child. Therefore, they felt guilt.

"Before getting back to work, I would spend all my time with my baby, I would hug him... play with him, but, now I have no time or energy to do it. I return from work feeling tired ... my mind racing, and there is all that housework to do. I cannot spend time with him like I used to...I so feel guilty." (P13)

More educated mothers had around the clock job responsibilities and could not go home as desired and financial needs made it impossible to change anything.

"If only my husband made more money, (in dismay), I would not have to leave my baby and go to work." (P7)

Study participants were disturbed about the recent turn of events and found it unnatural for mothers to substitute their maternal role as a working woman and discussed agonizing moments for having to leave their infant and go to work. They described their maternal instinct as the best natural gift for recognizing the infant's needs, such as extrasensory abilities after birth to hear and sense their infants.

"No matter who cares for my baby that care is not going to substitute mother's love for the infant. The mother's hug when breastfeeding with love ... the affection between mother and infant ... it is just irreplaceable by anyone... "(P3)

By the way, since some of the mothers had academic degrees, they were bounded to their job and could not leave it. Also, they declared the needed for remaining at work against their own will due to financial issues.

"If my husband had sufficient income, there was no need to leave my child and go to work." (P7)

Child neglect of motherhood care

The study participants talked about the motherhood's nature deposited into mothers. Accordingly, that the mother was described as the best person who could recognize the child needs and meet them appropriately. Also, when childcare was assigned to others, the child neglect of motherhood care would happen.

"Whatever they [others] care for the child, they cannot replace the mother's love toward her child. The mother hugs and breastfeeds the child with love ...the affection of the mother toward the child cannot be replaced by that of others..." (P3)

"Feeling trapped"

Mothers felt trapped between various duties and trying to manage them all at the same time. In this theme, the participants discussed their various duties and that it was difficult to address them all at the same time. They stated that trying to be accountable to home tasks and workplace duties led to self-neglect. In other words, they forgot themselves as human being and neglected their own needs. Many participants talked about physical and psychological pressure imposed on them by too much work.

This theme was consisted of two subthemes as follow:

Inflexible expectations

The participants stated that their children and husbands expected them to do their roles with the best of their capabilities, without any complaint. Similar expectations were presented by their employers and collogues without granting any especial work privilege in the workplace.

"In my home, I work harder than anyone and my husband and children expect me to take care of all their needs...During work hours, I have the same workload as everybody else regardless of my situation soon after giving birth...the expectations are for me to work like a robot and never get tired... "(P8)

Many participants talked about the need for help and support in this transitional stage of life. They believed that they received insufficient support from family members and others in the workplace.

"In some cold days during winter, I was required to wait for the bus while hugging my child. My husband avoided helping me while he stayed at home." (P13)

Mothers expressed that lack of support led to feelings of distress and loneliness. "Really, my husband does not understand me at all. He does not understand that I get tired... This really bothers me psychologically and I feel that I have no one on my side. He does not help me in any way and I feel so lonely." (P5)

Forgotten identity

Regarding self-identity, mothers declared that assuming multiple conflicting roles resulted in mental anguish, self-neglect and at times loss of self-identity.

"I feel lost and caged in with home expectations, workplace expectations, my parents' expectations...sometimes I don't know who I am and running in circles to meet everyone's needs ...as if I don't exist." (P13)

Pressure from job responsibilities, role conflict between motherhood and employment, extra-expectations and selfneglect contributed to physical and psychological fatigue.

'I got physically weak...my back and legs began to hurt constantly and intensely to the point that I could not stay on my feet for long...I still wanted to serve others and sacrifice my health. "(P7)

"I was under so much pressure...everyone expected me to do more at home and at workplace...I have been very nervous...so I continue to quarrel with my husband...or I unable to tame my temper when the baby is crying..."(P3)

DISCUSSION

Our findings showed that concerns about failing to be a good mother or in maternal role, succeeding in multiple roles, and high expectations from various sources, without any provision in support system, created stress for breastfeeding mothers after returning to employment.

Not being a good mother

Employed and breastfeeding mothers felt guilty, and perceived themselves as being cruel to their infant for leaving to work and believed they committed "child neglect" or abandonment. Other studies have had similar findings (Alstveit et al.2011a, Walls et al. 2014) and some have reported maternal ability and feelings of guilt were inversely related (Alstveit et al. 2011b). Gunton (2012) found that sense of guilt played a main role in work-family conflicts due to mother-infant separation, while Temitope (2015) asserted that majority of mothers felt guilty for leaving their infant and endure stressful work conditions.

Our study participants did not trust the childcare facilities and that alone was a major source of stress. In fact, Glasberg (2007)found that leaving an infant to go to work led to emotional distress and burnout among women who did not trust the childcare services. In a study by Ahmadifaraz's (2014) in Iran, lack of trust in childcare services in the absence of mother was a major source of stress for working mothers. It is important to realize that Iranian culture views commitment to motherhood as a religious duty and assigning that role to others is not the norm.

