

# Managing work and motherhood: implications for perinatal mental health

Dr Danielle Gallegos  
Centre for Social and Community Research  
Murdoch University

In conjunction with the Western Australian Centre for Research for Women

March 2007

For the State Perinatal Mental Health Strategy



Western Australian Centre for Research for Women  
University of Western Australia  
M711, 35 Stirling Hwy,  
Crawley,  
Western Australia, 6009

Ph: 61 08 6488 6820  
Fax: 61 08 6488 6821

Email: [susan.hall@uwa.edu.au](mailto:susan.hall@uwa.edu.au)  
Web: [www.wacrw.uwa.edu.au](http://www.wacrw.uwa.edu.au)

Danielle Gallegos PhD  
Managing Work and Motherhood: Implications for Perinatal Mental Health  
Final Report  
February 2007

Citation: Gallegos, D. (2007). Managing Work and Motherhood: Implications for Perinatal Mental Health. Perth, Western Australia: State Perinatal Reference Group Department of Health, CSCR and WACRW.

## Executive Summary

This research explores the perinatal wellbeing of mothers working in the paid labour force. In particular it focuses on:

- work and identity;
- the transition into the workplace after birth;
- the decision-making process in returning to work;
- attitudes towards motherhood;
- support networks available to women;
- access and utilisation of services.

The project was funded by the Western Australian State Perinatal Mental Health Research Program and administered and overseen by the Western Australian Centre for Research for Women.

Women who were in the paid workforce for sixteen hours or more and were pregnant and/or had a child less than two years of age were recruited through a variety of means to participate in the research. Twenty-two women were interviewed and asked about a range of issues relating to working and motherhood including reasons for working, maternity leave and work arrangements as well as services, support networks and psychological and emotional wellbeing. Finally, the women were asked about the types of services that would assist with managing work and motherhood. In addition to the interviews, women were also asked to complete the Edinburgh Postnatal Depression Scale, Multidimensional Scale of Perceived Social Support and Maternal Anxiety Separation Scale.

Paid employment for women in this study was important financially as well as being integral to their sense of identity. As such, many women described working in the paid labour market as a key element in maintaining psychological and emotional health. There were, however, aspects of juggling the dual roles of “nurturing mother” and “paid worker” which some women found difficult. Many women described a sense of guilt and perceived a degree of negativity from family and other women regarding their decision to return to paid work while their children were young. Partners were generally supportive but that support did not tend to include full shared responsibility for these roles.

The majority of women took less than twelve months away from work in order to give birth and subsequently care for themselves and their infants. This leave was made up of a combination of maternity leave, annual leave, flexi-leave and other forms. In some cases periods of unpaid leave was taken. Other women took all forms of paid leave and returned to work when this had been exhausted. Women appeared to take whatever leave they had available to them. In situations where women had accrued leave this was a relatively simple task of cobbling together various leave options. There were also significant variations between employers with regards to maternity leave provisions. This indicates a need for longer term, more secure paid maternity leave options for all women.

Tied in with maternity leave provisions were the arrangements made for returning to paid work. The majority of participants in this research described their

employers as supportive and flexible in negotiations for a return to work that facilitated both working and parenting. Arrangements at work included flexibility with respect to starting and finishing times; place of work; flexi-time; and the taking of sick leave. Most of the women who had negotiated these arrangements were conscious that this was not necessarily the case with other employers. Rather than seeing it as a right many considered themselves "lucky".

Arranging care for children to facilitate workforce participation was one of the issues that mothers agonised over and spent considerable time researching, organising and monitoring. The financial burden of childcare also appears to be the sole responsibility of the woman. The majority of women interviewed were aware that the early care of children has a significant impact on early childhood and subsequent development. Many parents, however, felt they had few choices with respect to childcare.

There were issues related to waiting periods with some women placing their unborn infant's name on waiting lists. Cost was mentioned as a factor and those not using formal childcare often cited financial reasons for not pursuing that option. Families had preferences for centre-based or family-based care. With those choosing centres preferring them due to the "safety in numbers" factor while those electing for family care showed a preference for intimacy and one-on-one care.

Traditional sources of information about parenting including friends, family and general practitioners have been replaced by the internet. This could indicate that working women had less time to find information from other sources, but generally had ready access to the internet both at home and through work. Child health nurses and magazines/books were accepted sources of information. Mothers and mother-in-laws were generally considered poor sources of information on parenting as most of their advice was thought to be outdated.

Women were asked to nominate what services they would find most useful while they were pregnant and working, or with a young child and working. Pregnant and working did not appear to pose many issues with antenatal classes scheduled after working hours and on weekends. All the pregnant women interviewed were able to take advantage of flexible work arrangements to attend appointments. However, it could be anticipated that attending an antenatal outpatient appointment at a public hospital would be more difficult when working.

For working mothers the services they nominated to improve the management of working and mothering included:

- Increased childcare places and reduced childcare costs

Women invested considerable financial and emotional resources into sourcing and arranging childcare with which they felt comfortable. The lack of childcare places was a contributing factor to the stressors related to returning to the paid workforce. Given the lack of places working mothers were also resentful of women using childcare who were not working. In addition, the lack of flexibility with regard to places that is, paying for the place rather than the time attended, was another issue.

- Financial assistance

For many of the women the decision to return to paid work was financial. Some women felt their contribution to both household and state economics were undervalued, contributing to their belief that working mothers were not held in high regard.

Associated with financial support were issues relating to parental leave. Many of the women had proactively sought out workplaces with generous maternity leave entitlements, or planned their pregnancies in order to benefit from entitlements. Others used different forms of leave creatively to maximize the amount of time available for maternity leave. In some cases, women had to return to work earlier than planned due to financial commitments. Financial insecurity was a major contributor to emotional and psychological duress. Alleviating that stress would contribute significantly to mothers' and their childrens' wellbeing.

- Workplace family friendly policies

The majority of women indicated that workplace flexibility was essential in juggling the demands of both family and work. Most of the women were mindful that their current employers provided flexible work arrangements and that other women were not as "lucky". For women in the paid labour market flexibility in the workplace and being able to juggle work and family life was essential in enabling women to reconcile "nurturing mother" with "paid worker". This in turn significantly impacted on self-identity and consequently emotional and psychological wellbeing.

- Improved access to resources

The women made a number of recommendations in relation to service provision while trying to combine paid employment with motherhood. It should be noted, however, that all the women in this study had managed to find advice and services through both formal and informal avenues. Despite this there is still action that could be taken to improve access to services and information that would support mothers in the paid labour market and consequently contribute to positive mental health.

There is a potential role for the State Perinatal Mental Health Strategy (SPMHS) to undertake direct service delivery or alternatively play an advocacy role to ensure that working women maintain positive psychological and emotional wellbeing.

### ***Information***

The quantity and availability of information about early childhood development often left mothers confused and anxious. Parents need to be supported with up-to-date information that is accurate and unbiased. Media reports of research, especially regarding the impact of childcare on young children often served to heighten anxiety. Parents require access to a support network guiding the interpretation of such reports that is relevant to their particular situation and context.

Strategies to consider include:

- Providing a "Guide to the Internet" highlighting sites with accurate information and building the capacity of families to discern between data sources;

- Email contact with working parents providing them reminders for immunisations and other milestones, up-to-date, accurate information on child development research, access to an online child health nurse or midwife.

### ***Service provision***

Access to services including specialist psychologist/psychiatry remains problematic for many working women. Consideration therefore, should be given to:

- Advocating for the co-location of child health services with childcare centres;
- Extending hours of operation for child health services;
- Introducing a system of accreditation for counsellors working with women who have Perinatal mental health concerns;
- Providing information online wherever possible;
- Introducing and encouraging virtual mother's groups enabling women who work an opportunity to chat to other women in the same situation;
- Consider communities of "mother's groups" that are not geographical but rather age-based or reflective of background, for example working/not working.

### ***Childcare***

Issues relating to accessing quality childcare, flexibility of childcare places and cost of childcare remain high on the agenda for these women. The responsibility for finding accessible, affordable childcare appears to be the sole responsibility of the mother. For working women a form of childcare that can be incorporated into the work schedule such that it facilitates the transition from home to work and back again is important.

The potential role of the State Perinatal Mental Health Strategy in this area could be one of advocacy and facilitation including:

- Advocating for the establishment of work-based childcare;
- If work-based childcare is not an option, where appropriate advocating for the introduction of child-friendly spaces in work environments including areas where women can express breast milk or feed infants, care places for children who are unwell;
- Advocating for an increased variety of childcare options those that are centred-based, home-based and in-home care;
- Continuing to advocate for the continued reduction in the cost of care without impacting on the quality of childcare; the right of a parent to choose care most appropriate for their child including in-home care and; the increased number of places in long daycare centres and family daycare;
- Providing parents with resources that enable them to confidently make decisions regarding the type and quality of care required.

### ***Work flexibility***

At the core of being able to successfully manage work and motherhood was the flexibility of work arrangements. This included starting and finishing times; use of sick and family leave; use of hours within the day; and maternity benefits. Nearly all the women in this study considered themselves fortunate in that they were able to successfully negotiate flexibility with their employers. There were exceptions however, where workplaces were not flexible. It should be noted that inflexibility was more likely in casual positions or in those jobs that required unskilled or semi-

skilled labour. Other women manipulated their career choices around maternity benefits as opposed to skills or opportunities.

Workplace inflexibility has the potential to significantly impact on the perinatal psychological and emotional health of women. As a result the State Perinatal Mental Health Strategy could consider:

- Providing information to women and to build their capacity and understanding regarding their rights at work;
- Providing information to employers regarding their responsibilities with respect to the provision of maternity leave and options for returning to work. This could include a practical guide for employers regarding family-friendly practice and space;
- Building the capacity of women to negotiate flexible work arrangements;
- Encouraging men to take advantage of or negotiate flexible work arrangements in order to be able to actively co-parent;
- Provide data regarding successful flexible work arrangements and how they were negotiated;

The strength of this research lies in the qualitative data collected that used the words of the women themselves to illustrate the lived experience of working while raising children. It demonstrates the subtle differences among women in their ability to juggle multiple roles and highlights their resilience and creativity in adapting to the situations in which they find themselves and in combining a range of formal and informal services to meet their needs.

## Acknowledgements

The researcher would like to thank co-researchers Dr Farida Tilbury, Dr Loraine Abernethie and Professor Trish Harris. Also Dr Pia Broderick who provided valued psychology service input.

Thanks also go to the twenty-two women who gave up their time to be part of this research.

This research project also had a team of assistants and thanks go to, Ms Shiree Treleaven-Hassard for assisting with the literature review, recruitment of participants and transcription of interviews and Andrea Tongue and Kaye McLennan for transcription of interviews.

We also acknowledge the Western Australian Centre for Research for Women's assistance in:

- Providing the Centre for Social and Community Research the opportunity to access funding for this project;
- Inter-university administration;
- Assistance with recruiting participants; and
- Report review and feedback.

Thank you to the State Perinatal Mental Health Strategy for financial support to undertake this research.



## Table of Contents

	Page number
Executive Summary .....	iii
Acknowledgements .....	viii
Background .....	1
Introduction .....	2
Methodology .....	3
Who did we interview? .....	8
Working .....	11
Support networks .....	19
Leaving work and going back .....	26
The emotional work in returning to paid labour .....	34
Childcare arrangements .....	41
Parenting information sources and services used .....	45
Psychological health during pregnancy and beyond .....	51
Services for working mothers .....	55
Conclusion and recommendations .....	62
References .....	66
Appendix A: Recruitment flyer .....	71
Appendix B: Interview schedule .....	72
Appendix C: Scales .....	73
Appendix D: Results of scales .....	77

## Background

This project explores the perinatal wellbeing of women who are pregnant or have an infant, and are working sixteen hours or more per week in the paid labour force.<sup>1</sup> In particular it focuses on:

- work and identity;
- the transition into the workplace after birth;
- the decision-making process in returning to work;
- attitudes towards motherhood;
- support networks available to women;
- access and utilisation of services.<sup>2</sup>

The project was funded by the Western Australian State Perinatal Mental Health Research Program and administered and overseen by the Western Australian Centre for Research for Women.

This research was broadly situated in Bronfenbrenner's (1979) ecological framework conceptualised as four nested hierarchical structures: microsystem; mesosystem; exosystem; and macrosystem:

- Microsystem refers to individual experiences in a given setting, such as the home;
- Mesosystem describes the link between settings in which the individual actively participates such as the home and the workplace;
- Exosystem is the influence of settings in which the participant does not directly participate but which may influence the individual. For example, this may include for working women; childcare, school or partner's place of work;
- Macrosystem refers to the impact of changes in social institutions in which the individual operates. In this instance, examples of macrosystem changes could include industrial relations legislation, societal attitudes towards working mothers and low unemployment.

Bronfenbrenner's work is a sociocultural approach to human development and is used extensively to describe the interaction between factors in a child's development. In this instance, the approach is valuable in that it takes into consideration both stability and change in lives as they unfold within historical, social, and cultural contexts. The model provides a framework to facilitate a discussion regarding the impact of a prevailing work ethic which demands more face-to-face time resulting in increasing pressure on family life.

---

<sup>1</sup> The term work in this report is taken to mean work in the paid labour market. It is acknowledged that for women in particular work also encompasses unpaid labour.

