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Waterhouse, Philippa, Bennett, Rachel ORCID: 0000-0002-5780-8786, Guntupalli, Aravinda and Mokomane, Zitha (2022) Combining Economic Work and Motherhood: Challenges Faced by Women in Sub-Saharan Africa. In: The Palgrave Handbook of Global Social Problems. Palgrave Macmillan, pp. 1-19.

Official URL: <https://link.springer.com/referencework/10.1007/978-3-030-68127-2#about>

EPrint URI: <https://eprints.glos.ac.uk/id/eprint/10939>

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Combining economic work and motherhood: challenges faced by women in sub-Saharan Africa

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Abstract

Women's participation in the labour force can be a vehicle for gender equality and female empowerment. Female labour force participation in Sub-Saharan Africa is relatively high, but one key barrier for women realising their full potential in the labour market in Sub-Saharan Africa is the challenges associated with combining economic work and motherhood. Women's role as workers can play an important role in economic development and poverty reduction, whilst their role as mothers can be critical to the achievement of goals related to children's health and development. This chapter provides a review of existing knowledge and literature on challenges faced by women in SSA in combining economic work and motherhood. In doing this chapter will focus on three driving questions: (1) How do working mothers navigate childcare? (2) What are the consequences of women combining work and motherhood for maternal and child wellbeing?, and (3) What are the gaps in social protection for parents, particularly working mothers? A context-specific evidence-base is required for the development of policy, and this chapter concludes with a call for such research in SSA which pays particular attention to the barriers faced by women working in the informal sector in balancing their multiple roles and evaluations of interventions to facilitate the reconciliation of work and family for women.

Key words: work-family interface; work-family conflict; female labour force participation; childcare; sub-Saharan Africa

Introduction

Female labour force participation is prominent in international policy discussions, being viewed as central for achieving gender equality, female empowerment and economic growth (Verick 2014). Yet the extent to which policy discussions take an integrated approach, recognising the reality of women's dual roles of mothers and workers is highly variable. A substantial increase in female labour force participation since the mid-twentieth in high-income countries has contributed to the growth in interest and research on the work-family interface (see Eby et al. 2005 for review). Experiences of combining work and family are intertwined in socio-cultural and economic contexts, and thus it is unclear how findings from high income contexts translate to low- and middle-income countries. Sub-Saharan Africa (SSA) has been identified as a region where there is a paucity of research on this topic despite having relatively high female employment rates. Strong norms of extended family support, particularly for childcare, and the dominance of the informal labour sector in the region have often led to an assumption that mothers are able to combine work and family, yet an emerging body of

research has questioned this compatibility. Given the dearth of focus on the work-family interface of working women in SSA, this chapter will provide a review of existing knowledge and literature in relation to challenges faced by women in SSA in combining economic work and childcare.

Mothers, motherhood and mothering in sub-Saharan Africa

SSA is the world region with the highest total fertility rate (TFR), a hypothetical measure of the number births that a woman could be expected to have if she were subject to a period's age-specific fertility rates over her lifetime – with a figure of 4.7 in 2018 (World Bank 2020a). This regional picture however hides important variations in current fertility rates with the region (Figure 1).

