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Maternity Protection in Formal and Informal Economy Workplaces: The Case of Ghana

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(accepted for publication in World Development)

Abstract

Maternity protection (MP) in the workplace is a vital element of ensuring women's and children's wellbeing. It aims to minimize the difficulties that working women face because of giving birth and to protect the health of mothers and their babies. Most research on MP around the world is carried out in larger organizations in developed countries. This cannot be applied uncritically to developing countries, where work in small firms and the informal economy tends to dominate and enterprises are more influenced by their local communities and environment. This paper explores different forms of MP found in various forms and sizes of enterprise in Ghana. Specifically, it examines 1) how workplaces in the formal and informal economy manage MP and 2) how reciprocity shapes workers' access to the different forms of MP support. The paper draws on 63 qualitative interviews with employers and women employees across three geographic regions of Ghana. The findings show that there are a range of measures related to pregnancy, maternity leave, family-friendly flexible working conditions, breastfeeding and childcare. While large formal economy organizations mostly offer MP measures corresponding to regulatory entitlements, women working in small informal economy businesses often only benefit from informal MP support. However, neither statutory nor informal supports alone provide adequately for women's needs. The paper highlights the important roles of reciprocity and relationships built on trust as conditions for family-friendly MP provisions, particularly in the informal economy workplaces. It concludes by identifying lessons that can be learnt by both formal and informal economy businesses.

Keywords: maternity; informal; reciprocity; small firms; SMEs; Ghana

INTRODUCTION

Maternity protection (MP) is essential to minimize the difficulties and disadvantages that working women face because of giving birth and to protect the health of mothers and their babies¹. Effective MP in workplaces is also essential to attain broader social and economic development (Addati, 2015; Fallon *et al.*, 2017; Lewis *et al.*, 2014; Stumbitz *et al.*, 2018). While there is a growing interest in MP around the world, most research on MP related workplace provisions has been conducted in large firms and predominantly in high income countries (Stumbitz *et al.*, 2018). Evidence from larger organizations in developed countries cannot be applied uncritically to developing countries, where work in small firms and the informal economy tends to dominate.

This lack of research on MP in developing regions is significant, particularly (but not exclusively) in relation to the failure to meet the United Nations' Millennium Development Goal 5 (MDG5) on improving maternal health (GSS, 2013), and the need to tackle the new Sustainable Development Goal 3 (SDG3) on reducing maternal morbidity and mortality². Much of the effort to improve maternal health has been focused on enhancing regulatory frameworks and formal social protection programmes at national levels (Addati *et al.*, 2014). Although increasing women's legal entitlement

to MP provisions, the impact of policies on maternal health is limited in contexts where related laws are not fully enforced or enforceable, for example in the informal economy. This paper addresses this research gap by exploring how MP is provided in large formal and (mostly informal) small and medium-sized enterprises (SMEs) in Ghana, a Sub-Saharan country with high levels of maternal and infant mortality which has not met maternal health targets.

It is estimated that 88% of the employed in Ghana work in informal labour markets, which are predominantly made up of SMEs³, with women being more highly represented than men (GSS, 2014). It should be noted that there is no universally accepted definition of the informal economy (Babbitt *et al.*, 2015; Lloyd-Evans, 2008). In our research we define informal economy enterprises as small, unregistered private unincorporated businesses (Williams *et al.*, 2016) that do not provide written employment contracts (Osei-Boateng, 2011). Work in the informal economy can include all varieties of absence of job quality, equality and health protection, and rarely provides basic social protection (Addati *et al.*, 2014; Kumi-Kyereme & Boachie-Mensah, 2012; Akorsu, 2013). However, we also acknowledge that enterprises – regardless of their classification as formal or informal – operate at varying levels of (in)formality and that the same business can comply with formal regulations in some respects but not others (Williams *et al.*, 2016; Croucher *et al.* 2013; Marlow *et al.*, 2010; Kabear, 2008). While formality tends to increase with size (Cassell *et al.*, 2002), this process is not linear (Marlow *et al.*, 2010) and informal approaches to maternity management can be found in firms of all sizes (Stumbitz *et al.*, 2018).

This qualitative study explores current workplace MP practices on the ground in Ghana, and contributes to the existing literature on workplace MP provisions in two ways. Firstly, it focuses on a neglected population (pregnant women and new mothers working in small firms and the informal economy) and a neglected context (Ghana, a developing country) to show how MP includes both statutory elements (implemented in formal enterprises only) and discretionary practices supporting women (more evident in informal enterprises). Secondly, it highlights the importance of patterns of reciprocity in MP provisions based on ‘give and take’ by employers and employees, even when there are considerable power imbalances.

Below we first discuss MP and workplace context in more detail before developing a conceptual framework and theoretical underpinning of this study. This is followed by the presentation of the method and our empirical data on current MP practices and challenges. The final section highlights the contributions of the paper, discusses implications for theory, policy and practice related to SDG challenges, women’s livelihoods and the informal economy, and provides suggestions for future research.

Maternity protection and workplace context

MP at work is a key element of decent work and social protection and crucial to the achievement of the post-2015 global development agenda (Addati *et al.*, 2014)⁴. Since the introduction of MP by the ILO in 1919, MP legislation and related policies in line with ILO standards have been introduced in most countries but are implemented and enforced at workplace level to various extents.

Most research on MP supports at work focuses on regulatory/legal frameworks and the availability of related written organizational policies in large firms, predominantly in high income countries (Lewis *et al.*, 2014). The size of firm matters with smaller businesses, which are less likely to have written

policies, facing challenges in offering maternity leave and arranging staff cover, particularly if employers are fully responsible for the payment of maternity leave cash benefits. Smallness also has an effect on MP through the closer relationship of business owner and employee (Ram & Edwards, 2003; Stumbitz et al., 2018). However, even where formal workplace policies exist, there is widespread evidence of an implementation gap between policies and practices (Herman & Lewis, 2012; Holt & Lewis, 2011; Kossek *et al.*, 2011), largely influenced by deeply entrenched gendered organizational assumptions (Bailyn, 2011; Holt and Lewis, 2011) and attitudes to maternity at work (Gatrell, 2011).

The provision of MP on the ground is particularly limited in developing countries, where the majority of women do not benefit from legal maternity entitlements as they work in the informal economy where related regulation is poorly enforced and actions are not “undergirded by statute or law” (Mupedziswa & Ntseane, 2003: 84; Addati *et al.*, 2014; Betcherman, 2014). As a result, the most vulnerable new mothers remain unprotected and are also those most likely to be affected by maternal and child mortality and morbidity (UN, 2015a).

There is therefore a need for research on forms of non-statutory discretionary maternity protection that may be occurring in workplaces. There has been less research on these forms of ‘informal’ social protection, despite the fact that it is the only form of protection available to the majority of the population in many developing countries (Hebo, 2013; Addati *et al.*, 2014). Although not specifically focusing on MP and employer-employee relationships, there is an increasing body of literature on social protection at the community or kinship level in Africa and Asia that explicitly recognises that it comprises both formal and informal mechanisms (Hebo, 2013; Mendola, 2010; Verpoorten & Verschraegen, 2010). Informal social protection builds on traditional cultural values of mutuality, community solidarity and reciprocity and related custom-based institutions which remain strongly embedded in African culture (Mupedziswa & Ntseane, 2013; Wright *et al.*, 2015; Hebo, 2013; Keikelame & Swartz, 2017; Amdissa *et al.*, 2015; De Coninck & Drani, 2009) and other parts of the Global South (e.g. Mohanty, 2011).