<sup>2</sup> Perinatal is defined as the period prior to falling pregnant and up to when the infant is three years of old.

## Introduction

In June 2004, mothers were employed in 45% of the families with children under the age of five; in 64% of families where the youngest child was aged seven to nine years; and in 71% of families where the youngest child was ten to fourteen years (Trewin 2006). In addition, 75% of those working up to fifteen hours per week were women and the majority of people (62%) wanting a job or more hours were women (Australian Bureau of Statistics 2006).

In the Longitudinal Study of Australian Children (LSAC) the employment rate for women with infants was 38% with a further 10% on maternity leave (Baxter and Gray 2006). Mothers working 35 hours or more were more likely to describe not coping than those working fewer hours (AIFS 2006). The majority of women with family responsibilities participating in the workforce do so from an economic imperative (Austen and Birch 2002). The reasons given by women for not being able to start work or work more hours were childcare; pregnancy or home duties. For men, the primary reasons were long term illness or disability (Australian Bureau of Statistics 2006).

Previous research indicated that the shift of women into the paid labour market and into multiple roles has not impacted adversely on either women's or children's physical, emotional and psychological wellbeing (Aube, Fleury and Smetana 2000; Maclean, Glynn et al 2004; Ahmad-Nia 2002). There is some evidence to suggest however, that women who are not working but would prefer to work or women who are not working their preferred hours suffer higher levels of stress and anxiety (Hock and DeMeis 1990).

The experience of juggling the demands of mothering and work while their children are young "means that work increasingly affects mothers" and "also changes the experiences of the men who live with women who are simultaneously mothers and workers" (Pocock 2006: 52). This being the case it is timely to look at the impact of work on women who are pregnant and the mothers of infants with a view to improving strategies that enable women to successfully manage work and motherhood.

The increasing number of women in the paid labour market constitutes a significant social change which needs to be acknowledged with a concomitant shift in policy and service delivery. Service provision postnatally has traditionally focussed on the mother-infant dyad where the mother has elected to remain at home either for a set period of time or indefinitely. Given the number of women returning to the paid labour market soon after the completion of maternity leave it is also time to review services with the view to maximising access to care and support for women, their children and partners (Equal Opportunity for Women in the Workplace Agency 2007).

## **Methodology**

### ***The participants***

It was proposed that thirty women would be interviewed with the criteria for inclusion being:

- currently pregnant or had a child twelve months or less; and
- in paid employment for twenty-four hours per week or were expecting to return to employment before their infant was twelve months old;

No specifications were made regarding mental health status.

The sample size was restricted primarily due to the funding available. However, as this study was primarily qualitative the sample was selected using criteria purposive sampling in order to study in-depth the experience of managing paid work with motherhood. Sampling ceased when no new information was forthcoming from the types of women volunteering to participate in the study.

Women working twenty-four hours or more were selected as this number of hours indicated more day-time hours spent at work rather than at home. Therefore, it was hypothesised that these women had more limitations on their time and faced potentially greater challenges in managing paid work and motherhood. In order to focus on the current situation, rather than rely on memory, women with infants less than a year old were chosen to participate in the research.

These criteria were relaxed in order to increase the sample size to include women who were currently pregnant or had a child less than two years of age and were working two or more days per week in the paid workforce, that is, around sixteen hours or more. Attempts were made through broad and targeted sampling to ensure women from a wide range of socioeconomic backgrounds, ethnicities and occupational groups were included.

### ***Ethics***

Ethics approval for this project was received from the Human Research Ethics Committees of Curtin University, the host for the Western Australian Centre for Research for Women, where the contract was granted. Ethics approval was also received from Murdoch University where the Centre for Social and Community Research is located.

### ***Recruiting participants***

Recruitment of participants occurred through a variety of means including:

- Posters at baby swim locations and child health centres;
- Letters and posters to major employers;
- Letters and posters to family daycare and daycare centres throughout the metropolitan area including Mandurah;
- Posts on websites: Essential Baby and Murdoch University;
- Posters at Ngala and Meerilinga;
- Radio spot on 6PR;
- Article in community newspapers, south metropolitan Perth;
- Email to WA Centre for Research for Women list.

A copy of the flyer used is attached in Appendix A.

The majority of participants were drawn from the direct mail out to child care centres and family day care as well as from web postings and email lists. Attempts at attracting a more diverse range of women by targeting large employers of unskilled and semi-skilled employees were largely unsuccessful. Time limitations precluded further attempts. The reasons for the lack of success could include:

- A lack of understanding and engagement with the research process;
- A lack of time and resources to engage more widely;
- Marginalisation of women who are single parents, from lower socio-economic or ethnic backgrounds;
- Smaller numbers of women from these backgrounds with children participating in the labour market.

In order to increase the number of women from more diverse backgrounds it could be possible in future research to work in partnership with the union movement and Centrelink.

### ***Interviews***

All participants received written background information regarding the project and all signed a consent form before interviews proceeded. Interviews took place in a location specified by the participant and this was typically the participant's home, workplace or the researcher's office. Anonymity and confidentiality was ensured and pseudonyms are used throughout this report to protect the identity of participants. If during the course of the interview any areas of concern or anxiety were raised permission was sought from the participant to approach the Department of Psychology, Murdoch University regarding appropriate service referral. This happened in one case.

Interviews were semi-structured to allow for significant detail to emerge on each of the broad issues under investigation. Semi-structured interviews are preferred as they provide some points of reference between participants but allow space for the participant to raise issues or questions that may not have been anticipated (Sarantakos 1993). The interviews took between 40-75 minutes to complete and were audio taped and transcribed. Themes were then identified inductively and the main issues associated with each theme documented until data saturation (Denzin and Lincoln 2005; Ezzy 2002).

The research uses a qualitative method to collect rich descriptive data, enabling a comprehensive understanding of issues from the perspective of participants. This approach is appropriate at the early stages of research or where an area of research is new (Babbie, 2002; Gilbert, 2001) and is commonly used for research with women (Oakley, 2000). Variability in such data is one of its strengths, indicating the heterogeneity of views, perceptions and experiences.

The structure of the interviews were organised around the following:

- participant details, including age, current relationship, number and ages of children, usual residence;

- work, including qualifications, type of work, reasons for working and work arrangements;
- accessing services while still pregnant;
- birth/pregnancy experience;
- support networks;
- the challenges and joys of being a mother;
- perception of psychological and emotional wellbeing;
- services that would be of benefit to working mothers.

A copy of the full interview schedule is attached as Appendix B.

This report uses direct quotes from participants that are essentially verbatim. Minor editing has occurred to remove repetitive words, “ahs” and “ums”. Using direct quotes is indicative of a commitment to ensuring clarity between data, interpretation and conclusions (Denzin and Lincoln 2005). Given that only one researcher interpreted the qualitative data using direct quotes also provides a demonstration of how the interpretation was achieved and provides readers with a clearer sense of the evidence on which the analysis is based (Liamputtong and Ezzy 2005). In addition, many participants prefer the use of their own words as it makes the report “more convincing because people know that the researchers have not just made it up” (Corden and Sainsbury 2006).

### ***Researcher position***

Qualitative research should always be reflexive and recognise that the researcher “is part and parcel of the setting, context, and culture they are trying to understand and analyse” (Liamputtong and Ezzy 2005 p43). In this instance, the researcher is a mother who has herself combined paid labour with motherhood. By having such experience the researcher was able to sensitively interview women and explore issues and understandings that may not have been otherwise possible.

This research also takes its lead from the Australian Human Rights and Equal Opportunities Commission and begins from the premise that choosing to combine paid labour and motherhood in a manner that safeguards both caring and working roles is a right (Human Rights and Equal Opportunities Commission 2007; Human Rights and Equal Opportunities Commission 1999).

### ***Scales***

Interviews were supplemented with:

- Edinburgh Postnatal Depression Scale (EPDS)
- Multidimensional Scale of Perceived Social Support (MSPSS)
- Maternal Separation Anxiety Scale (MSAS)

Of the twenty two women interviewed, twenty women completed all three scales; and eighteen women completed the Maternal Separation Anxiety Scale. Two women did not complete any of the scales. Two women elected not to complete

any of the scales. The remaining two women not completing the MSAS were pregnant and had no other children and therefore the scale was not relevant.

#### *Edinburgh Postnatal Depression Scale (EPDS)*

In Australia, the EPDS is the most commonly used screening tool to assess the risk of postnatal depression. Its use is preferred as it purportedly circumvents problems associated with physical and social factors that could be the result of having a new baby (Eberhard-Gran et al. 2001). Used antenatally, the EPDS has low specificity and sensitivity and does not take into consideration the effects of birth trauma, an unsettled baby, poor maternal physical health and the absence of emotional and practical support (Austin and Lumley 2003a; Austin and Lumley 2003b).

The EPDS does not provide a definitive diagnosis of postnatal depression. In this research, the EPDS is used to provide a snapshot view, giving an indication of postnatal depression risk. The scale is used in conjunction with the participant's own view of their psychological and emotional wellbeing gained through the interviews.

#### *Multidimensional Scale of Perceived Social Support (MSPSS)*

The MSPSS is a brief, validated, self-report measure subjectively assessing social support across three sub-scales; family, friends and significant other. Other researchers have hypothesised that high levels of perceived social support will be associated with low levels of depression and anxiety symptomology (Zimet et al. 1998; Zimet et al. 1990).

#### *Maternal Anxiety Separation Scale (MASS)*

Maternal concerns about separation from infants are complex and multidimensional. Maternal separation anxiety is defined as "an unpleasant emotional state tied to the separation experience: it may be evidenced by expressions of worry, sadness or guilt" (Hock, McBride and Gnezda 1989: 794). The MASS consists of three sub-scales:

- The *Maternal Separation Anxiety Scale* consists of 21 items that reflect aspects of anxiety and associated guilt about leaving a child. The range is seven to 35 with a mother scoring low reporting little concern about spending time away from their child;
- *Perception of Separation Effects on the Child* is a seven item scale relating to maternal feelings and attitudes about a child's ability to adapt to non-maternal care. The range is seven to 35 with a low score indicating that the mother believes the child will adapt and benefit socially from separation;
- *Employment-related Separation Concerns* is a seven item scale that assesses maternal concerns about work-related separation. The range is seven to 35 with high scores indicating that these mothers find separation specific to careers and jobs stressful.

Copies of all scales are attached in Appendix C.  
Results of scales are attached in Appendix D.

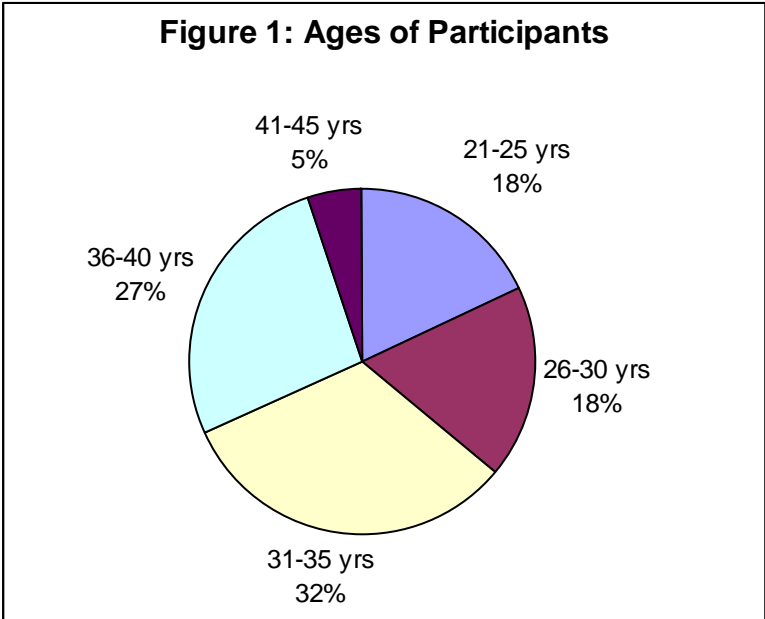
***Limitations of the research***

Despite concerted efforts to recruit women from lower socioeconomic backgrounds our sample was heavily biased towards professional women in higher socioeconomic brackets. While there is evidence that the majority of mothers returning to paid employment are in this bracket the challenges facing women on lower incomes are potentially more urgent. The scales were used to supplement the material gathered in the interviews. The small numbers means that analysis of the scales in isolation cannot be extrapolated to say anything with weight about the link between social support, maternal separation anxiety and the risk of postnatal depression.