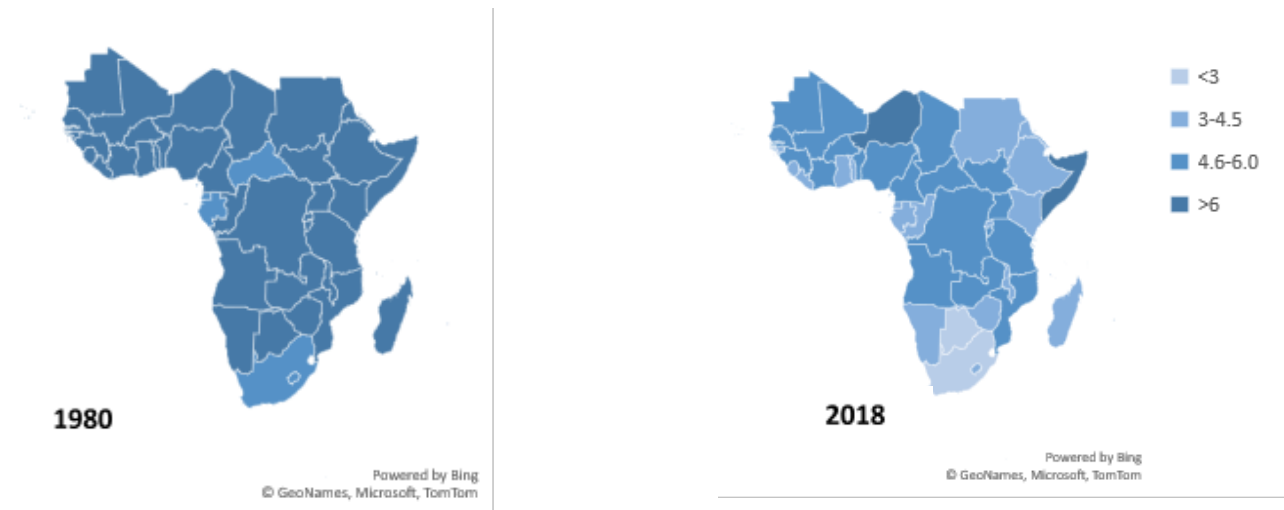


Figure 1: Total fertility rate in sub-Saharan African countries, 1980 and 2018 (Own presentation of data available from World Bank 2020a)

Despite declining TFRs, generally countries in SSA have a pro-natalist culture as indicated by relatively high reported ideal family sizes of women captured by Demographic and Health Surveys, although this can be subject to rationalization bias (Bongaarts and Casterline 2013). Biological motherhood is important for female identity formation with the bearing of children being a marker of full womanhood (for example, Sennott and Mojola 2016). Questions have been raised about whether biological motherhood has the same importance for urban and/or more highly educated populations. Johnston-Hanks's (2005) study of educated women in Cameroon, and qualitative fieldwork among infertile women in urban SSA areas (e.g. Hollos and Larson 2008; Dierckx et al. 2018), however, indicates the value placed on children and the importance of the motherhood role among these groups.

Traditionally, there has been a socially distributive model of childrearing in SSA, whereby the activities of mothering, caring and nurturing of children are shared collectively with kin. Extended family support has been extensively documented in the past (for example, Caldwell and Caldwell 1987; Lloyd and Blanc 1996). However, it is argued that demographic, economic and sociological changes are weakening family ties and changing normative support for child rearing (Mokomane 2013). Gabrelli et al.'s (2018) analysis of household composition in ten countries across SSA reveals nuclear households have increased in proportion over the past two decades, however a considerable proportion of households still take the form of the extended family - with the predominance of this household type varying by ethnicity and geographical location.

Associated with the concepts of mothers and mothering is motherhood. Motherhood, the role associated with the occupancy of the social position of a mother, is culturally situated and diversity

exists between countries, ethnic groups and social classes and according to women's circumstances. Indeed, Abrams' (2017) study of motherhood in South Africa illustrates how conceptions of motherhood are informed by one's race, education and upbringing. In urban Ghana among women working in the informal sector, Clarke (1999) and Waterhouse et al. (2017) found women's economic work was central to the meaning of motherhood, with mothers' income generation and being able to provide for their children being an important part of their roles as mothers. Yet, in contrast, Oppong's (2004) study of nurses and teachers in middle class families in Ghana described how difficulties balancing children and economic work resulted in women withdrawing from the labour force to provide physical care for their children.

Although fertility rates have declined and there is diversity within the region, being a biological mother is the majority experience for women in SSA. There are challenges to extended family support, yet family involvement remains important to childrearing.

Women's Work in Sub-Saharan Africa

In addition to being a high fertility context, SSA is also the world region with the highest female labour force participation rate – averaging 61% in 2020 compared to the global average of 47% (World Bank, 2020b). There is diversity within the region, with female labour force participation in 2020 ranging from as low as 22% in Somalia to more than 80% in Madagascar and Rwanda (see Figure 2). However female labour force participation is higher than the global average in over three quarters of countries in the region with available data. The high female labour force participation is linked to the reality that 41% of the population of SSA live in extreme poverty, defined here as living on less than 1.9 international dollars per day (Roser and Ortiz-Ospina 2019). This means it is often the case that women simply cannot afford not to work (Comblon et al., 2017). However, labour force participation in itself does not provide an escape route from poverty: 63% of working women in the region live in poverty (ILO 2018a). Whilst a factor in women's (and indeed men's) work globally, these elements of economic necessity are important distinguishing factors for understanding, theorising and designing interventions for work-family challenges relative to the dominant discourse on these challenges from the dominant perspective of high-income regions.