This paper therefore examines the different types of MP found in formal and informal economy businesses in Ghana. Our analysis focuses on the key elements of pregnancy, including maternity leave, and the return to work, including family-friendly working conditions, breastfeeding and childcare supports (Stumbitz *et al.*, 2018; Gatrell, 2011). We also conceptualize these forms of support as fitting on a continuum from the purely statutory (formal) to the purely discretionary (informal), but recognise that there are a range of approaches to support that include elements of both, and that informal activities may be located within enterprises that we classified as formal.

Although the ILO sets international standards and statutory entitlements are set at national level, implementation and availability of MP provisions in workplaces are also shaped by a range of intersecting contextual factors (Granovetter, 1985), including employment characteristics (e.g. firm size, in/formal economy, rural/urban, un/skilled) and wider cultural context, including societal views on the role of women as mothers and workers. We thus emphasize the importance of considering the interface of international standards (as determined by ILO), national legislation, and local contexts as they impact on MP practices, especially for SMEs.

This leads to our first research question: *How do differently sized workplaces in the formal and informal economy in Ghana implement and manage different forms of MP?*

Reciprocity and access to maternity protection

As the discretionary approaches to support are so important for those contexts where the informal economy is dominant, there is a need to examine the nature of such forms of informal social protection. Research on maternity management at work has identified the important role of reciprocity, defined as various forms of social exchange or ‘give and take’ between employers and employees (see Cropanzano & Mitchell, 2005 for a review), considered to have at least some mutual (but not necessarily equal) benefit (Lewis *et al.*, 2014; Stumbitz *et al.*, 2018; Chow *et al.*, 2011; Mensah, 2011a, b). There is, however, a paucity of research examining how such processes are shaped by different workplace contexts, particularly relating to size and formality of organizations, and particularly in non-Western contexts. It is because of the precariousness of the livelihood activities and heightened vulnerability of the poorest that practices of reciprocity are particularly important for them (Neves & Du Toit, 2013) as, especially in the absence of formal social protection, this may be the only source of support available.

Mutual adjustment. The focus of reciprocity theory varies across disciplines. We examine reciprocity as a process of mutual adjustment which refers to the day-to-day mutually accommodating ‘moves’ or exchanges undertaken by both employers and employees (Wapshot & Mallett, 2012). It has been applied to maternity management in SMEs, referring to a process in which decisions on the level of support are made on a case-by-case basis, with employers adjusting expectation of women’s presence at work and employees reciprocally adjusting expectations of support entitlements, and both taking account of the specific small business context (Stumbitz *et al.*, 2018). Mutual (although not necessarily equal) adjustments are often made silently and rely on presumptions of the other party’s needs, interests and capacities, rather than formal negotiation (Holliday, 1995; Ram, 1994). Although also mostly applied in Western contexts, we argue that this approach provides a useful tool to understand maternity support practices in smaller enterprises in Ghana, particularly in the informal economy, as it considers implications of ‘smallness’ for employment relations, resources, management capabilities and varying levels of (in)formality that affect maternity management in these organizations (Stumbitz *et al.*, 2018).

Trust. To explore the employer-employee reciprocal relationships in more detail, it is necessary to examine the role of trust between employer and employee in different workplace contexts, and particularly in those where regulation is not enforced. A culturally sensitive understanding of reciprocity in the workplace thus requires research to examine the iterative process that allows trust to be built up. Trust, defined as the intention to accept vulnerability based on positive expectations of the intentions or behavior of another (Rousseau *et al.*, 1998), therefore plays a key role as employees may accept vulnerability in terms of a lack of a guaranteed job security and trust employers to be supportive during pregnancy and upon the return to work. Similarly, employers may accept vulnerability in terms of providing maternity support to a staff member assuming that they will remain with the business.

Between balanced and asymmetric reciprocity. We conceptualize ‘balanced’ reciprocity as a process where, over time, the ‘moves’ or exchanges by either employer or employee are reciprocated on terms perceived as adequate or fair by the other party. ‘Asymmetric’ reciprocity (Keysar *et al.*, 2008; Peterson, 2013) refers to uneven exchanges, where the reciprocated action repeatedly does not meet the expected level of adequacy of the previous move (e.g. high effort and inadequate reward). This approach is thus sensitive to contexts of uneven power relationships where the exchange

partner cannot be expected to reciprocate on 'equal terms'. Failed reciprocity refers to relationships where one party fails or denies to reciprocate entirely.

Normative, cultural and institutional context. Reciprocity is also influenced by gendered cultural norms and related employee and employer expectations, which in turn are influenced by relative power or 'voice' of employers and employees (Gammage *et al.*, 2016)⁵. Where employers have more power, there is a risk of more vulnerable women employees facing further potential marginalization (Neves & Du Toit, 2013) which further weakens their negotiation power (Kabeer, 2013, 2010) and capabilities to articulate particular maternity support needs. However, it is important to recognise that there are many women employers in the informal economy, and that the nature of support provided or ability to reciprocate are often driven by their own poverty and vulnerability (Van der Geest, 2016; Kabeer, 2008).

This leads to our second research question: *How does reciprocity shape access to the different forms of MP in differently sized formal and informal economy enterprises in Ghana?*

To address this question, we draw on and extend the above approaches in developing a conceptual framework for a culturally sensitive understanding of processes of reciprocity and MP in the different workplace contexts in Ghana. In doing so, we examine processes of reciprocity, trust and mutual adjustment as a dynamic construct, embedded in the wider normative, cultural and institutional context, as well as underlying changing power relations.

METHODS AND MATERIAL

Our approach involved a detailed review of documents on the current legal and regulatory framework on MP in Ghana, plus consultations with various stakeholders⁶. This contextual data informed our topic guides for 63 qualitative interviews with employers (29) and employees (34). The stakeholder consultations were used to gain insight into the broader context of MP, including beyond the workplace, but our analysis focuses on the experiences of employers and employees. The fieldwork was conducted in 2014 and spread across three contrasting regions: the Upper East which is currently experiencing the highest rate of maternal mortality in Ghana in combination with high levels of rural poverty; the Eastern Region which is characterized by lower levels of poverty but still high levels of maternal mortality; and the capital city Accra which currently has the country's lowest maternal mortality rate (GSS, 2013).

Our research team covered a variety of specializations, including a maternal health expert from Ghana, an MP at work expert, an organizational psychologist and an informal economy expert. The team also included eight Ghanaian research assistants (five women and three men) with experience in qualitative research on related subjects, including maternal health, small businesses, and the informal economy. The research assistants were conversant in local languages and dialects and acted as interpreters, enabling us to minimize communication barriers. They also helped us to establish trust and gain access to communities on a number of occasions.

The interviews covered views of current regulations and policy, and experiences of managing staff pregnancy (employers) and of working during pregnancy, postnatally, and managing work and family responsibilities (workers). This included questions on awareness of current entitlements; examples of

support currently provided, with perceptions of costs and benefits; details of the work contracts (formal and informal); and needs and concerns currently experienced.