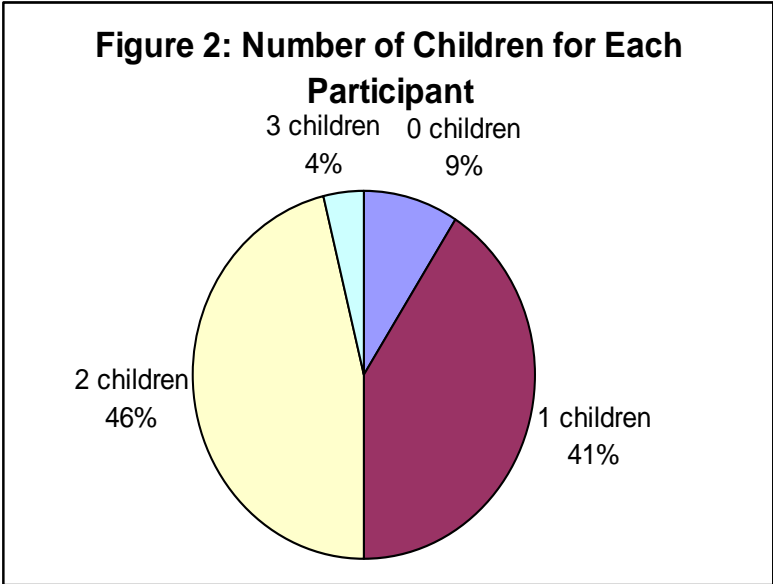


**Who did we interview?**

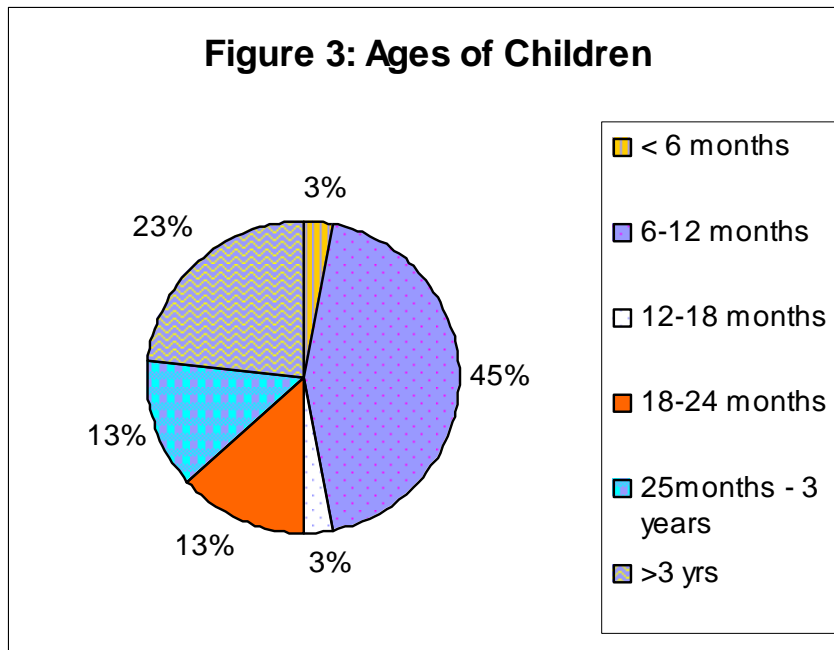
The following data was drawn from interviews with twenty-two women.



The women ranged in age from 21 to 41. The majority of women (64%) were over the age of 30, reflecting the trend for women in Australia to have children at an older age (Australian Bureau of Statistics 2005).



Twenty of the twenty-two women had children. The remaining two women were six and eight months pregnant respectively. Of those with children another five women were pregnant.



Ages of the children ranged from three months to seven years. The youngest infants ranged in age, from three to twenty months.

All participants were married or in a de-facto relationship and had been together for between two and twenty years with the average being seven years.

### ***Occupation***

Sixty-four per cent (64%) of the women had a University degree of which 50% had further postgraduate qualifications. Of those with a university education occupations included finance, engineering, university research/teaching, university administration, environmental health, nursing and social work.

Eighteen per cent (18%) of women had been to a college of Technical and Further Education (TAFE) to undertake studies in childcare, aged care, animal care and hospitality.

Fourteen per cent (14%) of women were studying. All those studying were combining it with paid employment.

Nine per cent (9%) of women were self employed or working in a family business.

It should be noted that employed women with an infant are more likely to be professional women when compared to all employed women (Baxter and Gray 2006).

### ***Partner's occupation***

Twenty-seven per cent (27%) of partners were in professional occupations including information technology, finance, mining and engineering. 36% were tradesman with 75% of those self-employed. 14% were in sales and another 9% involved in family businesses. 5% of partners were unskilled workers, 5% were

retired and 9% were studying with one of those combining study with paid employment.

### ***Hours working***

Thirty-six per cent (36%) of women were working full-time. Of these, one was pregnant and without a child. The remaining women working full-time all had one child and of these two were pregnant with their second children.

Three women undertook shift work with the total number of hours ranging from 16 to 42 hours per week. One woman who was self employed had variable hours but generally did not work less than 25 hours a week.

The remaining women worked between 21 and 32 hours per week.

## Reasons for working

Participants were asked to describe the work they did and the benefits and drawbacks of combining work and motherhood. The two primary reasons for working given by the women were:

- financial; and
- a sense of identity or fulfilment.

Even though the motivation to work appears to be based in reasons of self-interest, the majority of women interviewed contextualised these with respect to their children. In other words, regardless of the motivation to work, “children were central to the decisions about participating in paid work” (Hand and Hughes 2005 p14). However, given the confusion surrounding the status of caring for young children coupled with the real and perceived derision experienced by mothers in “leaving” their children to return to work, women are required by the societies in which they live, to construct themselves within a moral framework that prioritises their children’s needs (Hondagnea-Soletto 2003; Grace 1998; Vincent et al. 2004a). As has been noted, “the ideological connection between women and caring ... continues to underpin public, social and employment policies and notions of the family” (McKie et al. 2001 p234).

### *The benefits*

#### *Financial*

Just under half of the women indicated that they worked for financial reasons although for the majority it was not the sole reason for combining work and motherhood. Those financial reasons ranged from necessity in order to pay for living expenses, to being able to give their children “anything they want”. For women whose partners were self-employed and whose incomes could be variable, working provided financial stability.

The financial side is always good, it means that we can do things that we want to do rather than having to save and scrimp around the house. You know we can enjoy Foxtel, and I love the Discovery channel and so that means we can have that at home which helps to keep my intellectual stimulation, so I like that. It means we can provide swimming lessons, both my boys do swimming lessons. *Anastasia*<sup>3</sup>

Benefits, well financial’s a big one because we’ve got a big mortgage.  
*Laura*

Being able to pay the bills, that’s the main benefit.  
*Natasha*

The other aspect communicated was a sense of financial independence coupled with financial responsibility. In other words, women wanted to contribute to the

---

<sup>3</sup> Please note, as previously stated, in order to protect the identity of participants all names used in this report are pseudonyms.

household finances with money they could describe as their own. It should be noted however, that the primary financial responsibility for childcare remains the woman's, as indicated by Linda below.

It's about, it's a lot of things actually. Part of it's about having my own money. You know like ok we're married and we share finances and stuff but it's money that I earn. I don't know there's something about that, it's just very special and it's part.

*Lisa*

The other thing about working for me is that my salary's enough that I still get to take pay home after I pay the childcare fees. So we're not in that bind of, it really doesn't pay you to go back to work.

*Linda*

Of those who indicated that money was the primary factor for working, over half returned to work three months after their children were born. This corresponds with previous research that indicated the majority of women returning to work in the first three months reported that their family's needs for income was essential or very important when deciding to return to work (Volling and Belsky 1993).

In this sample, as represented by the quotes below, ninety per cent of the women returning to work within three months of giving birth had lower education and lower income levels. Ten per cent were primary income earners.

Three months maternity leave – took term one off and went back term two. So I would've taken longer but there was too many, way too many bills and because of the Department, you'd only get eight weeks paid leave so the rest was unpaid and [our daughter] cost a fortune because she had those feeding problems, so she was in and out of emergency. She had to go back into hospital for four days when she was nine weeks, so the health, private health only cover thirty percent, not even sometimes and then the constant paediatrics, visits every two weeks up until she was five months old so, and that is one hundred and eighty dollars per shot.

*Anastasia*

Yeah I had to. Didn't have much choice because we would rather have him at home and struggling with money than not being at home [doing fly in fly out] and being cruisey, and it is like, "Well what is the point?"

*Felicity*

No. Nah, I've always worked casual, you can't full-time work. I left for four weeks. I just sort of left. Actually quit the pub five days before I had my son, three weeks after I had him I went back and said, "oh look is there still a spot for me" and he said, "yeah no worries". It's one of those industries where you only have people work there for three weeks sometimes so if you've got someone who's been there a year you've pretty much got a [leg way] always back. I had a month off all up. I still

had the stitches in when I went, and I still had yeah the menstrual bleeding and all that when I went back to work.

*Wanda*

Yeah it was financial. I earn close to twenty five thousand more than my husband a year and you know we have a mortgage to pay so you know she needs somewhere to live and to be able to eat so I went back to work and he took time off. And also he didn't enjoy his work so he decided to take a bit of time out as well, which sort of tied in quite well.

*Natasha*

### *Identity through work*

Work for many women was seen as an important source of adult social interaction and intellectual stimulation, irrevocably tied to their sense of self-worth. The division of "home" as intellectually void and socially stagnant and "work" as fulfilling and stimulating was iterated by many of the respondents. This view replays the prevailing image of "the lazy, mindless, dull housewife" (Hays 1996 p 138).

Once only the domain of men, paid work for women is increasingly employed as a self-reflexive tool to meet the moral imperative to "make something of one's self" (McMahon 1995; Jordan et al. 1994). As Pocock (2006) has indicated, work has "been naturalised as a defining sense of identity, of access to citizenship and to many social support ..." (p47).

There were class or socioeconomic differences among women and their attitudes towards work and caring for children. That work contributed to their sense of identity was indicated by the majority of women, although it was expressed in different ways.

It's nice to do something different and then you feel, I feel more energised in the morning to go right lets do kids stuff, you know. Whereas when you're constantly doing it you start to think, oh, you start to talk like a kid, you start to talk about the kids, you can't, you have nothing else to offer.

*Wanda*

As I said I wouldn't want to be at home all the time when my kids were older. For me I really enjoy what I do. I work with great people and so for me it's a whole other area of using my skills that I wouldn't use at home. There are things I am interested in that I can't do when I'm at home, so it gives me the opportunity to do those things.

*Jessica*

It keeps my brain ticking, I think that's really important. I do believe that people's brains turn into porridge if they're not stimulated and it's very stimulating 'cause you're learning new things all the time. *Rochelle*

Oh for me it is about my self-esteem and where I get self-worth. It is interacting with other people, and I enjoy the job that I do. I get a lot of satisfaction from it, not that it is about satisfying yourself, but I enjoy the work I do and I think also I've just, I've always worked, and it is part of me that, that work validates part of who I am, being a worker, and I think now for [my son], I think it would be really positive for him if he sees a happy Mum who goes out to work, that is what she does, and she comes home and I'm happy because I am happy doing what I do during the day, and I know that he is well cared for, and I don't have any issues about that.

*Dorothy*

The need to balance out the physical and emotional aspects of caring for children with the physical and intellectual aspects of paid work was described by some women as 'time-out' from child caring and home duties.

Sometimes it feels like time out, that I'm getting time away from her because I mean [the younger one] is only, she is not old enough to bug me yet (laughs)... Sometimes it feels like time-out, that I am just getting some time out from the kids.

*Felicity*

Before I didn't know what to do every day and 'cause baby cried, and needed nappies all different things I just felt useless. I wasn't good at doing house work and I cannot cook at all, so it was really bad for me.

*Kylie*

For women with a depression diagnosis, work was used as a form of therapy. Working was described as a key element in maintaining emotional and psychological health.

Then my depression would be I think. I know myself well enough that I need a routine and I know my depression would be, would get quite bad if I didn't work. I think if I worked less than three days a week then I would suffer for it.

*Rochelle*

Because I get real bad postnatal depression. So that actually helped me, like going to work actually helped me get out of my postnatal depression.

*Gail*

### ***The downside of working***

Women were asked whether there were any drawbacks associated with working. The use of the word drawback was deliberate in order not to suggest either negativity or positivity. "Drawback" was considered a more neutral term which could be interpreted on a continuum from significantly negative through to minor stumbling block.

For many women the primary drawbacks of working when they had children were:

- Spending less time with their children;
- Juggling family and work commitments;
- Not being able to maintain housework.

These three facets point to the fragmentation and limitations on time available for working mothers to complete all of their designated roles. It is recognised that couples with children have significantly increased household workloads. The time costs associated with this increase in workload is not evenly shared with the increase in workload falling disproportionately to women. Unpaid labour in households with children is six and a half hours more than childless couples and four-fifths of this increase is carried by women (Craig and Bittman 2005). In time-use studies of households with children under the age of five, for working women participation in the paid labour market does not appear to reduce time spent caring for children. Instead, in order to maintain time spent with children, the time spent in personal care (sleep, grooming, eating) and child-free leisure time is reduced (Craig 2007).

Not having time to spend with children was an overriding drawback of working. However, many mothers justified the lack of time with the knowledge that their child benefited socially, that they were able to provide experiences and material goods or that it helped them to appreciate the time they did spend with their children. It would be interesting to contemplate the responses to this question from a father's perspective and this would warrant further research. For women the primary drawbacks of working with a family are not work intrinsic but rather how they can rationalise dual roles of "nurturing, caring mother" with "productive, paid worker".

The time you get to spend with your kid I think is a negative. Which I've noticed more as she's got older and she asks "is it a home day today?", and they cry when you take them there, and then you ring up and of course they're having a wonderful time with their friends. Then some days it's on the weekend, "is it [daycare] today?", "no it's a home day", "Oh I want to see Isabel" and you think oh crikey, figure it out so, you know. There's obviously a balance, there's also the realities of life as well you know. Its ok well you like to go and see the ducks well mummy's got to go to work and a bit later you say you want Nike shoes well mummy's got to go to work.