Feeling trapped

In this study, mothers talked about multi-tasking and role conflict being the main source of stress and Elgar& Chester (2007) also showed that assuming different roles could be difficult with negative mental responses. Fatigue and loss of energy among the working mothers contributed to lower quality life or job satisfaction(Grice et al., 2008).In a study by Kushner (2002), frequent demands, inflexible work schedule, expectations from various directions resulted in high stress levels for working mothers, similar to the findings by Temitope's (2015), which showed working mothers experiencing high stress due to heavy workloads.

Our study participants needed support from relatives and colleagues to create balance in their lives and reduce stress similar to the findings by Kushner (2002) that emphasized the importance of sufficient support in stress reduction for working mothers. Ugwu (2010) reported that working mothers who received support from their spouse or had a helper, experienced less stress compared to those who has no support.

Mothers in this study assumed multiple roles with a heavy workload, while neglecting their own health. Zhang (2010) stated that being a perfectionist around the house, worrying about the education and future of children, and spending no quality time with family or for leisure are major sources of stress for most working mothers. To reduce stress mothers in this study identified different strategies and discussed ways to improve their life quality.

Limitations

Participants in the study were relatively homogeneous working mothers who were mostly university-educated and middle-income. In a qualitative research method small samples can generate significant new data, but purposeful selection of participants from only one city in Iran, could have reduced generalizability of study findings.

Participant's code	Age in years	Education	Occupation	Work antecedent in Years	Type of delivery	Age of infant in Months
P.1	30	Master	Fixed shift nurse	5	C/S	14
P.2	31	Bachelor	Fixed shift nurse	6	C/S	14
P.3	28	Master	Computer engineer	4	NVD	16
p.4	37	Bachelor	Teacher	17	C/S	20
P.5	33	Bachelor	Nurse	3	C/S	18
p.6	29	Bachelor	University staff	4	C/S	14
p.7	30	high school diploma	Patient transport Orderly	10	C/S	12
p.8	27	Associated degree	Private sector employee	8	C/S	14
P.9	32	high school diploma	Airport staff	9	C/S	11
P.10	37	Bachelor	Nurse	11	C/S	20
P.11	33	Bachelor	Teacher	8	C/S	12
P.12	29	Bachelor	Midwife	2	C/S	21
P.13	30	Bachelor	Private sector employee	5	C/S	18
P.14	27	Bachelor	Typist	2	C/S	19
P.15	32	Master	University staff	8	C/S	13
P.16	30	Bachelor	Private sector employee	4	NVD	15

Table 1: Demographic characteristics of the participants

Caesarean section (C/S), Normal vaginal delivery (NVD)

CONCLUSION

Breastfeeding mothers returning to work could suffer from fatigue and exhaustion as they attempt to fulfill their commitments at home and on the job. Neglecting their healthcare needs could be detrimental to the family and community. Promoting awareness of family-members especially spouses about the difficult situation of working mothers and planning in order to promote their participation, especially in the care of children is suggested. Also reforming norms and situations of work-place and providing family-friendly policies in work-place such as flexible work schedules, using un-paid maternity leave and providing child-care facilities in work-place is emphasized.

Disclosure

The authors declare no conflict of interest. The only supporting source is the research funding outlined in the acknowledgement.

Author Contributions:

Study design: SV, MH, EM, HH Data Collection: MH Data Analysis: MH, SV, EM, HH Manuscript Writing: MH, MF

Acknowledgements

This study was one part of a PhD dissertation of the author 1, financially supported by Tabriz University of Medical Sciences. The authors wish to appreciate all of the working mothers, whose contributions enabled the production of this article.

REFERENCES

[1] Marshall NL & Tracy A J. After the Baby: Work Family Conflict and Working Mothers' Psychological Health. Family Relations 2009, 58, 380-391. doi: 10.1111/j.1741-3729.2009.00560.x.

[2] Barnett RC & Hyde JS. Women, men, work ,and family. American psychologist 2001; 56, 781. doi: 10.1037\\0003-066X.56.10.781.

[3] Friedman MM, Bowden V & Jones EG. Family nursing (fifth ed.). New Jersey: Upper saddle River. 2003.

[4] Seto M, Morimoto K & Maruyama S. Effects of work-related factors and work-family conflict on depression among Japanese working women living with young children. Environmental health and preventive medicine 2004; 9: 220-227. doi: 10.1007/BF02898103.

[5] McVeigh W. Employed Mothers: Understanding Role Balance, Role Overload and Coping .Electronic Theses and Dissertations. 2006. http://digitalcommons.library.umaine.edu/etd/447.

[6] Whitehead T & Kotze M. Career and life-balance of professional women: a South African study. SA Journal of Human Resource Management,2006: 3 .

[7] Grice, MM, McGovern PM & Alexander BH. Flexible work arrangements and work-family conflict after childbirth. Occupational medicine, 2008; 58,468-474. doi: 10.1093/occmed/kqn090.

[8] Killien MG. The role of social support in facilitating postpartum women's return to employment. Journal of Obstetric, Gynecologic, & Neonatal Nursing 2005; 34, 639-646. doi: 10.1177/0884217505280192

[9] Mensah AO. Is there really support for breastfeeding mothers? A case study of Ghanaian breastfeeding working mothers .International Business Research,2011; 4, 93 .