A qualitative exploratory approach was adopted to allow for an in-depth examination of these matters and to allow for additional issues to emerge. In each of our three study areas, we used the networks of the research team and snowballing to identify our interviewees. Employers were recruited with recent experience in employing pregnant women and workers with family responsibilities. The criterion for recruiting workers was that they had at least one child aged 10 years or younger and that they were in paid employment at the time prior to new motherhood. The semi-structured interviews were conducted face-to-face in the natural workplace setting⁷ where feasible and by telephone in only a few instances. All interview material was noted and translated into English for the analysis.

Our research questions required us to have a stratified sample that included firms of different sizes (Table 1). To reflect the business landscape in Ghana, we focused on SMEs⁸, including mostly micro and small firms in both the formal and informal economy, as well as a small number of medium-sized organizations (31-99 staff). However, for comparative purposes we also examined large formal economy organizations with more than 100 employees (private, public and NGO sectors). For the purpose of sample selection, we classified informal economy enterprises as small, unregistered private unincorporated businesses (Williams *et al*, 2016) that do not provide written employment contracts (Osei-Boateng, 2011; Osei-Boateng & Ampratwum, 2011), based on self-reports of interviewees, but acknowledge that there are no clear-cut boundaries between formal and informal work (Kabeer, 2008). The ‘workplace’ can take very different forms and in this study includes office settings, market places, as well as farms and rural communities/villages.

Table 1: Overview of interviews

Region	Formal/Informal Economy	Employers		Employees		Total
		SME	Large	SME	Large	
Greater Accra	Formal	4	3	4	6	17
	Informal	4		1		5
		11		11		22
Eastern Region	Formal	5		4	1	10
	Informal	2		4		6
		7		9		16
Upper East	Formal	6	1	10	2	19
	Informal	4		2		6
		11		14		25
Total		29		34		63

Our data analysis and coding was conducted in three main phases. The first phase focused on analysing the qualitative data in relation to key components of MP in the Ghanaian context, including (1) pregnancy support and maternity leave (2) family-friendly working conditions and (3) breastfeeding and childcare support at the different types of workplaces (size of firm; in/formal; urban/rural). In this phase, the interview material was coded manually by two authors soon after the data collection, to draw out the key themes related to types of MP (RQ1). In order to triangulate results, this material was shared with international MP subject specialists and a group discussion was conducted with key stakeholders at the national level. In the second phase, the data was recoded to

draw out issues related to different processes in formal and informal economy businesses with a focus on reciprocity, guided by our conceptual framework (RQ2). Our coding informed the structural presentation of our findings. A final stage of analysis was completed to refine our framework and develop the Discussion section of this paper.

FINDINGS

This section identifies current workplace MP practices, along a continuum from statutory to entirely discretionary support provisions from the perspectives of employers and employees. Good (and bad) practice examples could be found across firm sizes and in both the formal and informal economy, although some key patterns of MP practices could be identified in different types of workplaces. Processes of reciprocity are identified as an important factor influencing all key elements of MP (pregnancy, maternity leave, family-friendly working conditions, breastfeeding and childcare support). The application of our conceptual framework helps to explain variations in maternity support across workplace contexts, with differences being particularly profound between large formal economy firms and smaller workplaces in the informal economy.

Pregnancy support and maternity leave

Managing pregnancy and maternity leave in formal economy businesses

Most workers in large formal economy businesses could take paid time off to attend antenatal appointments, although gendered organizational cultures that assume a separation between public and private life spheres could undermine these entitlements. For example, some women reported that they tried to arrange their check-ups outside working hours, in order not to burden their employers or colleagues with this 'private matter', as demonstrated by this example from a large workplace in Accra (formal, 100+ staff):

"I used to get to the clinic at 6am and would be done by 7.30am and from there come straight to work so my work time was not affected and I did not need to ask for permission to attend check-ups. What I noticed was that if you go often, your supervisor may not say 'no' but show disapproval and eventually you will also start getting looks from your colleagues."

In Ghanaian Labour Law there currently is no requirement to undertake a workplace risk assessment and to prohibit work prejudicial to the health of the pregnant mother and her child. This gap in provisions can have severe consequences for maternal and child health. One interviewee in a large firm in Accra (formal, 1000+), whose last pregnancy had been complicated and risky, had requested to work from home two days a week. Although the workplace had a system in place which supported teleworking options for some employees, her request was declined, leaving her distressed, disappointed and less motivated to reciprocate.

In work contexts where employer supports during pregnancy were unavailable or insufficient, reciprocity among colleagues became an important coping strategy. However, related supports were uneven, as this example from a professional (formal, 8 staff) in Accra demonstrates:

“Colleagues do look out for you and sometimes would help with reports – you know, one good turn deserves another. [...] Actually, the men were more sympathetic, always asking if I was OK. Women see it as something everyone does... there is a saying ‘pregnancy is not a disease’ – so just get over it and be active.”

Again workplace and possibly wider cultural norms come into play, this time with women colleagues buying into the belief that the private (maternity) should be kept out of the workplace. At work, women are expected to ‘stay strong’ during pregnancy. In addition, this reaction from female colleagues could be based on their own previous experience of uneven or failed reciprocity during maternity. Male colleagues are not threatened in this way so are more comfortable reciprocating.

According to national legislation (Labour Act 2003, Act 651), pregnant women are entitled to three months maternity leave, expected to be paid fully by the employer at 100% of previous earnings. Employers thus carry the full burden of maternity cash benefits. The statutory paid maternity leave was found to be widely available in large formal economy businesses and we also identified a few large firms that offered four months paid maternity leave.

Managing pregnancy and maternity leave in small (in)formal economy businesses

In the informal economy, employers’ support during pregnancy and maternity leave depended on reciprocity, based on perceived staff loyalty and trustworthiness, which also influenced all other aspects of MP. Although a few interviewees had received paid time off to attend antenatal checks, in most cases women had to take unpaid leave which could be a disincentive. In rural areas, the issue of long distances and poor infrastructure provided another barrier to the take-up of antenatal visits.

Changing workload and type of task during pregnancy was another support type which was dependent on good quality relationships with employers and colleagues. For instance, we identified examples where employers had re-allocated the task of heavy lifting to a colleague, or where the tasks of restaurant employees were changed from serving people or cooking on an open fire to carrying and washing the dishes.

Unpaid maternity leave was the harsh reality for most women in the informal economy and also some small formal businesses struggled to pay for maternity leave. We only identified a few cases in the informal economy where employers provided paid leave, albeit at a reduced level, e.g. paying 100% of previous earnings for two months or 50% of earnings for three months. This approach to the provision of maternity leave also applied to small formal economy businesses where the blurred boundaries between statutory and discretionary MP provisions were particularly evident.

For example, a small interior design business owner (formal, 15 staff) in Accra gave two contrasting examples of her experience with staff pregnancy. She described the first case as a loyal staff member whom she had employed since she started her business. Knowing that this employee was key to the success of her business, the employer supported this woman throughout pregnancy by, for example, allowing her to attend health check-ups and rescheduling tasks to avoid heavy lifting. She also provided three months maternity leave with full pay and supported the new mother on the return to work by permitting her to bring the baby to work and, in order to facilitate breastfeeding, do office work instead of home visits. This case provides an example of balanced reciprocity, based on a trustful relationship and relatively equal power between employer and employee.

