

Is There Really Support for Breastfeeding Mothers? A Case Study of Ghanaian Breastfeeding Working Mothers

Abigail Opoku Mensah

Department of Management Studies

School of Business, University of Cape Coast, Ghana West Africa

Tel: (233)-244-629-069 E-mail: abigailpeasah3@yahoo.com

Received: March 5, 2011 Accepted: March 20, 2011 doi:10.5539/ibr.v4n3p93

Abstract

This study was to find out whether the presence or the absence of social support for breastfeeding working mothers who return to work after maternity leave does have any significant effect on their level of satisfaction and also their commitment to their jobs. Three categories of social support were looked at: spousal and family members support, colleagues support at the workplace and support from care givers (house helps). A self administered questionnaire was given to 300 breastfeeding working mothers in Accra, Ghana. This group of mothers had their age range from 24-41 years with the mean age of 37.2 years and standard deviation of 8.8. The hypotheses were tested using Chi Square. The findings of the study revealed that breastfeeding working mothers who had support from their spouse and other family members appeared to be satisfied and committed to their jobs. Those who had support from other colleagues at the workplace reported to be satisfied with their jobs but not committed to their jobs. However, the group of mothers who were getting their child care support from care givers (house helps) appeared less committed to their jobs.

Keywords: Family support, Spousal support, Job satisfaction, Organizational commitment and Ghana

1. Introduction

Reproduction is the 'mothers work' of being pregnant and giving birth yet little or no support is given to them at the workplace. Women with infants and children below the age of three are the fastest growing segment of today's labour force (Thompson & Bell, 1997). At least 50% of women who are employed when they become pregnant return to the labour force by the time their children are three months old. Research reveals that, there is conflict between paid work and family responsibility such as a working mother taking care of a baby. This has been linked to decrease employee productivity as well as decreased family functioning (Glass & Estes, 1997). Yet, for many employees, balancing the dual demands of responsibilities at the workplace and family can become overwhelming for working mothers. Research has shown that multiple roles may have a negative impact on an individual's well being (Kirrane & Buckley, 2004).

Literature indicates that balancing work with family responsibilities such as breastfeeding has adverse consequences for both individuals and organizations. Individuals who experience this dual demand may incur elevated job stress (Frone, Russell & Cooper 1992), depression (Thomas & Ganster 1995), and reduced job, marital, as well as life satisfaction (Bedeian, Burke & Moffett, 1988; Higgins & Duxbury 1992; Burke & Greenglass 1999). Anderson, Coffey and Byerly (2002) also noted the role of social support as a key resource or coping mechanism which helps individuals reduce the effects of stressors. Non work related support, particularly from spouses, makes one's situation less stressful by providing emotional support, instrumental aid, or perhaps providing greater flexibility or control over one's situation.

In extreme cases mothers who are not able to combine the practice of exclusive breastfeeding with full time work sometimes result in some of them leaving their roles as employees. The American Academy of Pediatrics (AAP) recommends that the minimum duration of exclusive breastfeeding should be 6 months but it should be optimally continued for at least 1 year (Cardenas & Mayor, 2005). As addressed by AAP for all mothers to practice exclusive breastfeeding, it can therefore be a challenge for mothers especially for those who do not get any social support from family members with their babies when they return to work. In the US, 75 percent of mothers' breastfeed at the start, only 13 percent of babies are exclusively breastfed at six months. Many mothers say their efforts to breastfeed are hindered by several factors, such as lack of support at home and at work, as well as lack of breastfeeding instruction from health care professionals (Grummer-Strawn, 2010). Given that, breastfeeding provides health benefits for both baby and mother. It is important that family members, clinicians, friends, and employers get to know how they can help make breastfeeding easier.

In the traditional African communities, people live with extended families and every new born baby is the clan's responsibility to look after. However, with modernization, people have migrated to cities and the cost, of living in the city cannot accommodate extended families. This means that couples having babies have little or no support in many aspects of their lives including child care and the practice of exclusive breastfeeding. In Ghana, the current economic pressures are such that more women have taken up paid employment to support their families than it used to be. Because of this reason, many women return to work while their infants are still young. According to the Ghana statistical service (2008), the percentage of women in the labour force constitutes 53.4%, looking at the substantial presence of women in the workforce in Ghana, there is a strong need for them to get support from family members since most corporate organizations in Ghana may not encourage breastfeeding at the workplace.

A lot of infant feeding researches have been done all over the world in the health fields and have had the most influence on policy (Van Esterik, 2002). As a result, infant feeding has not always been seen as a complex process shaped by social and cultural forces interacting with local environmental and political conditions. This study therefore attempts in finding the effect social support can have on lactating working mothers' job satisfaction level and commitment level in a developing nation like Ghana.