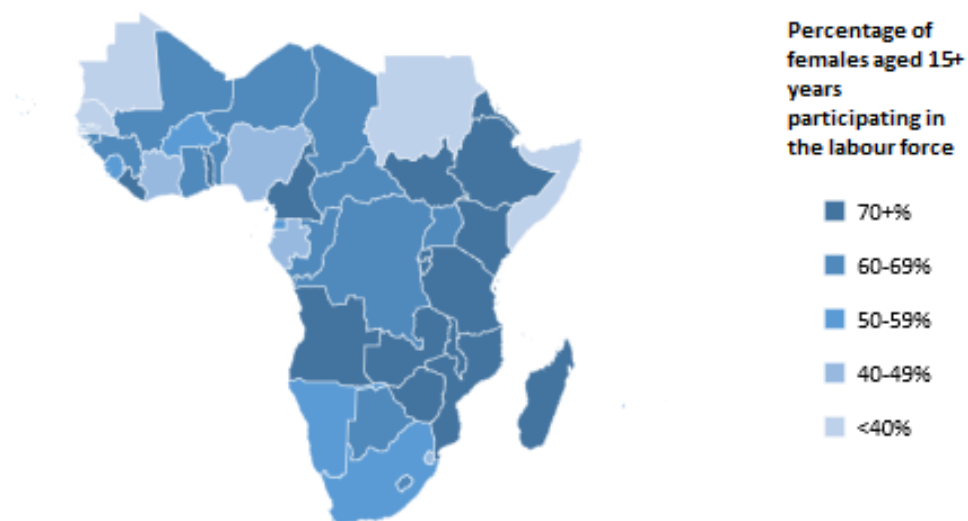


Figure 2: Female Labour force participation in Sub-Saharan African countries, 2020 (Own presentation of data available from World Bank (2020b))

At an aggregate level, female labour force participation in SSA predominately translates into smallholder agriculture and informal self-employment (Chakraverty et al. 2017). Figure 3 shows SSA is the region with the lowest level of female employment in waged positions. In their analysis of women’s opportunities and challenges in SSA job markets, Toujas-Bernate (2016) identify higher education is key to access to wage employment, but that even with higher education, waged employment opportunities diminish for women once they marry. Informal opportunities are predominately focused in the services and agricultural sector, with significant diversity within the region (Medina et al. 2017).

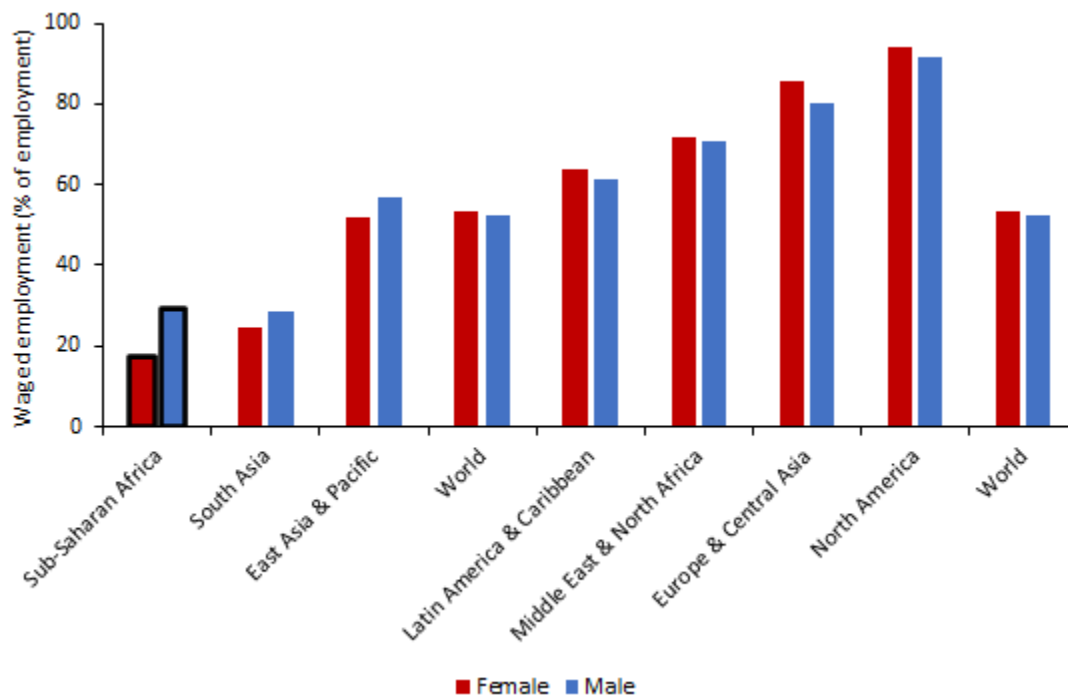


Figure 3 Wage and salaried workers (% of employment) by gender and world region, 2018 (Own presentation of data available World Bank (2020e))