[10] Tsai SY. Impact of a breastfeeding-friendly workplace on an employed mother's intention to continue breastfeeding after returning to work. Breastfeeding Medicine, 2013; 8, 210-216. doi: 10.1089/bfm.2012.0119

[11] Abdullah R, Jahan S, Saha S. Occupational stress, social and family difficulties and job contentment of working women: Bangladesh perspective. Daffodil international university journal of business and economics, 2008; 13, 139-152.

[12] Sawyer Jr T & Hollis-Sawyer L. A path-analytic assessment of different stress coping models in predicting stereotype threat perceptions, test anxiety reactions, and cognitive test performance. International Journal of Testing, 2005; 5, 225-246.

[13] Razurel C, Kaiser B, Sellenet C & Epiney M. Relation between perceived stress, social support, and coping strategies and maternal well-being: a review of the literature. Women & health 2013, 53, 74-99. doi: 10.1080/03630242.2012.732681.1.

[14] Poduval J & Poduval M. Working mothers: how much working, how much mothers, and where is the womanhood? Mens sana monographs 2009; 7, 63. doi: 10.4103/0973-1229417999.

[15] Zarra-Nezhad M, Moazami-Goodarzi A & Hasannejad L. Occupational stress and family difficulties of working women .Current Research in Psychology, 2010; 1: 75-81.

[16] Mauno S, Kinnunen U & Ruokolainen M. Exploring work-and organization-based resources as moderators between work–family conflict, well-being, and job attitudes .Work & Stress 2006; 20, 210-233 .

[17] Implementation of the 2011 Iranian population and housing census in Autumn, Statistical center of Iran.Available from: http://amar.org.ir./english/census-2011.

[18] Amjadi MA. Iranian women shoulder to shoulder with men. Tehran Times. 2011.

[19] Gunton A. Proffessional women balancing work and motherhood: A study of the coping strategies used in balancing this dual-role. Rhodes university, Msc thesis, Degree of MSC of social science in organisational psychology. 2012.

[20] Kushner K & Harrison M. Employed mothers: stress and balance-focused coping. The Canadian journal of nursing research= Revue canadienne de recherche en sciences infirmieres , 2002;234: 47-65 .

[21] Zhang L. A study on the measurement of job-related stress among women academics in research universities of China. Frontiers of Education in China 2010,5: 158-176. doi: 10.1007/s11516-010-0011-4

[22] Vaismoradi M, Turunen H & Bondas T. Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Nursing & health sciences 2013; 15: 398-405 .

[23] Barona-Vilar C, Escribá-Agüir V & Ferrero-Gandía R. A qualitative approach to social support and breast-feeding decisions. Midwifery 2009; 25: 187-194. doi: dx.doi.org/10.1016/j.midw.2007.01.013

[24] ZhangYW & Wildemuth B. Qualitative analysis of content. In: Wildemuth BM. . Applications of Social Research Methods to Questions in Information and Library 2009, 1-12.

[25] Lincoln YS & Guba EG. But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. New directions for program evaluation 1986; 30: 73-84.

[26] Streubert HJ & Carpenter DR. Qualitative Research in Nursing: Advancing the Humanistic Perspective (third Edition ed.). philadelphia: Lippincott Williams & Wilking.2007.

[27] Alstveit M., Severinsson E & Karlsen B. Maternity care professionals' perceptions of supporting employed women in Norway. Nursing & Health Science 2011a; 13: 316-322. doi: 10.1111/j.1442-2018.2011.00620.x

[28] Walls JK, Helms HM & Grzywacz JG. Intensive Mothering Beliefs Among Full-Time Employed Mothers of Infants. Journal of Family Issues. 2014; 0192513X13519254. doi: 10.1177/0192513X13519254.

[29] Alstveit M, Severinsson E & Karlsen, B. Readjusting one's life in the tension inherent in work and motherhood. Journal of Advanced Nursing 2011b; 67: 2151-2160. doi: 10.1111/j.1365-2648.2011.05660.x.

[30] Temitope, B. Effect of Stress and Anxiety on General Life Satisfaction among Working Mothers in Ado-Ekiti, Ekiti State Nigeria. American Journal of Psychology and Behavioral Sciences. 2015; 2:1.7.

[31] Glasberg AL, Eriksson S, Norberg A. Burnout and 'stress of conscience'among healthcare personnel. JAdv Nurs. 2007; 57: 392-403.

[32]Ahmadifaraz M, Abedi H. [The Experiences of Employed Women Related to their Maternal Role: A Phenomenological Qualitative Research.] J Qualitative Research in Health Science 2014; 3: 137-148 (in persian).
[33] Elgar, K., & Chester, A. The mental health implications of maternal employment: Working versus at-home mothering identities. Australian e-Journal for the Advancement of Mental Health, 2007;6: 47-55.
[34] Ugwu L. Employed Sandwich generation women: Coping with work/family conflicts. European Journal of Social Sciences 2010; 15, 396-410.