Most of the research done in this area, and in Ghana, mainly looked at the general challenges that breastfeeding working mother's face when they return to work. The findings will help family members to know about the support these women need especially when they return to work after maternity leave. It may also reveal the possible effects these women may experience regarding their satisfaction levels and their commitment levels when there is no support for them after they have returned to work. This study is unique and it will serve as a foundation for other researchers to identify other effects that the absence of social support for breastfeeding mothers could have on their work output and their attitude towards work. One cannot underestimate the fact that breastfeeding working mothers go through a lot of challenges when they return to work after their short maternity leave.

1.1 Problem statement

Literature clearly shows that breastfeeding mothers face a lot of challenges in their attempt to combine full time work with the practice of exclusive breastfeeding especially in organizations where there is no support for this group of mothers'. Research done in Ghana mostly identified the challenges faced by breastfeeding mothers. This study went the extra mile and looked at the impact that lack of support could have on breastfeeding working mothers' job satisfaction and organizational commitment. A pilot study was done combining the use of questionnaire and interview. This was what one of the breastfeeding mothers' had to say:

"I am a full time worker in this organization (bank). I had my baby about three and a half months ago and I am here working full time because I need the money. I don't have any support from my family members and my husband is also a full time banker so I had to employ somebody I don't know to take care of my son. In addition, I do not get enough support at the workplace, I do my routine work just that I close an hour earlier compared to my normal closing time. Because I am always on my feet working, I don't get enough breast milk for my baby which could be due to work related - stress. Today, I was only able to express 2oz for my son which I know will not be enough for him till I get home; moreover I want to practice exclusive breastfeeding. There is no clean place where I can even express the little milk that my body produces. I think my employer do not care about my situation at all. I cannot go the village and bring a family member to take care of my son because they are all in school. Moreover, my mother whom I can trust my baby with, is also a full time worker. Sometimes I feel like quitting this job but it will be difficult getting another one after my son is a bit older. I am here working but to be frank with you I cannot concentrate well at all. I think about my son too much and I make a lot of mistakes."

This clearly shows that breastfeeding working mothers who return to work after maternity leave experience a number of challenges. They need support from both their employers and their family members. It is therefore very possible for mothers who go through these challenges to transfer it to their jobs because of the tension, fatigue and stress that they go through. This study therefore investigates whether the presence or absence of social support both from home or at the workplace does affect breastfeeding working mother's level of commitment and job satisfaction. And finally, to come out with some possible measures that can help employers and breastfeeding mothers in order to combine breastfeeding and work effectively in Ghana.

1.2 Definition of terms

Social support: support from spouse, family members and care givers (baby sitters or house helps)

Spousal Support: Husband support given to wife after having a baby and returning to work. (Taking care of babies)

Family members support: support from either the husband or the woman family members, given to a woman after having a baby.

Care givers support: support given by external people who are paid for their services.

2. Literature review

The study reviewed a lot of empirical literature. The empirical literature consists of results of research done on related topic under study. Social support is support from spouse and family members, from colleagues at the workplace and care givers (house helps). This support is needed to help mothers leave their babies and return to work. Women who wish to continue breastfeeding while they return to work after maternity leave have few options including pumping their breast milk into bottles in advance and leaving them with house helps (care givers), family members, bringing their infants to work if the company has on-site child care, or leaving work during scheduled breaks to breastfeed the infant. Not all places of employment in Ghana have on-site child care for one to send her baby to work or to express breast milk for future use. Most mothers depend mostly on family members to help take care of their babies when they return to work after maternity leave.

A recent poster publication from the US Population Reference Bureau, on studies made in sub-Saharan Africa, the proportion of those breastfeeding exclusively up to 6 months in Ghana was below 32% (Population Reference Bureau, 1999). This figure is woefully below the WHO/UNICEF's aim of achieving 75% and above exclusive breastfeeding in sub-Saharan Africa. Most mothers will have to hire a caregiver to watch their infant when they have to return to work after maternity leave. The father, a close family member, or any other mindful and loving caregiver would be ideal to help take care of the baby when mothers return to work. (Kresheena, 2009). Infant feeding can be a difficult thing to practice and, as such, is best practiced just as any other social activity, in a supportive environment. Lack of social support, therefore, has emerged as a key constraining factor on infant feeding choices. Getting support from family members can increase the likelihood of a mother breastfeeding after returning to work (Meyerink & Marquis, 2002).