*Sam*

Missing out on, you know, little things. I guess she doesn't wake up, she doesn't see me, Dad wakes her up in the morning. But I get up to her during the night if she needs to wake up. I pick her up in the afternoon so I get her in the afternoon, he gets her in the morning 'cause of our hours of work. So I guess, she gets to socialise a lot more which I think is really important. Obviously her getting sick is a downfall as well.

*Natasha*



The hours. Missing time with him although sometimes I think it makes you appreciate and makes me appreciate him more. I come home from work and he runs to the door, so you appreciate those little things and those little changes more. Yeah, the hours and the pressure are big draw backs.

*Rochelle*

The lack of time also spilled over into the realisation that managing work and motherhood required a high level of organisation and the ability to juggle demands from home with those of work. It was this aspect that many women found exhausting. It is also indicative that there was not a concomitant increase in the time spent by fathers in undertaking household tasks (Craig 2007).

It's very stressful. You have to be either super well organised or deal with the fact that I'm not going to get to work before ten o'clock in the morning and today I didn't get into work until ten because I'm always so disorganised.

*Anastasia*

Life overall is hectic, I think you have to be really organised when you have kids and adding work to that is adding another layer of having to be more organised and you're using a different part of your brain so when I come home I'm that much more exhausted then, it's a different kind of tiredness and exhaustion than when you've been at home all day doing things with the kids.

*Jessica*

No time. I'm constantly on the go and it's just so draining it's not funny. That's why I'd like to only do three days a week so then I could relax, compared to what I'm doing at the moment and it just makes it a lot easier.

*Gail*

The demands of motherhood and work often meant that personal time and child-free leisure time were markedly reduced. Other research indicates that employed mothers have less personal care time compared with non-employed mothers. Using non-parental childcare increased child-free leisure time for non-employed mothers by five minutes for every hour of care. Fathers using non-parental childcare also saw an increase in child-free leisure time. Employed mothers, using non-parental childcare, however, had no increase in child-free leisure time. As a result, employed mothers "try to avoid trading off time in market work and childcare by reducing the time they spend in non-work and non-childcare activities" (Craig 2007 p 83).

In this study, personal time and child-free leisure time were reconstructed as time spent in paid labour or time with children. The concept of child-free leisure or "me-time" for women at this stage of parenting was not a consideration.

I don't know, I am used to my kids with me, and I love them sleeping in the bed with me, so I don't know.

*Maria*

My time out is, on a good day, is throwing, throw the kids in the pram and going for a 5k walk. That's my time out. Or we'll, you know I'll, the kids and I will go to Joondalup and you know they'll be in the pram and we'll walk around. Charlie and I'll have sushi or lunch and just spend time. I'm not the type of person that necessarily needs time out from the husband and the children for me to classify it as time out.

*Felicity*

Yeah but I think as well that you know, we still try to, because we don't see her all day, so we try and have some 'us-time' sort of thing. *Eileen*

My work is my me time and that's how I felt when I was walking up from the car park that first day, I thought yeah I've got time for me. You know so, and I've talked to a few people actually who've said the same thing. That's what I consider work, me time, I feel really happy about coming to work, but it's totally changed my headspace and my husband can't get his brain around it.

*Linda*

When looking at the drawbacks of working the majority of women took a home-centric view. Two women, however, took a work-centric view mentioning that the major drawback of working was managing the work component rather than managing the family.

I think the pressure that you put on yourself to make sure that you, you are worthwhile in the workplace from being part-time.

*Kellie*

Just the limits on time. Yeah. Sometimes we, I mean work can expand out of those hours or things are on outside of those hours that are either important to go to or you feel like you ought to go to. Those are the ones that really get to me.

*Lisa*

Yeah I feel guilty for work, I feel guilty if I have to take a day off work for the kids but then I feel guilty if the kids are sick and I can't be at home with them and [my partner] has to stay home. 'Cause the mum's the one who should be there when the kids are sick and everything ....

*Gail*

A small number of women consciously made arrangements to ensure a small amount of time was set aside as child-free leisure time. These arrangements were only possible where there was a comprehensive support network and where informal and/or parental care were in place.

It was interesting to note that many of the women offered praise for their partners who helped with the parenting and housework. The use of the word "help" would appear to indicate that women still consider parenting and housework as their responsibility and any help offered is gratefully received. Considering parenting

---

and housework as predominantly gendered labour is supported by research where "specialization by sex is more pronounced for parents than for childless people. That is, parents' time is more divided between paid and unpaid work along traditional gender lines than is non-parents' time" (Craig 2006 p 135). The arrangement of unpaid labour along gender lines may contribute to the difficulties some working women have with time management and exhaustion. This in turn, could impact on the psychological, emotional and physical health of mothers.

Yeah I do and my mother-in-law picks my daughter up on a Monday and Friday at lunch time just to give her a bit of variety and I still finish at four those days so I've still got a couple of hours that I can you know go for a walk or whatever I want, go to the shops and yeah, and my husband's very, very good as well. I mean I don't think this would have been possible if he wasn't doing a fifty percent share of helping.

*Laura*

No I don't really tend to. I enjoy being with [my daughter], we have chicks days and I go and see my friends. I guess that's my time and I take Grace with me. But I spoke to [my partner] the other week about it, we actually discussed it and I said "hello, I need a break you know" and I think he's only just clicked that "oh yeah I go off for these mad rides and fireball, and getting paintballs" that's another issue and he, I just sort of said I would really like some time off just to read a book so can you just take her out somewhere.

*Natasha*

A small number of women identified not being able to maintain their housework to a pre-determined standard as being a source of frustration. Again, this was indicative of a gendered division of unpaid labour. Other research indicates that rather than men assuming housework as part of their role, families tend to outsource this component (Bianchi et al. 2000).

Having a house that looks like shit all the time, a mess all the time. It drives me nuts, drives [my partner] nuts.

*Felicity*

Working has made me a bit anal. I mean I like my house clean, anyway, but I really get annoyed if it, you know, if [my daughter] starts throwing things around, when I just tidied it up, you know. That's what I find, you know, I mean I, it is a juggle, my time is, and I mean that's why a lot of the time, all my days, I've got, I spend it at home cause its so much easier.

*Jill*

## Support networks

Support networks have been described as instrumental in ameliorating the risk of perinatal mental health issues. Lack of, or perceived poor, partner, family or social supports have all been implicated as risk factors for the development of depression during pregnancy and after birth (Beck 2001; Boyce 2003; Eberhard-Gran et al. 2002; Johnstone et al. 2001; Longdon and Usui 2001; O'Hara and Swan 1996; Small et al. 1994; Tammentie et al. 2002; Webster et al. 2001).<sup>4</sup> Support networks can also impact on the need and use of services. Families with good support networks may have less need to rely on health and welfare services or alternatively those with strong networks may feel more confident to access the services they need (Kouzis and Eaton 1998; Albert et al. 1998).

For employed mothers those with quality social support and good relationships with their partners are less likely to report depressive symptoms (Gjerdingen and Chaloner 1994; Nichols and Roux 2004; Romito, et al. 1999; Hayes et al. 2000). In Australia, employed mothers describe working as enhancing the support they receive from social relationships (Harrison and Ungerer 2002). Another view however, was offered by one of the participants who described having to make a conscious effort to maintain relationships with both friends (outside of work) and her partner.

Something that I really miss doing as much, which I know that I need to make time to do is to go out and catch up with friends. Go out and have a coffee with them, and I can take [my son] along to do that, because he's a great baby in that respect, but I need to look out for myself by building my relationships with my friends. Because if I don't do that I lose them and that's the same whether you've got children or not. But being at work and having a child does put that extra strain on it and I think its taking hold of, the difficulty isn't making time, I think the difficulty is in making the choice to say this is the time I'm going to take and keeping that, because you can get so destructive and with my relationship with my husband, doing this marriage enrichment course for us is something that we said, "Ok, we're going to take out some time for us.

*Trish*

### *Perceived social support*

When looking at the EPDS scores for participants there was a clear division between women who had scored 11 and above and those scoring eight and below. Using the MSPSS and comparing women who had an EPDS of 11 and above with those scoring less than 11, the MSPSS mean scores were 61.6 and 71.3 respectively, indicating women potentially at risk of postnatal depression had perceived lower levels of social support. Using an independent

---

<sup>4</sup> Social support is defined as a reciprocal relationship between, in this case, a woman and a significant other whereby information, nurturance, empathy, instrumental help and recognition of competence is provided (Goldbort 2002:14).

samples t test, these means were significantly different ( $t(18) = -8.768$ ,  $p < 0.05$ ).<sup>5</sup>

For those with an EPDS score above 12, indicative of postnatal depression risk, the mean MSPSS score was 62.3 and 68.3 for women with scores less than or equal to 12. This difference in means was not significant ( $t(18) = 0.803$ ,  $p > 0.05$ ).

### ***Partner support***

Participants were asked if their partners were supportive of their return to work. Research indicates that psychological wellbeing decreases when a mother's employment status is inconsistent with their husband's preference (Spitze and Waite 1981). This research is quite dated and given the changes with respect to women in the labour force over the ensuing 25 years there would be an expectation that this correlation has changed. However, the data presented here indicates that some women still have to deal with their partner's disapproval regarding their return to the paid workforce.

Three women indicated that their partners were not supportive of their return to the workforce or were reluctant for them to return to paid work but financially had little choice. In at least two of these instances women were aware of their partner's preferences but chose paid work.

Initially, when I was pregnant and I wanted to come back and I'd made that decision to come back to work, he wasn't keen on the idea, he probably was getting used to the idea but that was going to be my attitude and I wasn't going to change it.

*Trish*

No, he thinks that it's an insult to his manhood. That he should be able to support us all and if I go to work it makes it look like he's not doing good enough. But I don't mind, I like working.

*Wanda*

Yeah, he was, I think it was a relief for him, 'cause he felt a lot of pressure to be the provider and you know, be the bread winner and so he kind of felt he was failing at his role. He felt you know guilty about the fact that I was going back to work when we'd made this pact [that I was going to stay home].

*Jessica*

For others the return to work alleviated financial concerns and as such was supported by their partners. In doing so however, there was a weighing of priorities and the preferences of both were taken into consideration.

<sup>5</sup> It should be noted at this point that undertaking any statistical analysis on such a small, unrepresentative sample is problematic. The results require confirmation with larger, more representative samples. As indicated, "a larger sample size reduces uncertainty about what conclusions it is appropriate to draw on the basis of the data obtained from the sample" (Haslam and McGarty 2003 p 110).

No. I think he'd like me to stay at home... Yeah I think he'd prefer I'd stay home but he knows we are in a situation where we can't.

*Maria*

He's more ok with me going back to work than not going back to work. We've always both worked and we've always earned pretty much. That's the other thing I think for us that I earn marginally more than him now ahm, but we've always earned pretty much the same. So for one of us to not work we take a bigger hit than in a more traditional arrangement where you've got a main bread winner and a supplementary.

*Linda*

The gender division with regard to parenting and household duties was still clearly the responsibility of the woman. This includes, references to partner's "helping" out with household duties and researching, locating, monitoring and paying for childcare being the responsibility of the woman. Gendered division of household duties has been reported throughout the world (Craig 2006a; Craig 2006b; Shelton 1992; Layte 1999; Pocock 2003; Bühler and Kruker 2002). In more recent research undertaken in Norway where active fathering is on the political agenda and a desirable ideal amongst men it remained that full-time work for the mother did not entail increased contributions from the father to either the housework or childcare. There was some support provided through contributions made to some types of domestic work, but only up to a certain point (Kitterød and Pettersen 2006).

When it comes to practical support as with most households with young children there was a continuum of practical support provided by partners. This continuum of shared labour has been described in fly in fly out families (Gallegos 2006) and moves from no practical support to an even sharing of tasks. It remains, however, that women still bear the major brunt of the household responsibilities with men of the house "helping out".

#### *No practical support*

He'll feed him if I'm feeling really, really distressed and I crack a wobbly, yeah but generally, no, because it's never been. Even in his family and his mother's family the girls are always directed to look after the younger ones, the boys have never ever done that and so it's just in his head that "that's your job to do and I don't do it", and I'm trying to re-educate that, especially when I come from a different environment, which has caused us to bang heads a lot.

*Trish*

#### *Parenting versus housework*

Participants made the distinction between parenting and housework with many describing their partners as "hands on Dads" but needing to be directed when it came to housework. In many cases, women would make excuses for their partners as to why they were not involved in household duties.

Yeah, I do. I do, it drives me crazy 'cause I think, 'cause he sort of, the expectation is that he'll just look after the kids, whereas I think the expectation he has of me is that I'll look after the kids and manage the house and you know. So it's a little bit different, so when I come home and the dishes aren't done or dinner isn't ready or something I still go hey this is [fifty-fifty].

*Jessica*

I mean because he is studying now he doesn't do as much as he used to do but we do share with the kids and all the jobs because I mean last night [our older daughter] came and had a shower with me and he bathed [the younger one] in the tub. ...it is definitely a shared job but little things like, I say, "Oh can you?" and he will go and do it, no dramas. Help me out.

*Felicity*

He is very much a hands on Dad. He's not the type of guy that sort of walks in, sees the dishes and will go and do them but I don't think many guys do. But, if I ask him to do things, he'll do them. If he can't do it straight away, or if he's you know watching something. He'll just say can I just watch this. And I'll say yeah, not a prob. But he's a very good Dad.