Just over half of both working men (53%) and women (52%) in the region are engaged in agricultural activities (World Bank 2020c; World Bank 2020d). There are a few outliers which have much higher concentrations of female employment in agriculture, for example, Burundi, Somalia, the Central African Republic and Mozambique agricultural activities account for at least four fifths of female employment (ibid). There is also much lower than the regional average engagement in agricultural activities in Southern Africa and parts of West Africa, for example, agriculture accounts for just 4% of female employment in South Africa and 17% in Burkina Faso (ibid). Engagement in agricultural work is high in rural areas and is predominately ‘own account’ rather than waged employment, with scarce opportunities for waged agricultural employment more common amongst men than women (FAO, IFAD & ILO 2010). A body of evidence points to a significant gender gap in agricultural productivity in the region, with female farmers producing lower yields compared to their male counterparts (O’Sullivan et al. 2014; Oseni et al. 2015) with drivers of the gender gap being linked to access to female access to family labour in situations of divorce, separation and widowhood; women’s poorer access to credit and land; social norms which influence the type of crops farmed by gender and time available for farming due to care and domestic responsibilities (Rodgers and Akram-Lodhi 2019). Women may also juggle more than one income generating activity, especially those involved in

agriculture where work may be seasonal (FAO, IFAD and ILO 2010). For example, Carswell's (2002) study with an agricultural community in Southern Ethiopia revealed that just less than half of women reported having more than one work activity. Whilst engaging in multiple livelihood strategies may be theoretically linked to spreading risk, it is often the poorest households which rely on more than one income source (Devereux 2006). A large share of women engaged in informal work outside agriculture are engaged in services such as retail trade, and it is relatively rare for women to be micro-entrepreneurs who hire others (Chen 2008). Evidence suggest that enterprises owned by women are less successful than those owned by men, linked to contextual factors such as legal rights and social norms, disparities in education and skills, confidence, finance and assets and social networks and information and biases in the allocation of household resources (Campos and Gassier 2017).

Thus, although participation in the labour market is high for women there are significant gender inequalities in the quality of economic opportunities, and, similar to the picture for men, there are few opportunities for waged work.

How do working mothers navigate childcare?

Drawing on data from 31 low and middle income countries (LMICs), including SSA countries, UN Women (2015) identified that the main childcare strategies employed by working women with young children are to (a) care for children simultaneously to working (39%), (b) rely on family, friends or neighbours (49%), and (c) use organised childcare or domestic workers (8%). Similar strategies have been noted by local studies in SSA (for example, see Clark et al. (2018); Horwood et al. (2019); Quisumbing et al. (2007)). There are, however, important variations in predominant childcare strategies used by women. For example, Quisumbing et al.'s (2007) study in Accra, Ghana, found strategies vary by the nature of women work; whilst office workers were most likely to use creches, mothers who's location of work was markets or street selling were equally likely to look after their children whilst working or to use an alternative caregiver such as a friend or family member. Whilst grandmothers are an important source of family care, siblings can also be an important care-provider but differences exist by geographical location. For example, Young Lives data in Ethiopia indicate that a greater percentage of girls aged 13 to 17 years resident in rural areas are involved in care work compared to their urban counterparts (Samman et al. 2016). The use of domestic workers, often young females, is mainly an urban phenomenon among the wealthiest household (UN Women 2015).

The limited research on childcare in the region suggests that a diversity of strategies are being used by working women to manage their multiple responsibilities, yet it is clear that many women experience challenges and often are not using their preferred option. For example, drawing on survey data, Bhatkal (2014) found that the majority of women asked in Liberia (91%), Kenya (82%) and Senegal (72%) stated they faced constraints relating to childcare. Studies from Kenya (Clark et al. 2018), Ghana and South Africa (Moussie and Alfors 2018) document how childcare can prevent women from seeking more profitable, long-term and secure employment, and they are forced to 'choose' informal employment in order to care for their children. Despite this, in the past childcare has been relatively invisible on international development agendas (Esplen 2009). More recently, however, early childhood development and care has been increasingly become more prominent being seen as a priority area for the achievement of the United Nation's Sustainable Goals due to the strong evidence base of the links between early childhood and future wellbeing (Black et al. 2017). Sustainable Development Goal 5.4 also commits member states to '*Recognize and value unpaid care and domestic work*' (United Nations 2020). Whilst there is growing recognition of the importance of childcare, there has been limited translation into public spending. Furthermore, investment has focused on pre-primary education to the relative neglect of childcare programmes for infants and young children. (ILO & WIEGO 2020a)