Spousal support is an important factor in reducing conflict between work and family demands (Kirrane & Buckley, 2004). Spousal support can be emotional or instrumental (Lee & Choo, 2001; Kirrane & Buckley, 2004). Emotional support refers to sympathetic, loving, and caring behaviours (e.g., showing concern on spouse's work, willingness to listen, and giving advice or guidance) (Lee & Choo, 2001). Instrumental support, on the other hand, refers to the actual assistance or facilitation in task accomplishment (e.g., helping in household chores and childcare, providing financial assistance) (Lee & Choo, 2001). Actions representing spousal support include care given during the time of illness, emotional support, counseling, child care and advice, all of which are able to minimize fatigue and irritation (Bernas & Major, 2000). According to Bernas and Major (2000), stress can be prevented through social resources which an individual has created with his or her spouse. Individuals who have spouses that are able to provide information and cognitive guidance, tangible resources and aid, and emotional sustenance in times of need will be less likely to experience stress and subsequent work-family conflict. Prior findings have illustrated that a spouse's support can negate work-family conflict (Erdwins, Buffardi, Casper, & O'Brien, 2001; Lee & Choo, 2001, Kirrane & Buckley, 2004). Social support from family members and at the work place has a positive association with increased general health and well being (Thomas & Ganster, 1995; Eagle, Icenogle, Maes, & Miles, 1998; O'Driscoll, Brough & Kalliath, 2004). It appears that the support of the individual responsible for the maintenance of one's psychological contract facilitates an employee's job satisfaction, which in turn, would have a positive effect on the experience on the person's well being.

According to Arnott's (1972) support given by husband is crucial in determining if the wife's employment would have negative repercussions on the family. Bernas and Major (2000) also argued that women who have spouses that offer support and nurturance will be less likely to experience stress in the family domain, leading to lower work-family conflict. In addition, past studies (Beutell & Greenhaus 1982, Berkowitz & Perkins 1984, Aryee 1992, Kim & Ling 2001, Anderson, et al. 2002) have demonstrated that a husband's support of his wife's career would be able to reduce her work-family conflict. Bernas and Major finding revealed that women who get support from husbands when they return to work will experience less stress. One can conclude from Bernas and Major's findings that, if mothers get support from family members when they return to work, they are more likely to be satisfied and committed to their work because they will not be stressed out and may come out and perform well at the workplace.

Sika-Bright (2010), conducted a study in Ghana which portrays that majority of the exclusively breastfeeding mothers were assisted by parents. However, the proportion of exclusively breastfeeding mothers out of the mothers assisted by their husbands was greater than those of the other subgroups looking at the raw percentages. This therefore implies that mothers who have their husbands supporting them are more likely to practice exclusively breastfeeding. Interestingly, mothers who have nobody to assist them were not exclusively breastfeeding, likewise those who were assisted by their fiancées. If breastfeeding mothers do not get social support it can therefore affect their attitude towards work and their work outcomes. It can therefore be concluded that when mothers get social

support and are able to practice exclusive breastfeeding it may contribute to their satisfaction and commitment levels at the workplace.

Mothers who continue breastfeeding after returning to work need the support of their coworkers, supervisors, and others in the workplace. Individual employers can do a great deal to create an atmosphere that supports employees who breastfeed. Such an atmosphere will become easier for breastfeeding mothers to combine the practice of exclusive breastfeeding with full time work. Supervisors are responsible for alerting pregnant and breastfeeding employees about the company's worksite lactation support program, and for negotiating policies and practices that will help facilitate each employee's infant feeding goals. It is expected that all employees will assist in providing a positive atmosphere of support for breastfeeding employees. A recent study was done to assess the effectiveness of support for increasing breastfeeding initiation and duration. They found out that all forms of extra support increased breastfeeding duration. They also identified that maternal satisfaction was poorly reported among mothers who did not get any or enough social support (Britton & McCormick, 2007). In fact, another study by Johnston and Esposito (2007) reviewed literature and described the barriers and facilitators to the continuation of breastfeeding for at least 6 months by working women in the United States. Data was extracted from an ecologic framework, which includes the individual, social support and relationships, and the workplace environment. They concluded that, when social support is available and when support groups are utilized, lactation is also facilitated. The above literature indicate clearly that, breastfeeding mothers depend a lot on spouses, family members and other care givers when they return to work after maternity leave. This study therefore looks at breastfeeding mothers' level of satisfaction and commitment in relation to the kind of social support that they get. Based on the preceding arguments, the following hypotheses were generated.

H1: Breastfeeding working mothers who get support from husbands and close family members will be more satisfied with their work than those who do not get support.

H2: Breastfeeding working mothers who get support from husbands and close family members will be more committed to their work than those who do not get support.