*Jill*

Designation of some duties still required negotiation.

He's actually getting better, while I was on maternity leave I really felt like he saw me as the stay at home mum and I kind of put my foot down a little bit and said "look if it's the case where we're both going to work then we both need to do around the house". So he's been really good lately, the last couple of months of giving Ben his first bottle in the morning. I feel it's more a partnership now than it had been.

*Anastasia*

Others saw the division of labour as a fifty-fifty split. The onus however, for managing the sharing, is still the responsibility of the woman.

We're taking turns, she has started waking up at night. We are taking turns so I will get up when she starts crying and sort her out and go back to bed, and then she wakes up, and he will get up and see to her.

*Eileen*

My husband's very, very good as well. I mean I don't think this would have been possible if he wasn't doing a fifty percent share of helping and you and he does.

*Laura*

Talking about their partners in these ways and particularly as being "very good" has been acknowledged in other research (Hays 1996; McMahon 1995; Jordan

1992). As Vincent et al. (2004a) remark, it is difficult to imagine fathers talking like this about mothers.

### ***Partner primary carer***

For two women working gave their partners opportunities to stay at home with the children. The women thought this arrangement enhanced their relationship and the support offered by their partner.

Oh yeah he was stoked. He got to stay home. He thought it was all easy. I think that was the hardest part for him, he didn't realise that when she's asleep you don't just have a sleep. I know what people say "when they're having a nap you go and have a nap". Yeah the house gets cleaned that way, doesn't it? So I think he found that quite difficult. I was coming home going, "where's dinner, hey". He was going, "ooh, I've been busy she's not stopped you know". So that was quite funny and I think in a way it's made our relationship stronger because he sees the other half you know.

*Natasha*

He's happy about it. It's good, he likes that time with [our son]. I think it's good for his sense of his own fatherhood to be able to manage, because a lot of dads can't manage a small child for extended periods of time. I think it's a real boost to his confidence and sense of accomplishment that he can do it you know. He doesn't talk about it in those terms but he certainly never complains about it and I think he knows it's good for me so he's happy about it.

*Sam*

### ***Family support***

Family support came from a variety of sources but was mediated by a range of conditions influenced by changing social structures including:

- aged grandparents;
- working grandparents;
- mobility of families;
- family discord.

He has no family, and my family all work fulltime, then you are busy on the weekend so it is not like Grandma comes every week and babysits or he's with him because everyone is quite busy.

*Dorothy*

My mum died when I was twenty one, mum was forty two and I'm from a very close family and I loved her dearly and when I got pregnant with [my son], all these emotions came up again.

*Emma*

I don't, I guess I do, I don't really use it too much. I've always been quite independent from my mother, my mother and father are split up



so I don't really pop round to their houses you know because it's too hard to go round to everyone.

*Natasha*

I've lost both my mum, my dad, my only sister, they've all passed away. I have no family in Australia, I have two brothers, one in Germany and one in Ireland who are quite a little bit older than me who I get on with very well but they're a long way away.

*Chloe*

Close family members and, in particular grandmothers, remained the primary source of support regardless of their proximity.

My mum only lives around the corner and my sister lives in Wanneroo, just on the other side of Wanneroo road, so they're a couple of minutes away. That's basically who I rely on really. Just the hubby, my mum and my sister.

*Jill*

My Mum's. Yeah. (laughs) My husband says we talk too much, we kind of leave the house and we are talking on the mobile again about something we forgot to tell each other, yeah, and being migrants, unfortunately we don't have a family or friend network here, it is only us, and my sister, so.

*Maria*

Women who lived distant from their mothers described using the telephone to maintain contact.

I speak to Mum everyday on the phone. She's in Busselton now and she pops up every now and then, sort of casually, she's a school teacher.

*Sheryl*

In one case the grandmother provided significant support by being the primary carer, although this was also a source of some anxiety for the parents who were aware that the arrangement precluded the mother from being able to adopt a "grandmother" role.

Mum has moved in with us as well, so Mum is there to support, she's been helping out. She's there to support us, and so when [my partner] is not there, she will be there to help out as well. Mum was having to move out of her rental place and we said, "Well you're coming and looking after [our daughter] during the day anyway for us, so why don't you just move in with us. So she has moved in with us and she looks after [our daughter] during the day, then when we get home we take over and we are in charge, and on the weekend, so whenever we are home we are in charge but when we are not home then she looks after her for us, so it is fantastic but I still feel guilty. *Eileen*

### ***Support from friends***

A network of friends provided a significant safety net for many women with support ranging from the practical provision of babysitting, advice or simply friendship. Many of those considered friends became so after attending mother's groups which will be discussed in more detail later. Unlike family however, many women did not believe friends should be called or relied upon for providing practical assistance. This scenario was also expressed by women who had partners engaged in fly-in fly-out arrangements where friends were not relied upon as women felt they were unable to reciprocate (Gallegos 2006). Other research in Britain also supports the notion that friends are used for emotional but not practical support (Edwards and Gillies 2004). There was some discussion surrounding the loss of friends and the difficulty in maintaining friendships after the birth of children.

I mean I've got a good friend [ ], I mean I've got quite a few friends, but like [this good friend], I've never been sort of one to, lean on my friends in that way. I like my friends as friends. I don't like to burden them with my problems. We'll have a chat, and I've got a mother's group that two of the ladies I'm very close with.

*Jessica*

[this friend] who I was talking to when you came in, and so she lives four streets away, she's got a four year old, and stays at home full-time. She was a nuclear medicine nurse, you know. So you know that is definitely the best support because our lives mirror each other, so when I ring my girlfriends that still work full-time they have no idea of what my life is like, but when I ring [this friend] and we've got two two year olds screaming in the background we know exactly where our lives are at you know.

*Emma*

---

## Leaving work and going back

This section will cover the arrangements made for leaving work to take maternity leave and returning to work after that leave had finished.

### *Maternity leave*

The majority of women took less than twelve months away from work in order to give birth and subsequently care for themselves and their infants. This leave was made up of a combination of maternity leave, annual leave, flexi-leave and other forms. In some cases periods of unpaid leave was taken. Other women took all forms of paid leave and returned to work when this had been exhausted. Women appear to take whatever leave they have available to them. In situations where women have accrued leave this can be a relatively simple task of cobbling together various leave options. There also appears to be significant variations between employers with regards to maternity leave provisions. This indicates a need for longer term, more secure paid maternity leave options for all women.

I took five months. I just used all my paid leave, so I had eight weeks maternity, and then part annual leave, and then other little bits of leave that you can scrape up, and so flexi leave in there, so I just took enough that it was all paid, and then went back to work. *Dorothy*

There's eight weeks of maternity leave paid, fully paid. Plus I get to take any of my annual leave.

*Marge*

We're allowed six months paid and up to another six months unpaid afterwards. Before I got pregnant I always thought I'd just go for the six months paid, it just didn't occur to me. Then when I did I thought, "ooh, could I squeeze a bit more". Financially I suppose I'm the major breadwinner at the moment in a sense.

*Chloe*

We had Enterprise Bargaining in the six months before I went on maternity leave. Three weeks before my maternity leave date they brought in a twenty six week return to work bonus, which meant if you'd been working at the Uni for over a certain period of time and you signed a contract to go back to work for a year then they would give you twenty six weeks on full pay maternity leave. They also increased the standard maternity leave to fourteen weeks, so I went two weeks before he was due and then I had the fourteen weeks, the twenty six weeks and that took me up to November and I thought, it's almost Christmas, we've got the Uni break I'll take four weeks annual leave as well. So I was very lucky in that I had almost a year off on full pay and I just wanted to be with him when he was little.

*Rochelle*

For many of the women maternity leave options were limited. These included women in casual, contract, insecure employment, family businesses or who were

self-employed or who had fallen pregnant before twelve months of employment had been completed. The following quotes all illustrate the juggling involved and the financial imperatives in taking maternity leave, and choosing to continue leave or return to work.

Working casually you don't get any benefits no. No, I was on a flat rate of ten dollars an hour, I didn't get extra for working night time no extra for working weekends. It's Work Place Agreement, so no extra for weekends, Christmas Day was ten bucks an hour, New Years Eve was ten bucks an hour. There's no extra for anything so it was sort of like ah well, you've got to go, you've still got to go so. Yeah and it'd be worse now, 'cause back then I only signed on because I didn't know any better and now I went to pubs where it was sixteen twenty flat rate, twenty three bucks on a weekend and double time when you work over forty hours and all that was fabulous and now [due to workplace award legislation changes] it's gone away again.

*Wanda*

Because I haven't been here a year yet, I'm taking three weeks holiday, which hopefully, this one comes on time. It will be over the December period which I'm figuring there is four days public holidays in there, which I will get paid at public holiday, so normal days, so that will give me three weeks and four days of paid time and then I'm taking four weeks, five weeks unpaid, but if, working out with the public holidays, it might end up being just four weeks, and three weeks at four days at paid and then four weeks and one day unpaid. *Eileen*

I mean I worked up till, (when were you born?) Friday, I worked the day before he was born. And I was doing, I was doing 4 days a week, back then. And then umm I changed it down to 3. When I was pregnant with him, and umm, or heavily pregnant and I had him on the Friday and went back to work on the following Thursday. Only part-time, I was doing mornings. Or I'd sort of have the morning off and I'd come in for the afternoon and I'd think he was about 2 about 2 weeks old before I went back to 3 days. So, yeah, so no, it, it was nice. I think if it was, if I was working for somebody else, it would be a lot different.

*Jill*

Maternity leave's a joke, right because they don't give you any. I didn't get paid maternity leave, all they did was gave me time off work to say that if I returned within twelve months I'd get my job back. So as far as I'm concerned it's not maternity leave. No financial benefit at all. The other thing I had hanging over my head was, in advertising you work, you have your own account and if I didn't return after three months they would give my accounts away to other people. They were only prepared to babysit my accounts for three months.

*Emma*

No. I didn't get any maternity leave because I could have but I would have had to renew my contract at twenty eight weeks and I knew there

was a reasonable chance that I was going to get sick and I was going to have to have the baby early and likely have to take a lot of time off work, and I would have to do that in the first month or so of starting a new place, so I opted to just, to just resign and leave and not sign another contract.

*Sam*

### ***Hours working***

In other studies looking at preferred working hours, employed women with children living in traditional households preferred to work about 26 hours per week and in general expressed a preference to work fewer hours than men (Drago, Tseng and Wooden 2004; Thornthwaite 2004).

In this study, of those women currently working four or more days a week, five women or nearly a quarter of the sample, prefer to work fewer hours or not at all.

Oh I would prefer to work less because of the degree, and the kids, but we just can't afford to, because we've got the mortgage and you know, they do kinder dance and stuff and because Daycare is fifty dollars a day. I'd probably just work two days a week. Just to be out in the normal, yeah human world, away from the kids (laughs).

*Maria*

I wouldn't work, but I suppose in this day and age we have to have one of us working and I mean there is no way, I mean we want to buy a house, we want that so I don't have much choice. We're renting so, once [my partner] gets a job, and he starts getting good money with his job, I mean I will still have to work as well so that we can afford to have a, buy a house, I mean we know that won't be for a couple of years yet but, it is really hard because I don't want to work. I hate the job. I am trained for it. I don't like the politics that go with the job.

*Felicity*

Maybe five hours in the morning or something. Yeah, five hours a day, or possibly even five hours every second day or something like that. I still want to work. Like, when I was at home full-time I found that I just got depressed, it is only the baby, I need some adult company, so I find this is really good because it breaks up, you've got adult company. So I would still want to work and keep my skills up and do all of that but I desperately just want to stay at home and play with her and, 15 hours a week would be good.

*Eileen*

No, I would prefer less hours just to be with Grace a bit more, but that's not the hours that I'm employed to do so they've worked out that I can start earlier. 'Cause [my partner] is at home, he leaves later, so I leave the house at five thirty in the morning but he leaves at seven so she gets that little bit more time at home and she's less. I don't want to be

the last person picking her up from childcare so it works out well for me to pick her up at three.

*Natasha*

Forty hours is alright I probably wouldn't take any more than that, 'cause I don't want to leave my kid in daycare for long hours. I need to like keep [in touch with her] to spend more time with her. I think I would prefer to work around thirty hours. Four days a week. We talk about that with my manager but I can't finish all my things to do within in four days so I have to stay for five days at this moment. *Kylie*

Of those women currently working full-time four were comfortable with working those hours. One woman who was currently working less than full-time was planning on returning to full-time employment in due course. All these women had MSPSS scores ranging from 57 to 76 where the mean was 67.4. EPDS scores ranged from one to 11. Numbers in this sample were too small to be able to categorically comment, but there appears to be little correlation between perceived social support, the risk of postnatal depression and working full-time.

I'll eventually get back but I'm, they said, "Take my time, be comfortable." I will eventually try and get five days in the office. At the moment it just suits me. She is so little I just, I don't really want to leave her for the whole week. When she is probably around two, another year. Yeah. A forty-hour week that would be the max.