In the second case the same employer discussed a new employee who had failed to disclose her pregnancy when she started her job. The employer found out about the pregnancy through another staff member and waited for the employee to notify her, but this did not happen, resulting in the employer mistrusting her. One day the employee started bleeding and had to go to hospital. Upon her return the employer advised her that she should stay home to rest and look after herself and her baby – the pregnant woman was then dismissed. According to the employer it was not worth investing in staff who had not proven their abilities, trustworthiness and loyalty. This example demonstrates the importance of trust as a condition for reciprocity, and also highlights issues of uneven power, and the vulnerability and limited ‘voice’ of maternal workers, who cannot draw on existing trustful relationships.

It is worth noting, however, that vulnerability is not limited to employees as the livelihoods of small informal employers can be equally precarious as they, just like their staff, often do not benefit from any formal social protection. The most commonly reported reason for small informal economy firms not to pay for maternity leave was that they could simply not afford it. The need for them to ‘get by’ themselves forced them to adopt an approach to staff management which focused on immediate outcomes rather than investment in potential longer-term gains, and resulted in asymmetric or failed reciprocity.

Since maternity leave was unpaid for the majority of informal economy employees, the length of time off after childbirth depended on their ability to draw on savings or financial support from their husbands or other sponsors to fund this period. For these women workers who did not benefit from formal MP and social protection packages, community and church groups became important alternative sources of informal social protection. As part of a cultural tradition of gift-giving after the birth of a child, group members would provide support to new mothers in cash and kind which, in a few cases, was the only support these women could draw on to bridge the time until the return to work. However, although a helpful practice, it mostly consisted of one-off donations or presents and could not replace paid maternity leave.

Family-friendly flexible working conditions

Family-friendly support patterns in large formal economy workplaces

Current statutory provisions in Ghana do not include so-called workplace family-friendly policies which include maternity and other leaves *beyond* statutory entitlements, work-based childcare support, and flexible or reduced hours on the return to work. In large formal economy workplaces, family-friendly supports were commonly included in organisational policies. They were, however, often provided with a focus on the needs of the business and causing least disruption to the work. The types of support available had also been designed based on assumptions around the needs of the employee rather than in consultation with staff about these. This often resulted in asymmetric or failed reciprocity and thus demonstrates the inherent danger of mutual adjustments taking place silently. Instead of reciprocating with positive behaviours, such as enhanced performance and reduced staff turnover, some employees in larger organizations – including those who had received an additional month of paid leave – were frustrated by the limitations of family-friendly support and complained about stress lowering their productivity. For instance, this employee in a large multinational company (formal, 1000 staff) in Accra indicated that a considerable indirect cost can be

created by women's dissatisfaction with the lack of family-oriented support received after return from maternity leave.

"I am not happy with [this lack of support] and yes, it has influenced my approach to work in that I work strictly to the rule and do not allow anybody to take my extra time off. For example, if they try to fix a meeting into my closing time, I do not accept it because I must leave promptly to collect my children from school and I will not allow another minute to be taken off my time. When my employers are not willing to go the extra mile for me, why should I go another mile for them?"

At the same time, if staff did not reciprocate in expected ways, employers reacted by questioning the value of family-friendly supports, labelling women as ungrateful rather than establishing their needs through dialogue. For instance, a hotel owner (formal, 40 staff) in the urban Upper East, who offered paid maternity leave beyond statutory entitlements (five months), explained, *"I have had four pregnant staff but only two came back... In future, I don't know, I might not profit in any way"*. Interviews with his employees revealed that he was very strict about not allowing babies to be brought to work, leaving the affected new mothers no other option than to leave the job.

Although this manager in a large health organization (formal, 110+ staff) in Accra recognized the costs of lack of (appropriate) support beyond statutory maternity provisions, no actions had been taken to try and help returning mothers to cope:

The limited facilities for the welfare of the [returning mothers] in our employment is making many of them leave their jobs and the consequent shortage affects the quality of our services. Work suffers as a gap is created; productivity goes down in terms of the quality of services provided by the [staff]. [...] The result is a stressed out set of employees and their health is affected and they get fatigued and it affects the quality of our work.

These cases thus provided examples of asymmetric reciprocity in large formal economy businesses, caused by a lack of dialogue and negotiation.

In large firms, employees also often described their workplace culture as individualistic and characterized by remote relationships to the employer/line manager and also colleagues which affected potential for balanced reciprocity negatively. However, we identified a few examples of departments within large firms where the approach to MP supports resembled that in small businesses. Here the provision of family-friendly supports on a case-by-case basis, i.e. depending on the nature of the relationship with the employer/manager, inevitably led to inconsistency in supports which resulted in dissatisfaction and co-worker jealousy and toxic relationship between colleagues. For example, a health sector employee in the urban Upper East (formal, 40 staff) told us that she could work reduced hours for three months upon return from paid maternity leave. She knew of cases where colleagues had worked reduced hours until the child was one year old and of others where such arrangements had not been an option. In Accra, several employers/line managers and stakeholders within the formal economy shared personal experiences or referred to similar examples of management discretion. Thus family-friendly supports in large organizations were employer-/manager-led rather than responding to employees' needs and hence were often not appreciated or reciprocated.

Family-friendly support patterns in small (in)formal economy workplaces

In small informal economy workplaces, family-friendly support practices were often the only type of maternity support available. Small firm employees across sectors often showed their appreciation of these, particularly flexible working hours and the ability to work from home, by loyalty to the business and motivation to “give more”. This employee in a small professional services firm (formal, 8 staff) in Accra provides an example of such balanced reciprocity:

“I still work as before [having children] and although I am part-time now, I still take work home and use my days off to work. I am paid less as I am part-time on fewer days but this allows me freedom to do other things”.

From the perspective of employers, a female business owner (informal, 10 staff) in Accra argued,

“[family-oriented] support builds a good relationship between the employer and the employee and this builds trust because the worker feels cared for by the employer. Lastly it reduces the labour turnover rate which can be very costly”.

Smaller, mostly informal, firms were characterized by closer relationships and more influenced by local cultural views regarding mutuality and solidarity. A small restaurant owner (informal, 5 staff) in the urban Upper East provided a good example of how to achieve ‘unity’ and mutuality instead of rivalry amongst the team. She made clear to her employees that she would support all her staff during pregnancy and maternity. In turn, when a hardworking staff member was slowed down by her pregnancy, she made sure she was supported by colleagues and that balanced reciprocity was achieved. As she explained,

“by helping that lady, it improves the work in the kitchen, and they will see that madam will stand by them and not sack them. It has changed their mentality to know that they are secure and that, if they are in the same situation, they will not be left alone”.

The case of this small restaurant demonstrates that balanced reciprocity can be achieved both vertically (between employer and employee) as well as horizontally (between colleagues) at the same time and thus become part of the broader workplace culture. In some cases, reciprocity processes were also characterised by blurred boundaries between the workplace and the wider community. For instance, as a small employer with five apprentices in the urban upper East argued, *“in return for helping the girls and allowing them to bring their children to work, I am gaining the respect of staff and the community”* and that having a good reputation or ‘image’ in the local community was good for business. The findings also show examples of staff and apprentices offering to do domestic work for their employer in order to show they acknowledged the care offered to them. This raises important issues regarding power imbalances and potentially forced reciprocity.

Breastfeeding and childcare support

Breastfeeding and childcare support in the formal economy

The two key concerns from the perspective of employees, but which can also affect business outcomes negatively, were the management of childcare and the ability to combine work with breastfeeding. On returning to work, women are entitled to one hour’s paid break daily for

breastfeeding. However, the most common practice within large organizations was to attach this break at the end of the day, so that new mothers could work reduced hours, with little consideration of employees' needs. Most affected participants did not feel that this arrangement helped them to breastfeed exclusively⁹, especially if it was impossible for them to access their child during working hours.