H3: Breastfeeding working mothers who get support from care givers (house helps) will be more satisfied with their work than those who lack this support.

H4: Breastfeeding working mothers who get support from care givers (house helps) will be more committed to their work than those who lack this support.

H5: Breastfeeding working mothers who get support from colleagues at the workplace will be more satisfied with their jobs than those who do not get such supports.

H6: Breastfeeding working mothers who get support from colleagues at the workplace will be more committed to their jobs than those who do not get such supports.

2.1 Theoretical framework

Some women who are breastfeeding have been confronted with a conflict between their work and family demands (breastfeeding as a mother). To further explain this conflict, Greenhaus and Beutell's (1985) classical theoretical framework with emphasis on strain-based theory is what this study is based on. Strain-based conflict occurs when strain, such as tension, anxiety, or fatigue, from one domain makes it difficult to meet the demands of the other domain. When breastfeeding mothers do not get social support they can experience tension at work. In addition, fatigue can set in since they do not get any support or enough support with child care when they return to work. Therefore, women who breastfeed are caught in the struggle between their family roles (breastfeeding) and work roles when not given support.

3. Methodology

3.1 Sample and sampling procedure

Sample for the study was made up of two hundred and sixty (260) breastfeeding working mothers who were full time workers and aged ranged 24-41 years. These mothers' were selected from five different types of organizations in the Accra Metropolis, Ghana (Hospitals, schools, banks, non-governmental organizations (N.G.O) and the government ministries). These organizations were selected on the premise that they are among the very few organizations that one could find a lot of female employees in Ghana.

3.2 Study Area

The Accra metropolis is located in the Greater Accra region in Ghana. It is the most populated region in Ghana. Five different kinds of organizations were purposely chosen for this study. The organizations selected were the hospitals, schools, government ministries, non- governmental organizations and the banks.

3.3 Study Design

A survey of job satisfaction and job commitment of breastfeeding working mothers' was conducted in relation to their jobs. Breastfeeding mothers who were breastfeeding and were working full time were selected for the study. Mothers with multiple babies were excluded in this study because they were more likely to have difficulties in practicing exclusive breastfeeding with full time work.

Purposive sampling was chosen as the sampling procedure technique because the breastfeeding mothers had to fulfill certain criteria in order to qualify as respondents. These requirements included: (a) being a mother who was breastfeeding (b) was working full time (c) was breastfeeding a single child not multiple babies at the time of the study. A total of 300 questionnaires were distributed and 260 questionnaires were retrieved back and were completely filled.

Ethical approval for the study was obtained from the management of the selected organizations for the study. The participants were also briefed about the purpose of the study and their consent was sought.

3.4 Questionnaire

Questionnaire made up of open and closed ended questions was used. The questionnaire was in four parts; part 1: Demographic data of the mothers, part 2: job satisfaction scale, part 3: commitment scale and part 4: support from spouse, family members, care givers and colleagues at work.

Kim's (1996) scale was used in assessing the kind of social support that they get. A pilot test was first done to test the suitability of the scale. The response dimension was on a seven point- likert scale ranging from: "strongly agree, agree, mildly agree, neither agree nor disagree, mildly disagree, disagree and strongly disagree". Some open-ended questions were added to the original scale and a reliability coefficient alpha of 0.84 was obtained for the social support scale. This means that the scale is highly reliable.

Brayfield and Rothe's (1951) Job Satisfaction scale was also used to test the satisfaction levels of the mothers. Allen and Meyer (1990) Scale was used to test the commitment levels of the mothers in this study. The reliability co-efficient alpha for job satisfaction was of 0.92 and organizational commitment scale was 0.84. This also means that the scales were highly reliable.

3.5 Data Collection Criteria

Data in this study were obtained via questionnaire. A permission letter was first of all given to the management to enable the researcher have access to the working mothers since the researcher's visits to the various organizations were during working hours. All the participants were briefed about the purpose of the study and their consent was sought. Questionnaires were given to them to be completed.

3.6 Data Analyses

Each of the variables was divided into two categories: "no support" and "got support" for support; "less satisfied" and "more satisfied" for satisfaction; and "less committed" and "more committed" for commitment. To do this, the support variable had four items measured on seven point scale, so that any subject/participant whose total score on the scale was below 16 (*i.e.* 4x4) was considered as having no support and above 16 was considered as having got support. Same criteria was applied for commitment and satisfaction scales. Thus, for satisfaction a score below 72 (*i.e.* 4x18) was considered as less satisfied and above 72, more satisfied because there are 18 items on the scale. The cut off point for the commitments scale was 24 (*i.e.* 4x6) for less or more committed because there were 6 items on the scale. These categorizations were used to obtain the frequencies for the various sub-categories. Chi Square tests were then done to ascertain the significance of the differences observed among the frequencies to test all the hypotheses with the help of SPSS for windows, version 16.