*Sheryl*

I am happy with full-time. I probably start later than I used to. I used to be, probably what my husband calls workaholic. I'd be here at seven-thirty, leave at six, take work home, you know, do my case notes at home, and things like that, but since I've come back off maternity leave I made a decision that I wouldn't bring work home, and that I'd get home before six o'clock, and I'd generally get to work about eight, eight-thirty, and then on Mondays at the moment, I start at seven but that fits in with us, because I am not the only carer.... *Dorothy*

I'd prefer less hours. I'd actually like to be able to work three days a week and not on weekends. But financially we can't do that and unfortunately with the weekend work if something comes up you have to deal with it which is why quite often I'll be in there for longer than three hours. *Rochelle*

When asked if they had an option of not working at all – none of the women indicated they would stay at home full-time. Even those that said they did not want to work when posed the question as to how they would manage at home full-time indicated that they would like to maintain some working life. This would indicate that work is providing something women need in addition to contributing to the household income. *Felicity* for example, does not like her current job and indicates she would prefer not to work modifies this by saying:

I don't think I could do [stay at home] only because I think working also gives me a bit of independence. Like, this is my job; this is my thing I do away from everyone else, my bit of independence. I mean I took the girls into work the other day, just to show them off and [my older daughter] says, "Go Mummy's work. Go Mummy's work." I sort of want them to know that's where I go when I go to work and obviously I am going to keep taking them as they are getting older they know what I am talking about. I would probably, if I had the chance to I would probably work one day still, just for my time-out more than anything.

*Felicity*

Felicity's comments again show how paid work in the labour market is integrally tied to identity and self-worth.

### ***Work arrangements***

Many of the women had discussed work arrangements on their return from maternity leave with their employers. The majority of participants in this research described their employers as supportive and flexible in negotiations for a return to work that facilitated both working and parenting. Arrangements at work included flexibility with respect to:

- starting and finishing times;
- place of work;
- flexi-time;
- taking sick leave.

Most of the women who had negotiated these arrangements were conscious that this was not necessarily the case with other employers. Rather than seeing it as a right many considered themselves "lucky". The Australian Human Rights and Equal Opportunity Commission (HREOC) have identified flexible working arrangements as essential for families in managing caring roles and paid labour. In particular they have suggested that there is a need to develop a paid work and family/carer responsibilities framework which: allows for changes in caring needs and responsibilities across the life cycle; addresses equality between men and women; and reflects a "shared work - valued care" approach (Australian Human Rights and Equal Opportunities Commission 2007). The report from HREOC (2007) has recommended the introduction of a federal *Family Responsibilities and Carers' Rights Act* to provide protection from discrimination for employees with family and carer responsibilities and to establish as a right the ability to request flexible work arrangements.

I've got an arrangement to be late every day, and my pay doesn't get taken, because of the baby, it is just too difficult, we are still with feeding times and things like that to be at work by eight so I'll waltz in at eight thirty, quarter to nine, so, very lucky.

*Maria*

So twenty one hours actually in the office, and then they usually, oh there is always something to do, checking in emails at night even, you

---

might get an hour there, sort of get up to nearly thirty hours I suppose in a week.

*Sheryl*

They're very good about me taking time off when he's sick. If I ring in and say look [my son's] sick I'm not going to be in today. Yep that's fine no worries. They're also good in that some Friday's when he's in daycare I actually work from home, so I don't have the half hour travel time I get up, drop him at daycare, I'll do my work and then I can pick him up early and have an afternoon with him and they're fine, they're good with that. I mean obviously I can't do it every week. But probably once every six weeks I do that.

*Rochelle*

Like I said, work is pretty flexible, if I need to leave at two-thirty, I can just leave at two-thirty, you know, that is about the only time I might take work home, is I'm not actually taking a flexi but I'll leave early, and I'll say look I'll just do a couple of hours at home that night, or something.

*Dorothy*

Other arrangements in place included the provision of an on-site carer's facility enabling sick children to come to work with their parents.

I work in a really family friendly workplace, everything is set up, first you get paid maternity leave which is great, they also have a carers facility here as well, so if your children are sick, you can, you know, come in and they have a bed and you can bring your toys and stuff and sit in one of the offices there and do your work or do any catch up and have your little ones there, if you want to do that or you if, you know you want to stay home that's up to you.

*Trish*

One of the major difficulties in returning to work appears to be the continuation of breastfeeding and the lack of suitable environments for working women to either breastfeed their children on site or express milk.

It's not funny putting my breast milk in the fridge. I had to label it. When I came back to work was when they were going mad with safety and everything had to be properly labelled so I had baby milk on it. I was paranoid of having to send round an email out to the person who took my milk. You know what people are like in tea rooms. ... At the end of last year we had an office reshuffle and I lost out, I didn't have an office so I'm actually sharing, using somebody else's office and I was very uncomfortable pumping [expressing breastmilk] in that environment because it was a shared office, although it was a single desk office, it was shared, so somebody could come in at any time and I felt very uncomfortable about that situation.

*Anastasia*



I spoke to the child health nurse before I started work and I asked her about expressing and how, what was the best way to do it 'cause I was needing to express a lot and I was also needing to express at work. That was the other thing, there was no place at work for me to express. I was having to express in what was almost a room that was no bigger than a cupboard and there was no privacy, the room was right next to the staff room. So just at the time you needed to express, which was around lunch time everyone's in the lunch room and it wasn't like, it was in a new office, so I didn't know anybody and I wasn't going to say excuse me I'm breastfeeding, I'm expressing so please don't come in here, I didn't have that kind of relationship with people at that stage because I'd only just started. On one occasion a guy walked, the door was shut and I had locked off the door, but there was no lock on the door and there was nowhere else that I could go to express. So that was extremely distressful.

*Jessica*

For three of the women the lack of flexibility by the employer resulted in higher levels of anxiety and general dissatisfaction with juggling family and work commitments.

I've told them that I can't work because my day-care days ... that I can't work Friday's at all, even night shifts, but I can work, certain shifts and what I like, and they go, "Yeah. Yeah. That's fine." And then they give me those shifts anyway. And I just keep saying to them, "Can't do it. Can't do it." And they just don't seem to listen. They are not very flexible with the shifts for families.

*Felicity*

I think this is really important to get out there because, especially female managers who I'd expect to be more amenable to, you know making the workplace fit around mums .... But [my manager] does not like [working mums] and we've got a call centre which is just taking calls, that is the only work she will offer women coming off maternity leave. I've looked through our Workplace Agreement and part-time is anything less than full-time, so she's offering them four days a week and she will not come down on that, and yet I've kept emails where she's given staff who've gone off to do study, three days a week. So I've kept them because you know we can certainly say look it looks discriminatory and if it's not we've got enough here to show that it is, so it looks that way, because she's just not offering these girls anything. And four have left so far in the past twelve months.

*Kellie*

When I was casual I used to get called up a lot. Before I signed this contract I worked casually but that was hard because you'd get called at five o'clock in the morning to say can you work in two hours and usually I had to say no and I'd get called very frequently to do shifts. But now that I've signed a contract I'm on roster and I'm just working a Monday and a Friday, a Monday and a Friday, I don't know how I managed to

swindle it. It's really difficult in nursing to get predictability in a roster. But I told them I could only work on the days when my husband wasn't working and they agreed so.

*Sam*

The majority of women considered themselves 'lucky' to be in a position to negotiate their return to work. They were fully cognisant; however, that not all employers provided the same flexibility and in some ways this limited their ability to change jobs or seek promotion.

One woman experienced significant discrimination at the hands of a previous employer relating to a previous pregnancy.

I actually lodged a discrimination thing against them. I didn't want money. I just wanted them to acknowledge that what they did was not right, and yeah, they'd make comments, like she'd always make comments about, "Oh stop thinking about your pregnancy for a minute and focus, because I just want you to focus on this work related thing for a minute." And even though that was what I was doing, but oh no, 'stop thinking preggy for the moment' and her first comment when I told her I was pregnant was, "Oh you stupid eff-ing bitch."

*Eileen*

## The emotional work in returning to paid labour

Women were asked how they felt about returning to work in order to gain an understanding of the emotional ramifications. Women seemed to be divided between those that described feeling stressed, pressured or tired and those that acknowledged that they needed to return to work for their emotional wellbeing.

I feel bloody exhausted most of the time. But and I think some of that is trying to fit work in with motherhood. I do tend to use night times for doing work if something's on the next day, I'll [put in] a late night the night before and that's tiring and probably takes a physical toll you know just trying to catch up when I get an opportunity.

*Lisa*

I was lonely I think. And you need the interaction with people. Yeah, I don't know, I just get a bit, I don't know, just having her here, and being by myself, when family is away, you need that interaction I think, and plus I suppose I have always been disciplined, and I've done a sixty and eighty hour weeks, you know, so I've actually like, wallowing, and you can't be bothered doing anything, and as soon as I started working, start working again, I don't know, I just seem to fit more in when I am doing stuff.

*Sheryl*

I think for my emotional well being I'd have to work. Not so much for the money but just for the engagement. No, not in a million years would I be a stay-at-home Mum. I totally respect women who can do it but it drives me crazy. I have to do something.

*Anastasia*

There are a number of documented attitudes regarding returning to the paid labour market. In research by Hakim (2000; 2003), women are divided into three distinct groups home-centred, that is, children and families are priorities and they would prefer not to work; adaptive, women who want to combine work and family but are not committed to a work career; and work-centred in which women have paid work as their priority. Research in Australia indicates that women identify with one of or combinations of these typologies but that attitudes change according to stages of life and ages of children (Hand and Hughes 2005). Most of the women in this sample fell into the adaptive and career-centred groupings.

In other research that looked at changing attitudes to women in the paid labour market a clear majority of Australians thought that women should return to full time homemaking when their children were under the age of six. About 30 per cent of the populace thought part-time work was acceptable for women when children were pre-schoolers or younger (Evans and Kelley 2002). In returning to work, the majority of women perceived a degree of negativity from a range of sources around going back to paid work as mothers of young children. This negativity points to the contentious nature of managing the roles of "mother" and "paid worker". Working full time precludes women from spending all their time caring for their children which violates normative expectations. As a result they

must contend with others' judgements and their own guilt and ambivalence (Arundell 2000; Johnston and Swanson 2006; Craig 2006a).

The sources of this negativity included family, in particular their partner's family, at-home mothers from mother's groups, and working women without children. Some women described a sense of not fitting in with other mothers who stay at home full-time which was very clearly expressed when discussing mother's groups.

It puts me in a position where I don't feel like I fit in anywhere much anymore. Like I don't really fit in [at Uni] because I can't go out to the pub afterwards and party and things like that and I've never fitted in, in the pubs because I can't for the same reason. But I also don't fit in with the Mums anymore because they think that I'm not prioritising properly and shirking my responsibilities, because I'm neglecting the children to come, to go to work or to come [to Uni] and I just basically, I like I said they're just jealous because your husbands are going, "hang on a second why aren't you out earning money" and so it's easier if you make it look like I'm neglecting something else in order to do it. It makes them feel better.

*Wanda*

Like I said, it was more at the Mother's Group, its like they are all full-time Mum's, and the whole focus is on being a Mum, and no-one acknowledged, "Oh OK you are going to work." and still made you feel part of the group.

*Dorothy*

Everyone I know that's going for their first or second, they're just happy to do any kind of job, they, all they want is motherhood, so they fit with what the community is saying you know. It's like I'm in, the outcast in a way, and I know I'm not. We tend to be so busy doing what we're doing that by the time we hear these things filtering through like we don't meet community expectation and they don't want us, we're so busy fighting it and trying to prove that you know we're not weirdos, we are still good mothers, we are still doing the job well. By the time we finish fighting all of that we don't have time to speak out and you know we're fighting our own battle and we're just so busy. It's hard enough to get the dishwasher unloaded every night without taking on the fight against the community and business. I find not so much men but women.

*Kellie*

I think, my father-in-law said this to me not long before I was coming back to work said, "oh you're a mum of two now, you should stay at home" and I turned around to him and said, "do you want your grandchildren to stay alive?" I think I would go crazy. So I just told my father in law to get stuffed. He sent his wife out to work when the kids were very young so why can't that same standard be applied to me. I know he is deeply offended that I don't stay home with the children.

*Anastasia*

A lot of friends that have kids, just comments like why would you have a child if you're going to go back to work and you know that sort of thing. So all that kind of stressed me a bit, but I was looking forward to getting back to just adult company during the day a bit. *Laura*

Women did not necessarily think that working made them a better parent although there was recognition that working did contribute positively to their emotional wellbeing. Participants indicated that working enabled them to appreciate the time with their children, although there was recognition that there was a fine balance.

I'm a better Mum because I get that adult interaction. I get that change of scenery, I get to remove myself from the family home and then I'm able to really appreciate my quality time with the kids.  
*Jill*

I think there's probably a very fine balance though and working too much depletes you but everybody's got their own level I suppose and I think I'm at mine. I think I'm really happy with the amount that I work and for sure being away from him for eight or nine hours, coming back to him makes me feel more like being with him.  
*Sam*

One woman who was combining paid work and university study saw the long term implications of her current workload in terms of future opportunities for her children. With research indicating that a mother's education level has a significant impact on developmental outcomes for children her reasoning cannot be faulted (Ross, Scott and Kelly 1996; Hertzman 2002).