Scholars have noted that the dominance of informal sector work for women in the region, as well as systems of extended family support, often leads to an assumption of the compatibility of women's economic work with childcare (Cassirer and Addati 2007; Clark et al. 2019). Qualitative evidence collected from women working in the informal sector in SSA contests this assumption with examples of challenges around breastfeeding and the distraction of children having consequences for productivity, loss of custom and income (Clark et al. 2018; Moussie and Alfers 2018; Waterhouse et al., 2017). Childcare can also prevent women entrepreneurs from expanding their business through limiting them to certain locations to be close to home or limiting their possible hours of work (Adom et al. 2017; Marcucci 2001; Moussie and Alfer 2018). Indeed, in their study located in urban Ghana and South Africa Moussie and Alfer (2018) note that for women in trading occupations, the best time for trade in the early morning or evening is often when women's work is interrupted due to childcare. Further, Rodgers and Akram-Lodhi (2019), based on analyses in Ethiopia, Malawi and Tanzania, note that care responsibilities means female farmers can invest less time in their work than male farmers. In addition to the experience of conflict from the direction of childcare to work, mothers' work environments can affect the quality of care they provide. Depending on their occupation some women work in potentially dangerous work environments, for example by busy roads, using hazardous equipment (for example, hot stoves), in extreme weather, or where there is exposure to pesticides, which can put children at risk (Waterhouse et al. 2017; Marcucci 2001).

The assumption of extended family support with childcare is also increasingly being questioned and challenged. For example, Clark et al.'s (2017) study of nearly 500 single mothers in Nairobi, Kenya, found that just over one-third of women reported no support from kin regarding childcare. Whilst this estimate is based on mothers' self-reports and could reflect some bias, it provides evidence that suggests not all mothers are able to draw upon family support. Hatch and Posel's (2018) analysis of a nationally representative dataset of South Africa revealed that only approximately one-quarter of children aged 14 years and under have one care-giver and who receives no assistance with childcare. The provision of extended family support with childcare is becoming more complicated, and in some circumstances restricted, due to social, economic and demographic changes.

First, the availability of kin to provide care can be influenced by health of kin. Non-communicable diseases (NCDs) are increasing in prevalence in the general adult population, associated with lifestyle changes and population ageing and increasing life expectancy. Indeed, across the period from 1990 to 2017 age disability-adjusted life years lost due to NCDs increased by over two-thirds (67%) in SSA (Gouda et al. 2019). Vollmer et al. (2016) also discusses health consequences of the ageing of those living with HIV and the association of antiretroviral therapy with NCDs. Late or undiagnosed conditions are further increasing ill-health through increasing the risk of complications. Second, migration is complicating patterns of childcare. With increasing poverty and unemployment, migration in SSA has become feminised (Adepoju 2002). This female migration may take the form of intra-country migration from rural to urban areas or be international migration to other SSA countries or world regions. Migration can reduce assistance with childcare through increasing geographical proximity between kin (Clark et al. 2017). However, there are examples where childcare assistance by kin is vital for the economic strategies of working mothers. The case of South Africa for example, rural-urban migration of mothers without children is not uncommon, resulting in 'stretched households' occupied by grandparents, grandchildren and others (Hall and Posel 2019).

From a structural perspective economic and educational factors are also affecting the availability of family to provide childcare. The limited availability of kin due to increased educational enrolment of siblings and increased work commitments of adult kin can result in working mothers having to piece together several forms of support (Waterhouse 2015). Nonetheless, in Clark et al.'s (2017) study of kin support in Nairobi, Kenya, unemployed kin were not more likely to provide childcare – however, rather than attributing this to the availability of working kin, the authors note that unemployed kin may be restricted in their ability to provide care due to looking for work or having health issues. In addition to constraints faced by kin in their ability to provide care, it has also been argued that social

and cultural norms around kin assistance are evolving. Both Myroniuk et al. (2016), in the context of Malawi, and Kasper et al. (2015), in rural Tanzania, note that altruism is a key reason for kin provision of support, with there being expectations of reciprocal support. Indeed, in Moussie and Alfers's (2018) study of street food vendors in South Africa and Ghana the need to recompensate family members for providing childcare was highlighted. This can result in tension and conflict where there is a mismatch of expectations. For example, women in Clark et al.'s (2018) study in Kenya noted the conflict with caregivers could happen where there was dissatisfaction with the frequency they were needed and where caregivers felt there was a lack of compensation.