4. Results

This section presents the results of the various hypotheses raised in this study. The independent variable is the social support (from spouse, family members, care givers and colleagues at work) and the dependent variables tested were job satisfaction and organizational commitment.

Table 1; represent the summary of demographic data of the mothers. The minimum age obtained for the mothers was 24 years and the maximum age being 41. The age of last born of the mothers at the time of the study was 3months and the maximum age of last born was 12 months with the mean age of 8.7 months old.

=INSERT TABLE 1=

Results from table 3 indicated clearly that, 91.4% of the respondents who had support from either their spouses or any family members were more satisfied with their work than those who got no support but were satisfied with their

work scoring 31.2%. It was clear from the result that only 8.6% of the mothers reported not to be satisfied with their work even though they were getting spousal or family members support. It was concluded from the result obtained that breastfeeding mothers who get support from spouses or family members get satisfied with their work. Therefore, Hypothesis one (H1) which stated that, breastfeeding working mothers who get support from husbands and close family members will be more satisfied with their work than those who do not get support. This particular hypothesis was supported. The p-value obtained was .000 which is less than .05 which means that, breastfeeding working mothers who had their husbands supporting them or other family members taking care of their babies when they returned to work were more satisfied with their jobs than those who did not get support from their spouses and family members.

=INSERT TABLE 2=

=INSERT TABLE 3=

With regard to spousal and family members support and organizational commitment, it can be seen from table 4 that, 59.6% of the respondents indicated that they were committed to their jobs. For those who got support, 59.6% (n=115) indicated that they were satisfied with their jobs. This is compared with those who did not get support, representing 34.3% but indicated that they were committed to their jobs. In sum, majority of the mothers who got the support reported to be more committed to their work. Hypothesis two (H2) states that, breastfeeding working mothers who get support from husbands and close family members will be more committed to their work than those who do not get support. This very hypothesis was also supported. It was significant because the p-value obtained was .002 and is less than .05. It implies that, breastfeeding working mothers who had either their husbands or other family members assisting them with their child care when they return to work after maternity leave appeared to be more committed to their work than those mothers who lack this kind of family support.

=INSERT TABLE 4=

It can be seen from the table 5 that 146 (69.2%) out of 260 are satisfied with their work. 30.8% of the respondents reported to be less satisfied even though they got support. It is very clear that, majority of the mothers who reported to have support, appeared to be more satisfied than those who lack this kind of support. Therefore, Hypothesis three (H3) which also stated that, breastfeeding working mothers who get support from care givers (baby sitters or house helps) will be more satisfied with their work than those who lack this support. The p-value obtained for this very hypothesis was .000 and is also less than .05. This means that, hypothesis three (H3) was significant, which implies that, breastfeeding working mothers who left their babies with care givers or baby sitters were satisfied with their jobs.

=INSERT TABLE 5=

Evidence from table 6 reveals that, only 27.5% of the respondents who had support from care givers reported to be committed to their work. On the other hand, 72.5% reported not to be committed with their jobs even though they were getting support from care givers (house help). However, it was hypothesized in Hypothesis four (H4) that, breastfeeding working mothers who get support from care givers (baby sitters or house helps) will be more committed to their work than those who lack this support. The p-value was 1.000 which is more than .05. This means that, breastfeeding working mothers who had the only option left to send their babies to care takers or baby sitters or to leave babies at home in the hands of house helps appeared not to be committed to their work.

=INSERT TABLE 6=

A glance at table 7 shows that mothers who had support from colleagues at the workplace were 133 out of 260 respondents. 66.2% of the mothers who received support from colleagues reported to be satisfied with their work. It was hypothesized in hypothesis five (H5) that, breastfeeding working mothers who get support from colleagues at the workplace will be more satisfied with their jobs than those who do not get such supports. Again, this very hypothesis was supported. The p-value obtained was .001. The result indicated that, mothers who had support from their colleagues at the work place scored high on the job satisfaction scale than those who were not supported by their colleagues.

=INSERT TABLE 7=

Table 8 shows that, 56.7% (n=101) who had support from colleagues reported to be less committed. Only 43.3% (n=77) of the respondents with support reported to be committed. However, the total number of respondents who appeared not to be committed was 163 representing 62.7%. It was hypothesized in hypothesis six (H6) that breastfeeding working mothers who get support from colleagues at the workplace will be more committed to their jobs than those who do not get such supports. Hypothesis 6 was not supported. It was not supported because the P-value

obtained was 1.000 which is more than .05. This means that breastfeeding working mothers who got support from colleagues were not committed to their jobs.