I think eventually I will be a better Mum for studying. I don't want to be at home when my children are thirteen, fourteen and then they move out and I realise I have nothing left to offer. You know I just sit at home and do nothing. I want to be able to say to them when they're going for their TEE and that you know, "just hang in there mate, keep you're head up" because I want to be able to help them with things like that. I want to be a positive role model, to encourage them instead of just saying you should get an education because I never did. It's better to say "you should get an education because it'll be good for you, look at me".  
*Wanda*

### *Challenges associated with being a mother and returning to work*

Participants were asked a series of questions regarding what they found to be the most challenging aspects of motherhood, including the most stressful features of combining work and motherhood and what, if anything, engendered guilt. While similar, the questions elicited different responses. As mentioned previously, this is due to the mismatch between the perception that mothers need to be at home full-time with their children and that of paid worker, which creates both negativity

---

from outsiders and ambivalence and guilt among working mothers (Arundell 2000; Johnston and Swanson 2006; Craig 2006a).

The most difficult aspects associated with being a mother were identified as

- making the right decisions for your children;
- tiredness; and
- juggling all aspects of life.

Some of the women admitted to a level of insecurity associated with their parenting. Anxiety emerged as to which advice should be acted upon and then whether the decisions made would ultimately prove to be advantageous to their children. Others indicated that tiredness and sleep deprivation exacerbated by work was a significant challenge. For some women juggling distinct aspects of their lives as a working woman, mother, partner, daughter/sister and friend was an aspect of working they found difficult.

Knowing the right thing, you know getting all that advice, and knowing which ones the best. Especially if none of them work, so trying them without it being held against you, you know that's the hardest bit, just doing what's right.

*Kellie*

Making the right decisions. Not knowing if you are making the right decisions, and balancing everything. Because you work, you come home and you work, and have been disorganised today, but you know, it is come home and it is pack all the bags for tomorrow, get the dishes done, get at least one load of washing done, get the kids to sleep, that is the worst part.

*Maria*

Sleep deprivation, without a doubt.

*Emma*

Hardest thing is like is you're really tired and they need you twenty four hours.

*Kylie*

Hardest thing is juggling everything. Yeah actually because to me it's things that I find important that [my partner] finds different things important too so I mean yeah, you know, you should have the house clean, have all the washing done, sort out the bills, but at the same time, I actually get more things done by being at work sometimes because I can do some of the paperwork type things when I am at work, like my lunch hour, but when I am at home I find I actually get less done sometimes.

*Dorothy*

Keeping everybody happy, husband, children, in-laws, parents, balancing all of those kind of aspects of your life. Working, changing nappies.

*Anastasia*

The most stressful aspects were described as

- finding time for maintaining the relationship with one's partner;
- defending the decision to return to work;
- childcare arrangements;
- juggling all aspects of life; and
- trying to complete all aspects of work in the time set aside as "work time".

Trying to have a relationship with my husband. God, just trying to get time together.

*Felicity*

Sex life is definitely not the same as it used to be, so [my partner] misses out there too. It's just like sleep, [or] sex, nah sleep.

*Rochelle*

Well to me, I have to say initially it was all the kind of when you realise that people think you're crazy for coming back full-time, that you're doing a bad thing to your child and all this. This was definitely my major thing in the beginning and so you almost pre-empt that people are going to think like that even before they've said anything because you think that's how everybody [is]. So that was definitely, I mean I just felt like I was always defending myself and you know I still get comments now, you know.

*Laura*

My biggest stress is making sure I am there to pick them up at school on time. And to make sure I've done everything I needed to at work. *Gail*

Finding time for other people is probably the most stressful thing. Especially when you get the great grandmothers, the nannas and the grandpas and because my family's split as well, it's very much a "why don't you ever come and see me, you're seeing your mother you never come and see me" and I get the same from mum about dad and my mother and father-in-law, "we haven't see you this week". "Well you know, you know where we live", you know that sort of thing. They expect us to go and see them, that's probably the most stressful part.

*Natasha*

Organising childcare. As I've said it's not a huge problem for me at the moment. But I know that because I've just got his really unique set up at work, it's so rare to get it like that and I know that I have experienced in the past and I will experience again, the dramas of trying to get care that's adequate and satisfactory to you for your children.

*Sam*

When it came to guilt not all women associated guilt with returning to work – two women indicated they had no sense of guilt associated with managing work and parenting.

---

Not really because I don't really need to work. I choose to work. She enjoys herself. She's happy.

*Sheryl*

I don't think I do feel guilty. I know that sounds really horrible, I think when they're sick I, you know worry about them as anyone would worry about them, but I and I work my best to make sure that I'm either with them or [my partner's] with them or someone we know is with them. But I don't have a problem leaving them. I know it's for their good, it's for my good but and it sounds horrible and people go. When I came back to work when [our oldest child] was born, it wasn't leaving him that was the hardest thing, it was putting up with the middle-aged women going "oh my god, how can you leave your baby". That was harder to deal with and having to justify than leaving him.

*Anastasia*

For other women a sense of guilt generated around the lack of time spent with children, the effects of formal childcare or not being able to breastfeed children. The majority of this guilt was associated with the disjuncture between what were perceived as disparities in research in the area of child development. For example, women were often dealing with conflicting reports regarding the effects of childcare on early child development. Significant pressure from health professionals to implement certain practices, such as breastfeeding, without necessarily taking into consideration individual circumstances also contributed to women's sense of guilt and anxiety.

One thing that sort of is just a small issue with me, I am a little bit concerned how much time I do spend with my kids. I mean, we do spend a long time, but quality time. I'm the best Mum I can possibly be but, sometimes I think am I doing too much, you know. Am I creating any potential problems, you know, for in the future? I don't want to sort of, in 10 years time or something find out, you know, that because Mummy was working, you know, my little boy's got issues.

*Jill*

I think it is just the guilt thing because you think, "Oh is this right thing for him?" and how it is going to impact on his future because you always think about child-development, and you know, decisions you make now, how it will impact on their future and developmentally, socially, whatever and so it is always like, "Oh is this the right thing for him?"

*Dorothy*

You still feel guilty. Even though you've got all these options available to you there are still some days where I just think you know I hope my little one is, in the long term how's he going to, is he going to resent me when he gets a bit older because I'm not there for him, the same as say my friend who has stayed at home you know for their, stayed home since she had her child. There's always that, that lurks in the back of your mind.

*Trish*



You know and it really annoys me when you, it was in a news not less than six months ago that, what's the guy, Biddle, who wrote, which I've got, Mothering, no Raising Sons, Raising Boys whatever. Then he was an advocate of daycare centres, he helped put them together, he is now sprouting in the news that our sons will be more prone to bank robbers and drug addicts and all the rest of it because of daycare centres and you think he's got some cheek to stand out there.

*Emma*

Yeah I feel guilty because I couldn't breast-feed. That was a big issue. ... everyone was saying, "Oh so you are breastfeeding?" It is like, "No she is on the bottle because my milk didn't," "Oh well you should breastfeed." and you know which made you feel less than a person because, "Oh well no. You should breastfeed your baby." "It is better for them." Blah, blah, and it's, "Well I tried." I tried everything, I had breast pumps, I had her on me, and just nothing happened because of the, I suppose because of the stress, it never came down. *Eileen*

### *The positives of being a mother*

Women were able to express the negatives of combining paid work and motherhood and the positives of work but found it more difficult to articulate the positives of motherhood. It was as if the positive emotions associated with raising children were too taken-for-granted to describe. The majority of women described the unconditional love offered by their young children and being able to guide and watch them as they learn about the world. Women used words such as fulfilment, challenging, rewarding, love and joy.

There is no better thing in the whole world than that and just, it's just, I suppose it's something that you can't really describe. I don't know if you've had that before, it sounds clichéd and I don't know if you've had that before but it's not something you can describe. Not so much a sense of self fulfilment because if I look at my child for fulfilment I'm really not going to feel that in holistic sense, but it is. It's challenging and it's rewarding in the same, in the same way and I love the sense of having a little life that I know I have to nurture. *Trish*

Learning things with him, watching him grow and learn new words, unconditional love. Those moments where he just comes trotting up to you and leans over and gives you a kiss and then trots away again. I think also a feeling of pride seeing him interact so nicely with other people and you think, well, that must be something to do with me, you know.

*Rochelle*

## Childcare arrangements

As mentioned previously, arranging care for children to facilitate workforce participation is gendered labour. It is one of the issues that mothers agonise over and spend considerable time researching, organising and monitoring. The financial burden of childcare also appears to be the sole responsibility of the woman (Vincent and Ball 2001; Vincent et al. 2004b). Pocock (2006) acknowledges that children have become commodities and that keeping up with childcare costs “accelerates participation in paid work and vice a versa” (p154).

The majority of women interviewed were aware that the early care of children has a significant impact on early childhood development (Shonkoff and Phillips 2000). There have been recent assertions that childcare in Australia is accessible and affordable with reported shortages in urban areas due to parents being unable to access “their preferred type of childcare” (Davidoff 2007). Given the research on the impact of childcare on early child development, parents are within their rights to make decisions about the best options for their children (Lamb 2000; Sims 2003). Many parents in this research felt they had few choices with respect to childcare.

Sourcing and using childcare is directly related to a mother’s attitudes towards and ability to manage separation from their infants. Research using the Maternal Separation Anxiety Scale indicates that women who prefer employment and were employed have significantly less general separation anxiety (Subscale 1), than women who prefer to be at home and are at home. In employment related separation concerns (Subscale 3), employed women are significantly more likely to be concerned than women at home (Hock and DeMeis 1990: 287).<sup>6</sup>

In this sample there were no women represented who preferred to remain at home. Women with a general separation anxiety (Subscale 1) greater than the mean were either women who were not comfortable using formal childcare or had some doubts, concerns or guilt associated with the care in place. Three of the women with elevated MRS scores also had EPDS scores fifteen or greater. The quote below from Emma was indicative of the ambivalence felt by this group of women regarding the care arrangements they had in place.

I had to put him in daycare at nine weeks because I had to go back to work and I didn’t have anybody to mind him. I cried, I sat out the front twice, I went in and got him, I couldn’t do it, I came home and rang my husband. But I had to do it, and they are so wonderful the girls there. But what I then did was he goes to daycare, because I wasn’t dealing with the daycare thing I put word out, there’s a little school at the end of the road and one of my neighbours said, “I’ll ask and see if there’s any Mums that want to do a bit of cleaning and a bit of baby sitting”. So that’s how we found [our in home carer], I only put him in for one day.

*Emma*

<sup>6</sup> Subscale 1 – a scale of 21 items, score range 7-35, low scores little concern about spending time away from children. Subscale 3 – a scale of seven items range 7-35, high scores mothers find separation specific to careers and jobs stressful.

The majority (61%) of women had scores less than the median score of 21. With regard to Subscale 2, perception of separation effects, the majority (83%) of women had scores equal or below the median score of 21 indicating that they believed their children will adapt and benefit socially from the separation. Given that most of the women had chosen or were comfortable with their return to work it is not surprising that the majority (67%) did not find separation relating to work stressful.

There were a variety of caring arrangements used by parents including:

- daycare or family daycare only;
- combination of daycare or family daycare and grandparents;
- combination of daycare or family daycare and partners;
- family only.

There are documented class-specific differences in accessing childcare with working class respondents seeing paid care as inappropriate and unaffordable and informal care as preferable (Vincent et al. 2004b). In this study, there were differences in preference for care among women, more investigation, however, is needed to see if these preferences were related to socioeconomic status. It would appear generally that informal care was preferred by those who could be classified as "working class" with family daycare seen as a viable alternative between formal and informal care.

A number of families were using a combination of formal and informal care provided by a range of family members most notably grandparents. These families felt that the combination gave them flexibility with the structure and social interaction of formal care and the opportunity for additional bonding with family members through informal care. Three women relied on family or partners only to provide care. Shorter working hours made it more feasible to rely on informal care.

He's in daycare. Tuesday he has with his grandparents, my in laws. Wednesday he has in daycare, Thursday he has with my mum and Fridays he's in daycare. It's a community run centre and it's absolutely fantastic it's just, they're so. I can't remember the ratio but the staff baby ratio is higher than normal centres and they really, really get to know each kid and they're fantastic. I've just been so impressed with them.

*Rochelle*

He is at day-care Tuesday to Thursday and [my partner] has him full-time on the Monday and Friday. That works really good because he really enjoys spending that time with [our son], and then he gets to do his business on the Tuesday to Thursday, which sometimes is fairly hectic, and sometimes on a Monday he might have to go to a client, but they all know he has [our son] on those days and so if they did really need him that he would have to bring him.

*Dorothy*

He works for a contracting agency, or recruitment agency so they just send you to wherever. Which has worked our really good because, I work Monday to Wednesday and he works Thursday to Saturday and we have Sunday off. And it's good because I don't have to put the kids into daycare or anything. He's at home with them for the three days that I'm at work and that's been really. And it's good because I don't have to put the kids into daycare or anything. He's at home with them for the three days that I'm at work and that's been really good.

*Jessica*

### *Choosing childcare*

Many of the women had investigated a number of options and had visited a number of centres before choosing a particular childcare arrangement. Many of the women were comfortable with travelling in order to secure a place in a daycare of their preference. This choice often related to the

- cleanliness of the premises;
- staff;
- perception of the happiness of the children.

There were some issues related to waiting periods with some women placing their unborn infant's name on waiting lists. Cost was mentioned as a factor and those not using formal childcare often cited financial reasons for not pursuing that option. Families had preferences for centre-based or family-based care. With those choosing centres preferring them due to the "safety in numbers" factor while those electing for family care showed a preference for intimacy and one-on-one care.