There is clearly an unmet need for accessible, affordable and high-quality formal childcare services in SSA. Use of organized childcare services remains low (UN Women 2015). Given lack of government support and the low and variable pay many women often receive for their work cost and availability are significant concerns. United Nations Development Programme nationally representative surveys asked women whether childcare was a constraint to achieving their livelihood ambitions. Amongst women who identified childcare as a constraint, cost of childcare was a prominent issue in Kenya (38% of rural and 42% of urban women cited it), Liberia (50% of rural and 32% of urban women cited it) and Mozambique (47% of rural and 26% of urban women cited it) (Bhatkal 2014). Yet, cost is not the only barrier for women using organized childcare. Research in Ghana, South Africa and Kenya have noted women's concerns about the quality of care provided by some centres (Clark et al. 2018, Moussie and Alfer 2018; Waterhouse et al. 2017). A hybrid of childcare services exists run by a variety of actors, including government, workers' organisations, non-governmental organisations, community and faith-based organisations, private providers and employers (ILO and WEIGO 2020b). Not all organised childcare provision is registered, and consequently variation exists in the standards of infrastructure, training and qualification of staff and care provider to children ratios affecting the quality of care provided to children, but also the working conditions of providers.

The literature reveals use of a diverse set of strategies amongst working mothers in SSA to combine their work and childcare responsibilities, yet their choices may be constrained. The nature of family support is evolving reflecting demographic and socio-economic changes. Research is challenging the assumption of the compatibility of informal work and childcare, highlighting potential work impacts.

What are the consequences of women combining work and motherhood for maternal and child wellbeing?

Early interest in multiple roles and individual health focused on possible negative consequences as hypothesised a conservation of resources approach (Hobfoll 1989). Such approaches assume that individuals' resources such as time and energy are limited, and that participation in multiple roles can be harmful to health through exhaustion of resources. Through the lens of this theory the triple burden of managing work, household chores and childcare could potentially disadvantage health of working mothers and could pose a major challenge to the wellbeing their children. In the absence of overload, participation in multiple roles can be detrimental to health through the experience of role conflict whereby participation in one role is made more difficult by the participation in a second role (Beutell and Greenhaus 1985). Where individuals perceive difficulties in performing their multiple roles this can result in strain. This perspective is countered by scholars that support the 'role enhancement' perspective (Barnett and Baruch 1985; Thoits 1983) who argue that multiple roles result in improving mental wellbeing, for example due to improved social networks, enhanced social identities and access increased income which can increase access to resources.

Becker's New Home Economic Theory has also been frequently used to theorise the relationship between women's economic work and child health outcomes. Research, however, has challenged the assumption of a unitary model of the household whereby there is consensus in decision making, preferences and pooling of household resources, or a single household member dominant decision

making. In some African societies, income from men's and women's income are not wholly pooled. For example, Arthur-Holmes and Busia (2020) qualitative interviews with women in the Prestea-Huni Valley Municipality of Ghana the influence of social norms on decisions not to pool incomes was highlighted. In contrast to the unitary model of the household, the household bargaining model assumes that households do not have shared preferences and take into account the relative position and power of household members in decision-making. Research suggests a gendered preference in spending, with a female preference for spending on food and children (for example, Arthur-Holmes and Busia 2020). Drawing on longitudinal data from South Africa, Gummerson and Schneider (2013) illustrate that in the extended family context it is not the relative share of partners' income that is important, but rather the share of controlled by all adult female relative to adult men in the household. Nonetheless, assumptions of the positive benefits of female employment on health and wellbeing via an income effect, views work as a source of female empowerment which may not always be the case. Social norms are also an important consideration in the relationship between women work and health and wellbeing, especially for children. Kevane's (1998) review of ethnic differences in Burkina Faso in norms surrounding socially acceptable economic activities of women indicates the importance of social context in influencing the bargaining position of women in the household.

There is a relative deficiency of evidence on the relationship between maternal economic activity and women's health and child health, especially in the SSA context. In some cases, where studies consider SSA, they often tend to be part of pooled studies that mostly rely on Demographic and Health Surveys. For example, Oddo (2017) pooling data from 38 LMICs found no association between maternal employment measured in binary form (yes or no) and women being overweight (Oddo 2017). However, using a more refined measure of employment, Oddo found formally employed mothers had higher odds of being overweight compared to unemployed mothers, whereas women working in informal sector had lower odds of being overweight. Considering child stunting, Burroway (2017) study of 49 LMICs similarly shows the importance of the nature of women's work, finding no association between a simplistic measure of maternal employment and stunting after controlling for economic development, but detecting important differences when using a measurement of seven occupational categories in the analysis. These studies highlight the importance of considering the nature of women's work which may reflect different work intensity or income effects.