=INSERT TABLE 8=

5. Discussion

Killiath (2004) concluded that, social support facilitates employee's job satisfaction which in turn will have a positive effect on the experience of wellbeing. This study agrees with Killiath (2004) conclusion on his study. Breastfeeding working mothers who had social support being it support from spouse, family members, colleagues at the workplace and care givers appeared to be more satisfied with their jobs than those who lack these facilities. Lee and Choo (2001) made it clear in their study that mothers who get family support are able to minimize fatigue that sets in. An employee is more likely not to be satisfied with the kind of work she does if she does not get any kind of family support after her maternity leave. She is also less likely to be committed to the activities of the organization. It follows therefore that, breastfeeding mothers who lack social support are more likely to be less satisfied with their jobs and also less committed to their work than those who get social support. Hypothesis one, two and four supported Lee and Choo, 2001 and Killiath, 2004 study. These findings are also in support of Bernas and Major (2000) and Meyerink and Marquis (2000) findings, which revealed that spousal support help working mothers to be less stressed and are able to combine work and family demands effectively. When mothers are able to meet the demand as a mother and as a worker they get committed to their work and also become satisfied with their work. This implies that spousal support contributes to breastfeeding working mothers' commitment and satisfaction levels.

One can conclude that, when these mothers get support and can practice exclusive breastfeeding they will become committed and satisfied with their jobs since they would be more comfortable leaving their babies in the hands of other people. In this particular study, hypothesis three states that breastfeeding working mothers who leave their babies in the hands of care givers (house helps) will be committed to their work. This particular hypothesis was not significant. The reasons for this result could be that the mothers do not trust these care givers (house helps) and therefore could not fully commit themselves to any activity of the organization but rather sneaked out constantly to attend to their kids or absented themselves more often from work. The commitment levels among these mothers who had support from only care givers was very low as compared to those who had support from spouses or other family members.

6. Conclusions

Based on the statistical analysis of the data, a primary conclusion is that social support does have an influence on breastfeeding working mothers' job satisfaction and their level of commitment to their work. To ensure that the Healthy People 2010 goal for breastfeeding is achieved, which is (75% to breastfeed in the hospital and 50% to continue breastfeeding up to 6 months). Therefore, programs designed to support working mothers who choose to breastfeed must be continued and strengthened. This study revealed that, social support for breastfeeding mothers is vital in their attempt to continue the practice of exclusive breastfeeding. One cannot under estimate the fact that, the challenges that breastfeeding working mothers face at home can be transferred to the workplace. This study has shown the importance of social support for breastfeeding working mothers especially those who want to continue the practice of exclusive breastfeeding when they return to work after their maternity leave. It was very clear that when mothers get social support at home and also support from colleagues at the workplace, it contributes to their commitment and satisfaction level with their jobs. The societal implications are such that, spouses should be encouraged to support their wives since breastfeeding working mothers face a lot of challenges in their attempt to combine work with breastfeeding especially in situations where employers do not provide workplace facilities to assist them. Therefore, spouses should begin to make that attempt or continue to support mothers with child care. Policy makers in Ghana should begin to think about paternity leave since the support from husbands can reduce women's fatigue and hence contribute to their commitment and job satisfaction levels. The managerial implications here are such that if organizations want to maintain its skillful employees then they should create rooms where colleagues can assist breastfeeding mothers. Again, managers are to educate all employees about the need to accept these mothers and understand the situation in which they temporarily find themselves. When employees understand that breastfeeding mothers go through a lot of challenges, they will be in the right frame to assist them when the need arises which will help the mothers come to belief that the whole organization cares about them. Finally, it is suggested that, employers in Ghana should educate employees by involving lactation consultants to educate the women about some possible ways of combing work with breastfeeding and also about the importance of breastfeeding to the mother and the child.

7. Recommendations

The study should be replicated by other researchers in other part of the world in order to strengthen the foundation for interpreting results. A replication of the study should be samples drawn from different organizations that would

provide additional insights into the effect social support could have on breastfeeding mothers. Researchers investigating these factors should conduct such studies among mothers who had breastfed before and did not get support and also they should involve mothers with multiple babies. This would limit the level of bias that the research environment could have on the data being generated. Also such studies must cover government roles in supporting breastfeeding working mothers.

This very study identified some independent variables and looked at how the absence or the presence of social support can affect them. Further research can be done to find out whether the absence or the presence of social support does affect breastfeeding working mothers work involvement.