Employees who were not allowed to bring babies to work worried about the well-being of their children, especially when they had little confidence in their childcare arrangements, and argued that this affected their productivity negatively. A private sector employee (formal, 100+ staff) in Accra provides an example:

“Working with a new baby is difficult because you can’t concentrate, especially when you leave the baby at home. Every now and again you are sneaking into the urinal to make a call and ask if the baby has eaten, if the baby is OK, if the baby is sleeping and all that. Such things sometimes make you as mother unproductive at work because your mind is totally divided. [...] Mostly the support is from a house help but leaving the baby with her has very little guarantee that your baby is in good hands.”

The case of an employee of a multinational company (formal, 1000 staff) in Accra illustrates concerns about the lack of family-friendly support provided, although she had received maternity leave beyond statutory entitlements (four months). The corporate culture demanded a clear separation of work and care. Babies were not allowed in the office and there was no childcare support despite generous office space. Staff had requested a crèche at or near the workplace on several occasions, without success. She emphasized that there was a clash between the government encouraging six months' exclusive breastfeeding for health reasons and providing only four months of maternity leave. Her employer offered reduced working hours upon return to work (at full pay) to support breastfeeding mothers. However, the employee pointed out that even six hour shifts were still too long for a four months old baby without a feed. She was therefore forced to start formula feeding at four months when she had to return to work, as she was finding it too stressful to combine work and breastfeeding/expressing breastmilk. So despite considerable formal employer support with respect to statutory and additional family-friendly MP provisions, her most immediate needs at the time, which would have involved facilitating access to her child during the day, were not met. This affected the employee's motivation and resulted in uneven reciprocity, as she did not feel the need to reciprocate at the level expected by the employer.

Small formal economy businesses were found to be more likely to offer childcare support than larger businesses. For example, a small employer in Accra (formal, 20 staff) provided a dedicated play area in the office for children. Some mothers were also fortunate to have the support of their extended family members, usually their mothers or aunts, while others resorted to house helps ranging from young children to older women. The option to send babies to crèches from a very young age was commonly available among workers in the formal economy in urban areas like Accra, but in rural areas and particularly the informal economy, such facilities were extremely scarce. Some women were very creative in developing alternative coping strategies to facilitate access to the child during working hours. A finance sector employee (formal, 30 staff) in the urban Eastern Region, who did not receive any formal workplace breastfeeding support, employed the services of a carer for six months who would accompany her to work and take care of her baby in the car outside while she was working. The mother would then sneak out occasionally to breastfeed the baby in the car.

In another case, a health sector employee (formal, 50+ staff) in the urban Upper East made a private arrangement with a colleague to fill the gap left by formal provisions at work:

“The [workplace maternity] policy only met half of my needs. It does not provide the opportunity for me to bring my baby to work [...]; [it] was actually hostile towards childcare. The policy was that children are not allowed anywhere near it. I had to plead with one of my colleagues that [lived] close to the [workplace] to leave the baby and the babysitter there and attended to the baby’s needs from work. This had a toll on me and I think it also cost the [employer] regarding time spent going to [my colleague’s home] to feed or change his nappies. You can also imagine the toll your absence would have on your other colleagues.”

Due to these challenges and the stress they caused for her, she resigned and accepted a new job closer to her home when her son was 10 months old. This skilled employee thus had sufficient power to look for alternative employment in the formal economy; other less skilled employees may not have had the same opportunities. However, the examples demonstrate further how a ‘mismatch’ in moves (which occurs if one party does not reciprocate at the level expected by the other party), in this case by employers, can result in employees’ decreased motivation or denying to reciprocate entirely by leaving the job.

Breastfeeding and childcare support in the informal economy

In the informal economy, it was very common to bring children to work (particularly in rural areas but also in market places in urban areas) and breastfeeding in public spaces was perceived as culturally acceptable. The proximity to the child during work facilitated breastfeeding whenever the baby needed a feed. For instance, a small employer (informal, 5 apprentices) in the urban Upper East reported that her apprentices brought their children to work. Older children (including her own) attended school nearby and came after school to help look after their younger siblings.

Another example of balanced reciprocity from the informal economy is provided by a bead maker in the Eastern Region, whose support for breastfeeding was perceived as compensating for lack of paid maternity leave:

“He does not give us maternity leave so if you are pregnant you come to work, and when you give birth you just bring the baby with you to work because if you stay at home you will not be paid. Because of that he doesn’t mind when the babies are with us during working hours, so anytime the baby wants breastmilk we give them. [The employer] is good to us and the working conditions are slightly flexible, just that we don’t have any maternity pay.”

In the informal economy, employees frequently called their female employers ‘Mama’, while employers referred to their staff as family members. This restaurant owner (informal, 15 staff) in the urban Eastern Region provides an example of this sense of ‘family-ness’:

“I see [my workers’] babies as mine, like a grandma. I have a worker who is a breastfeeding mother – she worked very hard during pregnancy. Three more people have been on maternity recently. I allow them to bring their babies to work. I treat them like family and I have decided to help them. [...] I have every confidence in them, if I am not available they can take over, they are hardworking and reliable people.”

However, such close family-like relationships needed to have developed over time, and employers allowed breastfeeding at work only for staff perceived as loyal and trustworthy. For example, the restaurant owner also stated that she had only supported women who had worked for her for at least two years before becoming pregnant and had demonstrated their reliability. She thus explicitly recognised that trust takes time to build up.

The same employer also mentioned other cases of staff pregnancy where employees had become pregnant soon after starting their jobs and/or, she believed, used pregnancy as an excuse for being late for work, or otherwise unreliable. This provides further evidence that employer support depended on whether a reciprocal, trusting relationship had been established before pregnancy. It also demonstrates that trustful relationships are vulnerable and reciprocal relationships at risk of breaking down if one of the parties feels exploited.

DISCUSSION

This study explored MP policies and practices in differently sized formal and informal economy workplaces in Ghana and examined the role of reciprocity in underpinning these provisions. The findings demonstrated the importance and complexity of reciprocity for supporting women through pregnancy, maternity leave and reintegration to work, in contexts of both statutory and discretionary support. Reciprocity emerged as a dynamic and iterative process developing unevenly over time, embedded in institutional and cultural context and further shaped by employer and employee expectations and sense of entitlement.

Statutory and discretionary MP support across workplace contexts

The study demonstrated the limitations of research focusing on formal MP provision alone. Access to MP on the ground in Ghana includes both statutory and discretionary supports, both of which are important (see Table 2) but neither of which, alone, are sufficient.