In terms of results from empirical studies conducted in individual countries, Sackney and Sanda (2009) report the maternal role to be negatively associated with mental health as measured by symptoms of depression, anxiety and stress among women managers in Ghana. In contrast, using a more general measure of wellbeing, self-reported health, Bennett and Waterhouse (2018) found in South Africa young women whose transitions were characterised by early motherhood and economic inactivity had poor wellbeing compared to those whose pathways were characterised by combining motherhood and economic activity. Research into women's work and child health highlights the complexity in the relationship and points to the importance of factors such as kin and age of children. For example, in Nankinga's (2019) study of childhood stunting in Uganda, children whose mothers did not work for kin had higher odds of wasting and being underweight compared to children whose mothers were employed by their kin. This suggest that family employment could reduce the impact of role conflict. In terms of children's age, a greater negative impact of maternal work could be expected for younger children due to the importance of maternal time in breastfeeding and maternal income for purchase of nutritious food for children. Consistent with this, Glick and Sahn (1998) in the context of West Africa found that maternal income had a stronger positive effect for nutrition of children aged two to five years than those under two years.

The empirical literature demonstrates no clear relationship between maternal work and maternal and child wellbeing across the region, which is likely to reflect diversity in social and cultural context, and

may also be linked to methodological variations and limitations around causality and bias in some studies arising from confounding with maternal education.

What are the gaps in social protection for parents, especially working mothers?

Social protection policies relevant to working parents with regards to childrearing can be categorised into two: family leave and family allowances. The former refers to statutory maternity, paternity and parental leave. Maternity leave is granted to women before and after childbirth; paternity leave is available to fathers in the time immediately after the birth, and parental leave entitles parents of any gender to be absent from work after the exhaustion of earlier maternity and paternity leave. Family allowances, on the other hand, are cash benefits designed to support families with the costs of raising children including subsidise the costs of childcare. These can vary by age of children, family size and can be either universal or means-tested for family income. Recent evidence (for example, ILO 2017; UNWomen 2019) shows that maternity leave is the only comprehensibly available parental leave throughout SSA. However, whilst ILO's Convention 183 specifies that a woman "shall be entitled to a period of maternity leave of not less than 14 weeks" 52% of the region's countries provide less than 14 weeks (WORLD, 2020). There are, further important points that also warrant highlighting:

- *Labour market informality.* The ILO (2017) reports that only 15.8% of SSA women with new-borns receive a maternity benefit. One reason for this is the informality of many women's work as described earlier.
- *Wages.* Parental leave has been shown to be only effective, in terms of socioeconomic and health benefits, when it is paid as this reduces the economic penalties of taking time off work (UNWomen, 2019). In line with this, the ILO Convention No. 183 specifies that the cash benefit paid during maternity leave should be at least two-thirds of a woman's previous earnings – or a comparable amount if other methods are used to determine cash benefits – for a minimum of 14 weeks. Although only two countries in the region (Lesotho and Swaziland) do not have a legal obligation to provide paid maternity leave, the limited compensation (less than 100% of wages) in some countries as well as the fact that some countries place the responsibility of providing cash benefits on the employer may hamper women's use and access to maternity leave. Smit (2012) for example questions the extent to which employers in countries such as the DRC and Zimbabwe are able to pay their stipulated proportions of the employees' basic salaries, given those countries' severe socioeconomic and political problems.
- *Job security.* Parental leave with no guarantee of a job at the end of the leave has also been shown to have no significant effect (Earle et al. 2011). It is a positive aspect, therefore that legislation in most (27 of the 44) countries shown clearly stipulates that women are protected against discriminatory dismissal on account of pregnancy and are guaranteed the right to return to their jobs at the end of their maternity leave. It is of concern, however that this is not the case in 17 countries.

In addition to terms of policies upon the return of work, 72% of countries in SSA guarantee mothers breastfeeding breaks at work and in all countries except Eswatini, working mothers are guaranteed paid options to facilitate exclusive breastfeeding for at least 6 months (WORLD 2020). Despite this, a number of studies (for example, Siziba et al., 2015) have pointed to critically low rates of exclusive breastfeeding and early initiation of breastfeeding in many countries of the region. As noted previously, work conflicts can make breastfeeding difficult.