Also, management of organizations should educate breastfeeding mothers about the best way they can get their colleagues to assist mothers and also stress on the importance of getting spousal or family members support before they resume duty after maternity leave.

In addition, organizations should allow family members to bring babies to the workplace for mothers to breastfeed them since it contributes to the mothers' satisfaction and commitment levels. When these mothers are satisfied and committed to their work, they are more likely to increase their work output which will go a long way to benefit organizations.

Finally, it is recommended that, employees should look at all possible support that they can get and choose the best one which will be suitable for them and can contribute to their job satisfaction and commitment levels before they return to work.

References

- Allen, N. J. & Meyer, J. P. (1990). The measurement and antecedent of affective, continuance and normative commitment to the organization. *Journal of Applied Psychology*, 35, 1-18.
- Anderson, S. E., Coffey, B. S., & Byerly, R. T. (2002). Formal organizational initiative and formal workplace practices: Links to work-family conflict and job-related outcomes. *Journal of Management*, 28(6), 787-810.
- Arnott, C. (1972). Husbands' attitude and wives' commitment to employment. *Journal of Marriage and the Family*, 34(1), 673-684.
- Aryee, S. (1992). Antecedents and outcomes of work-family conflict among married professional women: Evidence from Singapore. *Journal of Human Relations*, 45(2), 813-837.
- Bedeian, A. G., Burke, B. G., & Moffett, R. G. (1988). Outcomes of work-family conflict among married male and female professionals. *Journal of Management*, 14(3), 475-491.
- Berkowitz, A., & Perkins, H. W. (1984). Stress among farm women: Work and family as interacting systems. *Journal of Marriage and Family*, 46(1), 161-165.
- Bernas, K. H., & Major, D. A. (2000). Contributors to stress resistance: Testing a model of women's work-family conflict. *Psychology of Women Quarterly*, 24(1), 170-178.
- Beutell, N. J., & Greenhaus, J. H. (1982). Interrole conflict among married women: The influence of husband and wife characteristics on conflict and coping behavior. *Journal of Vocational Behavior*, 21(1), 99-110.
- Brayfield, A. H. and Rothe, H.F. (1951). An index of job satisfaction. *Journal of Applied Psychology*, 35, 307-311
- Britton, C. & McCormick F.M. (2007). *Support for Breastfeeding Mothers* (Review). The Cochrane Collaboration.
- Burke, R. J., & Greenglass, E. R. (1999). Hospital restructuring, work-family conflict, and psychological burn-out among nursing staff. *Journal of Occupational Health Psychology*, 4(4), 327-336.
- Cardenas, R., & Major, D. (2005). Combining employment and breastfeeding: Utilizing a work-family conflict framework to understand obstacles and solution. *Journal of Business and Psychology*, 20(1), 31-59.
- Eagle, B. W., Icenogle, M. L., Maes, J. D., & Miles, E. W. (1998). The importance of employee demographic profiles for understanding experiences of work-family inter role conflicts. *The Journal of Social Psychology*, 138(6), 690-709.
- Erdwins, C. J., Buffardi, L. C., Casper, W. J., & O'Brien, A. S. (2001). The relationship of women's role strain to social support, role satisfaction, and self-efficacy. *Journal of Family Relations*, 50(3), 230-238.
- Frone, M. R., Russell, M., & Cooper, M. L. (1992). Antecedents and outcomes of work-family conflict: Testing a model of the work-family interface. *Journal of Applied Psychology*, 77(1), 65-78.
- Ghana statistical service (2008). Ghana living standard survey.