Table 2: Key pattern of MP practices in formal and informal economy workplaces

Element of MP	Large Formal Economy Workplaces	Small/Informal Economy Workplaces
<p>Pregnancy support and maternity leave</p>	<ul style="list-style-type: none"> - Paid time off to attend antenatal appointments - No legal requirement to undertake a workplace risk assessment for pregnant workers - Three months paid leave - In some cases four months paid leave 	<ul style="list-style-type: none"> - Time off for antenatal visits mostly unpaid - Sometimes re-allocation of tasks and reduction of workload - Maternity leave unpaid in most cases - In some cases paid maternity leave at a reduced level (e.g. 50% of previous earnings for three months) - Length of leave dependent on employee’s ability to self-fund time off work

Family-friendly flexible working conditions	<ul style="list-style-type: none"> - Provided in addition to statutory entitlements - Reduced working hours upon return to work widespread (sometimes at full pay) 	<ul style="list-style-type: none"> - Often only maternity support available - Sometimes ability to work from home to facilitate work with childcare - Sometimes re-allocation of tasks and some employee control over working time/breaks to facilitate combining work with childcare in workplace
Breastfeeding and childcare support	<ul style="list-style-type: none"> - 1-2h paid breastfeeding breaks (commonly attached at the end of the work day) - Babies and older children not allowed at work - Very limited formal and informal childcare support 	<ul style="list-style-type: none"> - (Paid) breastfeeding breaks during the day in response to baby's needs - Common to bring baby to work regularly and all day to facilitate breastfeeding - Informal childcare supports provided where not disruptive

Adherence to statutory maternity entitlements provided basic protection in large formal economy businesses but did not necessarily meet all of women's health and safety needs in pregnancy or facilitate combining paid work with childcare responsibilities. Some patches of discretionary support for reduced hours or reallocation of tasks emerged, but this generally depended on goodwill of supervisors and/or colleagues. Despite better access to legal MP provisions, women in the formal economy did not necessarily have more power or 'voice' (Gammage *et al.*, 2016) than informal economy employees in making their support needs heard by employers. The challenges faced by skilled employees in large formal organizations were thus similar to those reported in work-family research in the West (Herman & Lewis 2012; Kossek *et al.*, 2010), and characterized by male ideal worker norms (Bailyn, 2011), limited tolerance of maternity in the workplace (Gatrell, 2011), and expectations of a clear separation between paid work and care (Bailyn, 2011; Holt & Lewis, 2011). For instance, although breastfeeding in public is culturally accepted in Ghana, it was 'taboo' in large businesses and confined to non-workplace spaces.

Nevertheless highly skilled women have more opportunities to change jobs to attain the supports they need, while many women, particularly the poorest, have weaker negotiation power (Kabeer, 2010, 2103) and no access to or expectations of paid leave. Employers in smaller workplaces, especially in the informal economy rarely provided statutory entitlements but played an important role in addressing support gaps by providing non-formal social protection (Mupedziswa & Ntseane, 2013) including mutual adjustments to working patterns and expectations such as permitting mothers to bring babies to work to facilitate work and care. However, discretionary support without formal protection also creates opportunities for inconsistency and exploitation, reproducing unequal social conditions.

This study identified how examples of supportive practices co-exist with examples of severe discrimination against pregnant women and new mothers, across and even within workplaces. Although such discrimination is usually attributed to patriarchal attitudes and assumptions in formal workplaces (O'Connor *et al.*, 2015), it is important to note that the majority of employers in the informal economy in Ghana are women (GSS, 2014) and our findings highlighted how levels of

maternity support they provide can be driven by their own resource issues and vulnerability (Kabeer, 2008).

The role of reciprocity, trust and mutual adjustments

The findings highlight the importance of patterns of reciprocity in shaping different forms of availability of MP and conditions under which reciprocal behaviour occurred in formal and informal economy workplaces (see Table 3).

Table 3: The role of reciprocity in different elements of MP in formal and informal workplaces

Element of MP	Large Formal Economy Workplaces	Small/Informal Economy Workplaces
Pregnancy support and maternity leave	<ul style="list-style-type: none"> - Employees aim to attend most antenatal checks outside work hours in order not to burden workplace (viewed as ‘private matter’) - Reallocation of tasks and reduction of workload provided at discretion of employer - Legal entitlement to maternity leave negates role of reciprocity and employees do not perceive need to reciprocate - Limited support from colleagues (‘pregnancy is not a disease – get over it’) 	<ul style="list-style-type: none"> - Support types such as time off for antenatal checks, changing workload and type of task during pregnancy were dependent on good quality relationships with employers and colleagues - Maternity leave also only paid when rewarding loyalty and trustful relationships - Colleagues expected to cover for each other (redistribution of tasks)
Family-friendly flexible working conditions	<ul style="list-style-type: none"> - Limited reciprocity between employees and line managers - Only close colleagues cover for each other - Employees who feel unsupported do not perceive need to reciprocate to employer or colleagues 	<ul style="list-style-type: none"> - Close family-like relationships with employer and colleagues - Employers respond to employees’ needs for flexibility to reward loyalty
Breastfeeding and childcare support	<ul style="list-style-type: none"> - Employees given legal entitlement to 1h paid breastfeeding break but timing not flexible and children not allowed at work; employees resentful and not reciprocating - Limited childcare support in organizational policies and practices - Some reciprocity among colleagues to address gap in provision by employer 	<ul style="list-style-type: none"> - Employers allow employees to bring infants to work and to breast feed, and employees reciprocate with loyalty despite not having paid maternity leave - Colleagues look after each other’s children together

Women employees in large formal businesses did not perceive the need to reciprocate statutory supports that did not meet their needs with loyalty or other positive behaviors. This was the case even if employers had funded more than the statutory maternity pay. Large employers in turn felt that this financial contribution absolved them from having to make further provisions. However, the

conditions for receiving discretionary supports, influenced by relationships with line managers, often resembled those in smaller businesses.

In the absence of enforceable regulation in smaller and informal economy businesses, reciprocity involving on-going mutual adjustments to working patterns and expectations were crucial. The MP support received depended on long-standing close and trustful relationships between mothers and their employers. Employers' decisions on whether or not to provide any maternity support were based on their expectations that the particular staff member should already have proven herself as skilled, hardworking and loyal to the business. From the employers' perspectives they reciprocated loyalty, hard work and perceived trustworthiness by providing supports that could be managed within available resources. From the employees' perspectives, they were grateful for any support and reciprocated by positive behaviours such as loyalty and working harder. Thus by including interviews with both employer and employees in the study highlighted the dynamic and iterative nature of reciprocity in relation to informal, trust based MP support.

Trust emerged as a crucial aspect of and condition for reciprocity, particularly in small workplaces, but these relationships are complex, changing over time and often asymmetric (Korsgaard *et al.*, 2015; Amoako & Lyon, 2014). Dependency on trust gives employers more power while the weak position of many employees makes them even more vulnerable to job loss. The hazards of the two-way process of trust are illustrated by the issue of timing of pregnancy disclosure. From the perspective of employers/managers across all organizations, being informed of staff pregnancy early allows them to plan ahead and manage absence. However, in order for employers to be able to provide support early in pregnancy, such as time off for antenatal visits and re-arrangement of tasks, the employee needed to feel able to disclose their pregnancy early without fear of losing their job. Employee trust was often low in contexts where small businesses dismissed pregnant women or refused to provide support. Some employees reported losing their jobs as soon as their employer found out that they were pregnant. Trustful relationships are thus a fragile foundation for the provision of MP supports and can easily break down, especially in contexts of very uneven power relationships.