Available evidence also shows that there are major gaps in terms of parental leave and paternity leave provision in SSA. For example, 63% of countries in SSA do not provide paid paternity leave while the remaining 37% offer three weeks or less of this leave (WORLD 2020). None of the countries in SSA make any provision for parental leave. Overall, only four countries, (Mauritius, Uganda, Tanzania and South Africa), recognise paternity leave in its 'pure' form and with durations

ranging between four and 10 days. The other countries where the leave is available in some form essentially have special multi-purpose leave provisions (also of between four and 10 days in duration) that can be potentially used by fathers as paternity leave (ILO 2014). It is noteworthy, however, that these provisions are often meant for use for a broad range of other family-related eventualities such as funerals or attending to ill-family members. To this end, in terms of enabling fathers to become active and nurturing co-parents these leaves are, in practice, very short. Consistent with an observation made by Smit (2012:24) that “the debate around parental leave among policy makers in [Africa] is nothing more than a deafening silence”.

In terms of family allowances, data from the International Social Security Association (2019) shows that more than half of SSA countries provide some form of means-tested family allowance. Many governments in the region, however, lack the administrative capacity to effectively undertake means-testing, resulting in the tests and categorical targeting being inefficient in reaching the intended recipients (Kaseke 2008; Mokomane 2013). As a result, there are often errors of exclusion of those who should be receiving the transfer, and errors of inclusion of those who should not be receiving it (Mokomane 2013).

Women need to be supported in dual roles as mothers and as workers through the provision of family-friendly policies which extend to both women and men. Whilst the majority of SSA countries have provisions for maternity leave, the majority of working women in the informal labour sector are excluded from this protection potentially threatening child health and development and family income.

Conclusion and recommendation

Despite relatively high female labour force participation rates, SSA is a region where the dual role of women as workers and mothers have received relatively minimal research and policy attention. This chapter has discussed literature in relation to three key questions around how mothers navigate childcare, the consequences of combining work and motherhood for health and wellbeing and the nature and deficits of current social protection regimes. There are a number of key recommendations for future research as well as policy implications arising from this discussion.

In terms of research, there is the need for the collection of more comprehensive and integrated data on women’ work, childcare and health and wellbeing. There is a deficiency of data around childcare in SSA, with available data in nationally representative surveys and household censuses to make inferences about childcare often being restricted to household structure only. Madhavan et al. (2017) note studies interested in support and child wellbeing using such data sources are limited by their assumptions of co-residency implying support and failing to capture potential support provided by individuals beyond the household. Consequently, what is known often comes from small-scale quantitative surveys or qualitative studies limiting generalisability. Whilst comprehensive surveys exist on the nature and conditions of economic activity in SSA, the greater integration of these types of questions with surveys on childcare, health and wellbeing would allow for more nuanced analysis of the consequences and implications of maternal economic activity.

Turning to policy recommendations, there should be a focus on expanding family leave entitlement amongst informal sector workers. Paid maternity leave enables mothers to recover from childbirth and care for young infants, paid paternity leave enables fathers to actively share responsibilities for physical childcare, and paid parental leave enables parents to care for children after maternity leave has ended - each without sacrificing their income and/or livelihoods, given that benefits are at a level which ensures parents can maintain themselves and their children in proper conditions (UN Women 2019). There are examples of contributory schemes which have included informal workers particularly informal wage workers (e.g. seasonal agricultural workers), such as in South Africa, whilst non-contributory schemes can reach a broader range of informal workers such as the self-employed (e.g.

street vendors) (UN Women 2019). Investing in parental leave promotes the overall wellbeing of mothers, fathers and children and progresses access to decent work and conditions for all. In a region where the majority of workers are in the informal sector a focus on the informal sector benefits all, but particularly women, as they disproportionately work in the informal sector.

A second policy recommendation is to invest in high quality, accessible and affordable early childhood care and education. Investment in childcare is a means of supporting work-family balance and curbing gender inequality associated with women's unpaid care work (ILO 2016). There is evidence from other low- and middle-income countries that this can have a positive impact on maternal employment (see, for example, Berlinski and Galiani (2007)'s study in Argentina). Whilst the evidence base in sub-Saharan Africa is limited, a randomised control trial study in an informal settlement in Nairobi, Kenya demonstrated that providing subsidised early childcare was associated with increased maternal employment (predominately realised by married mothers) and single mothers moving to jobs with fewer and more regular hours without experiencing loss of income, thus improving their working conditions (Clark et al. 2019). Just under one fifth (19%) of the sample were recent migrants and heterogeneity analysis revealed the intervention had the same impact for them as for the whole sample, indicating its success amongst migrant as well as non-migrant mothers. In order to realise benefits, early childhood care and education needs to be adequately funded and regulated and meet the needs of working parents who may have irregular work patterns (UN Women 2019).

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