- Glass, J. & Estes, S. (1997). The family responsive workplace. *Annual review of sociology*, 23(1), 289-314.
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources and conflict between work and family roles. *Academy of Management Review*, 10(1), 76-88.
- Grummer-Strawn, L., M. (2010). Effort and leadership on breastfeeding. *Breastfeeding medicine: Journal of the Academy of Breastfeeding Medicine*, 5, 207-8.
- Higgins, C., & Duxbury, L. (1992). Work-family conflict: A comparison of dual-career and traditional-career men.. *Journal of Organizational Behavior*, 13(4), 389-411.
- Johnston, M., & Esposito, N. (2007). Barriers and facilitators for breastfeeding among working women in the United States. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 36(1), 9-20.
- Killiath, J. (2004). Effect of work-family conflict. *Journal of Applied Psychology*, 19(4), 19-28.
- Kim, J. L. S., & Ling, C. S. (2001). Work-family conflict of women entrepreneurs in Singapore. *Women in Management Review*, 16(5), 204-221.
- Kim, S.W. (1996). *Employee intent to stay: The case of automobile workers in South Korea*. Belmont: Wadsworth Publishing Company, 16-18.
- Kirrane, M., & Buckley, F. (2004). The influence of support relationships on work-family conflict: Differentiating emotional from instrumental support. *Equal Opportunities International*, 23(1/2), 78-88.
- Kresheena, T. (2009). *Breastfeeding for the Working Mom: Continue Nursing After Maternity Leave* <http://www.suite101.com/content/breastfeeding-for-the-working-mom-a131128#ixzz1B39SiuHQ>.
- Lee, J. S. K., & Choo S. L. (2001). Work-family conflict of women entrepreneurs in Singapore. *Women in Management Review*, 16(5), 204-221.
- Meyerink, R. O., & Marquis, G. S. (2002). Breastfeeding initiation and duration among low- income women in Alabama: The importance of personal and familial experiences in making infant feeding choices. *Journal of Human Lactation*, 18(1), 38-45.
- O'Driscoll, M. P., Brough, P., & Kalliath, T. J. (2004). Work/family conflict, psychological well-being, satisfaction and social support: A longitudinal study in New Zealand. *Equal Opportunities International*, 23(1/2), 3656.
- Population Reference Bureau. (1999). *Breastfeeding Patterns in the Developing World*. Washington, DC: United States Agency for International Development.
- Sika-Bright Solomon (2010). *Socio-Cultural factors influencing infant feeding practices of mothers attending welfare clinic in Cape Coast*. Retrieved from: <http://www.ifra-nigeria.org/IMG/pdf/Sika.pdf>.
- Thompson, P., & Bell, P. (1997). Breastfeeding in the workplace. How to succeed! *Issues in Comprehensive Pediatrics Nursing*, 20, 1-9.
- Thomas, L. T., & Ganster, D. C. (1995). Impact of family-supportive work variables on work-family conflict and strain: A control perspective. *Journal of Applied Psychology*, 80(1), 6-15.
- Van Esterik, P. (2002). Contemporary trends in infant feeding research. *Annual Rev. Anthropology* 3(1) 257-278.
- World Bank (2010). *Gender and disparities*. <http://www.ghanabusinessnews.com/2010/11/03/Ghana-scores-high-in-study-of-gender-in-labour-markets/>.

Table 1. Demographic data of participants.

Demographic characteristics	Minimum	Maximum	Mean	Standard Deviation
Age of Mothers	24	41	32.2	8.8
Number of Children	1	6	2.2	1.2
Age of last born of Children	3 months	12 months	8.7m	8.2

Table 2. Summary of chi square results of the test of hypotheses.

Hypothesis	F- Value	DF	Asymp. Sig.(2-Sided)
Hypothesis 1	20.093	1	.000
Hypothesis 2	.043	1	.002
Hypothesis 3	20.021	1	.000
Hypothesis 4	7.71	1	1.000
Hypothesis 5	15.431	1	.001
Hypothesis 6	.048	1	1.000

Table 3. Spousal and family members support and job satisfaction

Job satisfaction	no support		got support		total	
	N	%	N	%	N	%
Less satisfied	99	47.3	10	8.6	109	41.9
More satisfied	45	31.2	106	91.4	151	58.1
Total	144	100	116	100	260	100.0

Table 4. Spousal and family members support and organizational commitment

Commitment	no support		got support		total	
	N	%	N	%	N	%
Total	67	100	193	100	260	100
Less committed	44	65.7	78	40.4	122	46.9
More committed	23	34.3	115	59.6	138	53.1
Total	67	100	193	100	260	100

Table 5. Care givers support and job satisfaction

Commitment	no support		got support		total	
	N	%	N	%	N	%
Less satisfied	32	65.3	65	30.8	97	37.3
More satisfied	17	34.7	146	69.2	163	62.7
Total	49	100	211	100	260	100

Table 6. Care givers support and organizational commitment

Commitment	no support		got support		total	
	N	%	N	%	N	%
Less committed	44	73.3	145	72.5	189	72.7
More committed	16	26.7	55	27.5	71	27.3
Total	60	100	200	100	260	100

Table 7. Colleagues support and job satisfaction

Commitment	no support		got support		total	
	N	%	N	%	N	%
Less satisfied	32	54.2	68	33.8	100	38.5
More satisfied	27	45.8	133	66.2	160	61.5
Total	59	100	201	100	260	100

Table 8. Colleagues support and organizational commitment

Commitment	no support		got support		total	
	N	%	N	%	N	%
Less committed	62	75.6	101	56.7	163	62.7
More committed	20	24.4	77	43.3	97	37.3
Total	82	100	178	100	260	100