Balanced and asymmetric reciprocity

Our conceptual framework positioned 'balanced' reciprocity as a culturally specific process where, over time, the 'moves' or exchanges by either employer or employee are reciprocated on terms perceived as adequate or fair by the other party. 'Asymmetric' reciprocity refers to uneven reciprocity, where the reciprocated action repeatedly does not meet the expected level of adequacy of the previous move (e.g. high effort and inadequate reward). The current findings included examples of a range of asymmetry in reciprocity. These can be explained in terms of theories of (lack of) mutual adjustment (Edwards & Ram, 2006; Wapshott & Mallett, 2012) as well as sense of entitlement theory (Herman & Lewis, 2012). The latter focuses on what people feel is fair to expect in a given context, based on perceived feasibility, norms and social comparisons (Herman & Lewis, 2012). It was theorised that employees are motivated to reciprocate perceived favours or favourable treatment.

One form of asymmetric reciprocity occurred in large formal economy businesses. The provision of statutory maternity leave alone was found to be insufficient to elicit reciprocity in terms of staff

loyalty or commitment because the employees interviewed perceived these statutory provisions as entitlements rather than favours. Moreover, even larger employers who provided supports beyond statutory requirements usually made decisions based on assumptions about women's needs rather than through dialogue with their staff about how supports could be improved to better enable mothers to continue as effective workers, thus resulting in asymmetric or failed reciprocity.

In smaller, more informal workplaces, where paid maternity leave was not perceived as feasible by employers or employees, mothers had little or no sense of entitlement to statutory support and low expectations of the feasibility of other forms of support. However, mutual adjustments in terms of informal family-friendly practices were often more evident in these contexts. Due to close spatial and relational working relationships in smaller workplaces (Ram & Edwards, 2003), employers and employees had a better understanding of each other's needs. This could result in small adjustments by employers which helped women to combine paid work with mothering. These practices, even in the absence of other MP supports, were often perceived by employees as favours provided by the employer even though they had usually been "earned" by loyalty and hard work. This triggered reciprocal benefits to employers and cycles of balanced reciprocity.

Horizontal reciprocity and extra-organizational reciprocity

Reciprocity in relation to maternity supports was not limited to employee-employer relations in this study. Horizontal reciprocity among colleagues was also evident, albeit more so in smaller, mostly informal workplaces. This could be related to a more individualistic culture in large firms. Small businesses were more likely than larger firms to reflect local cultural context, with blurred boundaries between business and community (Edwards & Ram, 2006; Carlier *et al.*, 2012). For instance, in the informal economy, wider cultural norms of mutuality (Neves & Du Toit, 2013; Mohanty, 2011) were used to enhance reciprocity within the organization. Both employees and employers often used the analogy of the family to demonstrate trusting relationships between colleagues. As illustrated by the case of a small restaurant owner, who promised support for all staff on the condition that they helped each other cover the workload through one member's pregnancy, the use of the term 'Mama' by employees allowed both parties to draw on the logic of the family with both good will and culturally prescribed obligations.

In the informal economy businesses, processes of reciprocity influenced by cultural norms of community solidarity and obligations also resulted in exchanges that sometimes exceeded the remit of the workplace. For instance, our findings included examples of employers that supported staff maternity not just to reciprocate positive employee behaviours but also to earn reciprocal respect from the wider community. In another case an employee offered to do domestic work for her employer to demonstrate appreciation of the support received for maternity. However, the nature of these exchanges raises important issues regarding power imbalances, exploitation and potentially forced reciprocity, and also points to how processes of reciprocity may be deeply embedded in and reproduce unequal gender and class relations within the community.

Implications for future research

Research on MP in developing countries is scarce, despite its importance for maternal and child health and for wider social and economic development (Addati *et al.*, 2014; Addati, 2015; ILO, 2016).

The study reported here is context sensitive and the empirical findings cannot be generalized to other developing countries, although the conceptual framework underpinning the study could be transferable. However, our original conceptual framework neglected more individual factors, including the impact of employers' and employees' perceptions, expectations and sense of entitlement, all of which are embedded in experiences of power and powerlessness and influence the reciprocity process. Future research could delve further into these culturally embedded socio-cognitive aspects of reciprocity to explicate the reciprocity processes.

More research is needed to extend understanding of the conditions under which balanced, reciprocity, mutual adjustment and trust can be developed in relation to MP. In particular in-depth case studies, involving interviews with owners and employees over time, would help to uncover the processes and challenges involved and how barriers may be overcome (Yin, 2011). Such research may also serve as interventions by raising participants' awareness of these issues and encouraging them to articulate the process. In addition, this approach would provide the potential to more thoroughly analyze the time dimension of reciprocity, e.g. whether reciprocal relations relate back as well as forwards in time.

The relatively small size of this study and convenience sampling may be viewed as limitations of the study. However, the main aim of this exploratory project was not empirical generalizability, but to gain and in-depth understanding of MP across different workplaces in Ghana, and to explore the role of reciprocity in shaping access to different forms of MP. Future research should focus directly on the impact of formal and informal MP supports on maternal and child health outcomes, as well as mothers' ability to earn a livelihood and contribute to national economies.

A further limitation is that our sample recruitment strategy did not enable us to directly contact women who had been dismissed because of pregnancy, although we did speak to women who had lost previous jobs for this reason or had left jobs because they had, for example, been denied the necessary support to help them combine work and care upon their return from maternity leave. It would be useful in future studies to focus on the life course experiences of these women.

Implications for policy and practice

Our conceptual framework also provides a valuable tool for the design and implementation of policy and support interventions. It indicates the need for a multi-pronged, context sensitive approach to MP, including regulation, awareness raising initiatives, information and guidance for informal supports, alongside, where possible, formal policy and encouragement of local community initiatives. Regulation is essential to protect the lives and health of new mothers and young children, but it covers a minority of women workers in Ghana and, where implemented, rarely involves mutual adjustments addressing women's needs. Reciprocity without formal social protection in smaller firms is also insufficient, helping some mothers but leaving others very vulnerable. The way forward is to target changes in workplaces of all sizes, building on reciprocity, while also developing the wider social infrastructure required to support working parents.

At the workplace level, it is important to raise awareness among firms of all sizes and sectors of the implications and costs of non- and uneven support, as well as asymmetric reciprocity. There is potential to share good practice of smaller firms providing MP support and building reciprocity based on trust and mutual adjustment in different business contexts in Ghana. Reaching small firms and the

informal economy is challenging and it is important that the approach is targeted and appropriate. Traditional leaflets and training initiatives are less likely to be successful than, for example, theatre at community events and more innovative use of various existing media outlets for raising awareness of MP-related issues at work. Given the importance of extra-organizational reciprocity in this study, policy makers should also consider how best to support community initiatives that build on cultural norms of community solidarity, reciprocity and obligations (Mupedziswa & Ntseane, 2013; Mohanty, 2011), and communicate possibilities for developments.

At the national level, lack of acceptable childcare is a major infrastructure problem and major barrier for women, particularly in rural and industrial urban areas which require women to commute long distances. This should be targeted for development, whether through national policy and/or support for local business and community initiatives. For instance, government could help businesses to facilitate the provision of childcare near the workplace – cooperation between different firms in the same geographic location is a good solution if formal help with childcare would not otherwise be feasible (Lewis *et al.*, 2014). We have seen that women, ranging from those in large businesses to the poorest women, find creative ways of managing to work and care, both individualistic and collective. However, energy directed to struggling to “get by” can detract from energy for work and hold back economic development more widely (Kabeer, 2016).

Another major barrier to effective MP is the requirement for employers to fund maternity pay. Simply enforcing statutory MP more widely would not be possible if employers are expected to pay for maternity leave and could potentially lead to a greater discrimination in recruitment of women of childbearing age (Fallon *et al.*, 2017), as well as unfair treatment and dismissal of pregnant workers and new mothers (Lewis *et al.*, 2014). However, maternity leave could be extended following the government’s commitment to cover the full or most of the costs by social insurance or public funds. Addati *et al.* (2014) demonstrate that state funded maternity pay is feasible in developing countries. In addition, guaranteeing income security for women in the informal economy by extending the coverage of formal social protection should also be among the priorities. There is thus a need for joined up thinking on policy, bringing together concerns about the high maternal and infant mortality rates, employment policy and economic development. For example, increasing paid maternity leave from three to four months is insufficient to meet government goals of encouraging six months’ exclusive breastfeeding for health reasons.

In evaluating the costs of inadequate MP it is important to look beyond effects on workplaces to include costs of maternal morbidity and mortality and of impacts on national social and economic development. The failure to meet the United Nations’ Millennium Development Goal 5 (MDG5) on improving maternal health make the need to concentrate on MP at work more pressing than ever. Although important progress has been made with respect to maternal health in Ghana, progress has been uneven and particularly for rural workers, who neither benefit from employer support nor formal social protection programmes, there can be fatal consequences. Non-support involves costs in terms of the health of women workers, their families and children as well as their ability to work and maintain their livelihoods. Consequently, these women tend to be trapped in poverty with very limited transformative potential for themselves and their children.

A new set of global Sustainable Development Goals (SDGs) is intended to help build on the achievements of the MDGs. Maternal health is covered under Goal 3 which aims to ensure healthy lives and promote well-being for all at all ages (UN, 2015b). The maternal mortality ratio in developing regions is still 14 times higher than in developed regions (WHO *et al.*, 2015)¹⁰. In order to

reduce maternal mortality and facilitate more successful maternal health outcomes of the SDGs than those achieved by the MDGs, there is a need to adopt a model addressing maternal health at work which is more suitable to the characteristics and needs of developing regions. Current approaches are dominated by institutional perspectives, focusing on organizational policies, and thereby suited to the more formal work environments of large firms. Our study provides insights into the complex processes underpinning the realities of MP in Ghana, highlighting reciprocity across workplace contexts.

CONCLUSIONS

In this article we explored workplace MP, including pregnancy support and maternity leave, breastfeeding and childcare supports and family-friendly working patterns in Ghana, a country with high rates of maternal mortality and morbidity. We also examined the role of reciprocity in underpinning the provision and experiences of MP in organizations varying in size and formality.

The findings contribute to the literature on MP in a number of respects. Firstly, we contribute to literature on MP by exploring provisions in differently sized formal and informal economy workplaces in a developing country, from the perspectives of employers and employees. While large formal economy organizations mostly offer MP measures corresponding to regulatory entitlements, women working in small informal economy businesses often only benefit from informal MP support. However, neither statutory nor informal support alone provide adequately for women's needs.

Secondly, the context sensitive approach contributes to theorising on reciprocity in organizational studies in non-Western contexts. Our conceptual framework also enabled us to go beyond description of MP provisions to contribute to a more nuanced understanding of processes of reciprocity underpinning MP in firms of all sizes, and particularly in micro and small enterprises in the informal economy. Reciprocity (Neves & Du Toit, 2013) emerged as crucial both alongside and in the absence of statutory provisions. Although embedded in unequal power relations, processes of 'give and take' can give women "voice" in some circumstances across the formal and informal economy.

Thirdly, the findings have implications for policy and practice. Effective MP is crucial in addressing the SDGs on maternal mortality rates, health and wellbeing (SDG3), decent work (SDG8) and gender equality (SDG5), as well as those aiming to eliminate poverty (SDG1) and hunger (SDG2), all of which are also vital for economic development. However, employers cannot do everything. Developments are also needed at the national level to ensure an infrastructure of support and to change mechanisms for funding MP. The requirement for employers to fund maternity pay is a barrier to effective and widespread protection in Ghana as elsewhere (Lewis et al., 2014; Addati et al., 2014).

There are important implications for large businesses in terms of maximising their return on investments in maternity pay by listening to women's needs and developing family-friendly supportive workplaces. There are also implications for smaller and informal workplaces in terms of developing and sustaining non-formal supports that benefit employees and their families as well as employers. In both cases it is vital that women are empowered to express their needs, which can vary across different contexts, to guide MP developments. Women are not a homogeneous group and it is those most at risk of maternal health problems who are least likely to have the necessary capabilities to articulate their most basic support needs (Kabeer, 2013). Our findings highlight the

role of different power relations and expectations in shaping women's access to different types of MP support and have important implications for the SDGs.

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ENDNOTES

¹As defined by the International Labour Organization (ILO), MP includes maternity leave; health protection at work for pregnant and breastfeeding women; cash and medical benefits; employment protection and non-discrimination; and breastfeeding support after returning to work. It also includes a number of workplace family-friendly policies and practices, including flexible working arrangements, paternity and parental leaves, and childcare support.

²Although the global maternal mortality rate was reduced by 45% between 1990 and 2013, MDG 5 made the least progress out of the eight MDGs, with 61% of participating countries being seriously off target. Sub-Saharan Africa had the highest maternal mortality ratio (the proportion of mothers that do not survive childbirth) in the world, with 510 deaths for every 100,000 live births (UN, 2014; World Bank 2015). The new SDG 3 (Target 3.1) aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 (UN, 2015b).

³99.6% of all businesses are SMEs and 91% of all firms are informal (GSS, 2015).

⁴Consisting of workplace responses to the reproductive labour of pregnant women and new mothers, including breastfeeding, MP addresses the SDGs on good health and wellbeing (SDG 3), decent work (SDG 8), gender equality (SDG 5), as well as those aiming to eliminate poverty (SDG 1) and hunger (SDG 2).

⁵Gammage *et al.* (2016: 6) refer to 'voice' as an aspect of agency, the ability to articulate practical needs and strategic interests, individually and collectively, in the private and public domain. However, for change to happen, "voice" must go beyond the capacity to speak, it must be heard, listened to, and acted on.

⁶Government ministries, social security institutions, Livelihood Empowerment Against Poverty (LEAP), the National Health Insurance Scheme (NHIS), labour inspectorate, workers' and employers' organizations, civil society and research institutions, and other associations or community groupings.

⁷Although conducting interviews in the natural setting of the employer/employee provided an in-depth insight into the working conditions of interviewees, downsides included distractions by other workers or customers during the interview and high noise levels in some workplace settings (e.g. markets and streets). Given the population under investigation, it was also not possible or regarded as appropriate to record the interviews in most cases (Summer and Tribe, 2008). However, extensive notes were taken and reviewed shortly after each interview.

⁸There is no universally agreed definition of SMEs in Ghana (Abor and Quartey, 2010). Our categorisation of SMEs corresponds with that used by the Ghana Statistical Service (GSS, 2015) in a recent business survey which finds that micro enterprises constitute 80% of all businesses whereas less than 0.5% are large enterprises.

⁹Exclusive breastfeeding is defined as giving an infant no other food or drink – not even water – except breast milk. The World Health Organization (WHO, 2003) recommends six months (180 days) of exclusive breastfeeding and thereafter continued breastfeeding with appropriate complementary foods for up to two years of age and beyond.

¹⁰Almost all maternal deaths (99%) occur in developing regions and more than half of these deaths occur in sub-Saharan Africa (WHO *et al.*, 2015).