Yeah, family daycare. I did look at the two but I just didn't want him to just be in a place like where there wasn't any, you know the turnaround is high and there's no sort of intimate, like building intimacy, like building a relationship with the person and you know also things like getting sick you know where there's twenty kids at the centre. And she's worth every penny and we pay lots of pennies. *Trish*

The staff are very friendly and they looked tidy. 'Cause I'd been to one place, the supervisor she doesn't look tidy. She was kind of a mess so I don't think I would have liked to keep my kid there and the place is very clean and this open environment. I'd been to another daycare, everything's locked it's like a prison, the parents can never even see what children are in there, you think that there is probably something strange going on inside the door. So I didn't feel very comfortable about that. And this one was recommended by my real estate who we bought the house from.

*Kylie*

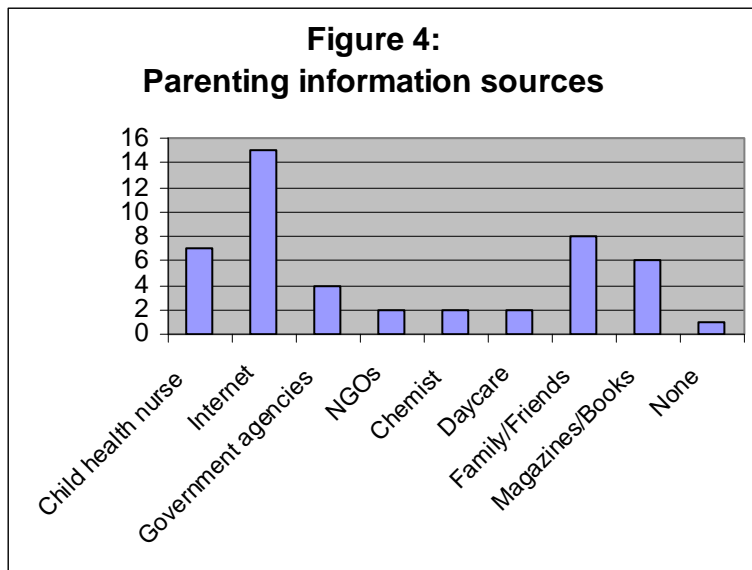
It was terrible to find a place. I rang around my local area, I'm in Kwinana. There's two, there's an ABC that's been built two streets behind my house, it was supposed to open in February and the licensing's been held up so it's still not open, it's sitting empty and has been for months. They still haven't given me a secure date to when it's

open. I rang around all the local childcare centres and they were all full. The one she did get into, the ladies are really lovely, the kids are all happy. Every time I've gone in there the kids are happy and you know, it's not the flashiest place in the world, it's not like one of these brand new ABC Centres that are just purpose built. It's two houses that have been converted. But mostly because they're very caring and every time I pick up Grace she's laughing so you know, and someone's playing with her or holding her or feeding her. She's never, I've never seen her just sitting there crying which you know. It would break my heart.

*Natasha*

## Parenting information sources and services used

Women were asked an open-ended question about where they sourced parenting information. They were not prompted for sources and consequently the figure below (Figure 4) gives the full range of sources mentioned and the number of women using those sources. Women received their information about parenting from a variety of sources. Traditional sources of information about parenting including friends, family and general practitioners have been replaced by the internet. This could indicate that working women had less time to find information from other sources, but generally had ready access to the internet both at home



and through work. Child health nurses and magazines/books were accepted sources of information. Mothers and mother-in-laws were generally considered poor sources of information on parenting as most of their advice was thought to be outdated.

### ***On line resources***

All but one woman indicated they used the internet on a regular basis to access information about pregnancy

and parenting. The use of the internet as a primary source of parenting information contradicts information collected by the Department of Family and Community Services in their Parenting Information Project. In this project, women (who were not necessarily working) described face-to-face advice, brochures, books and kits as preferred methods of receiving information (Family and Community Services 2004).

Many women in this sample subscribe to baby clubs and other parenting sites. There was also recognition that not all information on the internet is accurate but that there is nothing available to act as a guide to internet resources. This type of guide would increase the capacity of parents to discern accurate sites from ones that could be potentially misleading. The data collected indicates that the internet may be a useful source of parenting information and in some cases, as good as the information delivered by child health nurses. The women below have different approaches to using the web as a resource, *Sheryl* and *Anastasia*, for example, show highly educated tactics demonstrating an understanding of how to access validated information.

Yeah I go on line a lot. I've been on line for settling, sleeping, breastfeeding and bathing and nipples. I usually go through the State health sites for information. It's the best way to access information.

*Sheryl*

I use the internet a lot as a resource, so you get regular emails that tell you that because it has got his date of birth they will tell you, "OK at nine months, this can happen." Or that is really interesting as well, so I find that useful. I like to get people's experiences but I also like to hear about current research, or just developmental stuff as well, and there is a lot out there at the moment saying about the development, the early years, that is the big thing right now.... *Dorothy*

I guess I'm very lucky because I use the net all the time, I know how to look for things, things that are reliable, things that are biased, so it's very easy to go to an untrusted source if you don't know about these things. I tend to look for the children's hospitals around the world and the Australian Breast Feeding Association is really great too with reflux. *Anastasia*

I've subscribed actually to a couple of baby clubs. I am a member of Huggies, I signed up for them. But there is a couple of baby ones and they go through things like, oh, you know, "what to do if your child is not sleeping" or information on this, information on that, on food, on different illnesses, on nappy rash, on this and that, so quite a bit of stuff in that, every month, or every week they bring out a thing, they send it to our email....

*Eileen*

### ***Mothers, friends and family***

While women indicated that their mothers were often their primary support, they did not necessarily rely on them for information about parenting. Similarly there was recognition that friends were not reliable sources of parenting information. In some cases these sources were used but generally women sought back-up information from other avenues.

Sometimes I ask my Mum. She is a bit dodgy on it. She is one of those people that you say, "Oh Mum, I am going to ask your advice", so she gives you her advice but you have to take the advice, so that is why. She just gets very offended if you don't and makes you feel like dirt. Because she is a bit like that, "My word is law. I am never wrong. I am always right."

*Felicity*

I don't really talk to my friends too much about it because, you know if they do it a different way to me, and they're all quite strong women, I don't really want to get into this you know "you're right I'm wrong, I'm right you're wrong" kind of thing.

*Kellie*

## Services

The women in this study used a wide range of services while pregnant and after their infants were born. Antenatal services for women in their first pregnancies were well patronised due to classes being available after hours and at weekends. Postnatal service usage for working women was more creative.

The services used by women either during their pregnancies or postnatally included:

- mother's groups;
- child health nurses;
- midwives/child health nurses located at pharmacies;
- obstetricians;
- antenatal classes;
- Healthdirect;
- Ngala;
- Parenting programs;
- general practitioners;
- counsellors.

The lack of flexibility with regards to hours and location often meant that child health nurses were not used as often as women may have preferred. Many women had resorted to regularly using the midwife or child health nurse offered by their local pharmacy due to the hours of availability. One woman who did use her child health nurse on a regular basis did so because it was co-located with her childcare centre. In the case of *Lisa*, below, the child health nurse was discontinued because of a perceived sense of disapproval relating to the continuation of paid work.

When my oldest was a baby we did use the child health nurse, we'd go down there for when I had queries. That was ok, it started out there was a woman there I really liked, then she went away and we got this other woman who I just couldn't get on with. It was because she had me as "working mum under stress". I think postnatal depression came with it and I really had a hard time with her. I stopped going and asking her advice because I felt like I was asking questions, but she wasn't actually listening to the question, the whole question. I would get three words out and I could see her nodding and putting me into the "mum who needs to spend more time at home with child" box. So yes I haven't really used that service very much.

*Lisa*

Playgroups were not generally an option due to the hours worked by many of the women. The Positive Parenting Program (PPP) was utilised by two women but both indicated that they felt out of place in the program describing it for parents with children "out of control".<sup>7</sup>

<sup>7</sup> The Positive Parenting Program is an evidenced-based program designed to reduce the prevalence of behavioural and emotional problems in children and adolescents (Sanders et al. 2003).



I don't think I was in the right group of people for the PPP. I don't have problems with my daughter kicking me and screaming at me and I don't have, we are married, so a lot of these people have issues where they are not married, and they are still single parents, or their partners have moved out because they have issues, and I don't think I was in the right group. I thought, you know, they need also to separate that a little bit, try and put the same kind of people together because those are not the problems I have with my child, my child's problem is procrastination and not sleeping. Generally she is well-behaved, and well-mannered, and doesn't swear at me and other people, (laughs).

*Maria*

### *Mother's groups*

Mother's groups are generally initiated by the child health nurse with women who live in the same area with infants the same age. Throughout Australia, peer support groups are seen as a useful tool in building community and capacity, in particular in building social networks that facilitate the transition to parenthood (Dennis et al. 2002; Kruske et al. 2005; Scott et al. 2001). However, when one works it is often not feasible to continue with a regular group and working women can lose connections with other women in their immediate locale. Most of the women interviewed who continued with a mother's group continued with the group formed after the birth of their first child.

The women were divided regarding the value of mother's groups. The majority of women had attempted to participate in a mother's group but found that because they were working they "didn't fit in".

[My mother's group] meet up once a month and have coffee or whatever. We don't live in each other's pockets though. I think they are a bit different to me as well. Oh they are very much, non-working, and stay at home .... There is a couple of other Mums that I kicked in with because they are working but a lot of them were, even though they were the same age, it is just, it is really different. I suppose they really don't want to go back to work either do they? They are kind of happy to start their families and have three or four kids. I'm not going down that track I don't think.

*Sheryl*

I found that the mother's groups in my area, although they are really lovely ladies, they're not in anyway career focussed. They were always going to be mothers and that's what their career was going to be, and that's a good career to have, if that's what you choose. But they were into very artsy, crafty sorts of things and I'm just not and I didn't fit in with that group.

*Natasha*

One woman recognised that the other women attending her mother's group were there for the adult interaction which she received from work.

I find some of the Mum's there they really need that Mother's Group, or they are going insane and I'm like, "Well that is what I felt but I am going back to work so I am sane." It is interesting, it is like you force yourself to start making, you think that is the best thing for your kids, at the same time you feel like it is not like you really want to do, and I don't see why you have to give up part of yourself when you have a child. I think you should still be able to be the person you want to be, but you know, your child is still number one, but they don't know any different if you go to work, and they see you happy, and Mum is happy doing what she does, and you know, he might benefit from anything I do in work, you know, be it that he understands that helping other people and get different things. *Dorothy*

For a number of women it was not the working, not-working division that was difficult but the age difference. In some instances, the group was made up of younger mothers and the participant was older or alternatively the group were older women and the participant was younger.

They put me into a group with everyone who was really young, and when I say to really young, I'm as I said, thirty seven, these guys were all in their twenties, early twenties. A lot of young unmarried mums who didn't really want to mix with older chooks.

*Kellie*

[the mother's group thing] drives me up the wall. I don't go. We started our own one, me and my sister-in-law ... we've got fifteen kids between the five of us so we thought, shit we've got our own mother's group right here. ... [You] do not fit into the mother's groups at all if you're a young mum. No they don't like it because a lot of the mums nowadays are thirties, forties and you know they sort of say you know, it's better because we've got more time and we're more patient and we're more placid and they spend the entire time justifying being an older mum. I don't justify being a young mum. .... My husband is the father to both my children, like I've done everything the same as a thirty year old mother would have done I just did it ten years earlier.

*Wanda*

A small number of women continued to attend a mother's group and have found them a supportive network and in one instance the participant changed her work days in order to continue her participation.

They're a really nice bunch of girls and it's really good to be able to walk in and go "oh have you ever seen this, done this, had this" and someone says "oh yeah...". So we've all become really good friends. That's why I decided to have Mondays off because I didn't want to lose that. ...I'm thirty seven and they are all, I think the next oldest is thirty two, the others are all in their twenties and I was think I'm heaps older than them and I have a bit of a warped sense of humour so I didn't know how they'd take me. But we all have got on so well... One of them works full-time, another one works two days a week and they're actually very

supportive especially when [one of them] started working two days a week and she said, "I'm so impressed I don't know how you cope", so no, they've been really good.

*Rochelle*

In one instance, the mother's group was facilitated through the internet rather than the child health nurse.

I've got mother groups on MSN so that's just if you want to put up a post and say "this is how I'm feeling" or what have you. I used to go to baby centre all the time when I was pregnant with my son. But then I found Central Baby. ... So like you go onto the website and you put a post up and people will reply to it and all that sort of stuff and you chat online, you can also chat in chat rooms and all that and then they'll go, "ok we're doing a meet at whoever's place on this day" and yeah we used to, ... every Thursday I would go to a meeting at whoever's house. Like I used to host them and all that sort of stuff. If I didn't work I'd actually be able to meet more people, because a lot of them are during the day and I mean I can't do that. Make it a night one I can come.

*Gail*

## Psychological health during pregnancy and beyond

In order to gain the participant's perspective of their psychological health women were asked to complete the EPDS and to comment on their own perceptions while they were pregnant and if relevant, after their babies were born. Two women were currently being treated for depression.

Ten women indicated that they thought they had depression or had a health professional concerned about the possibility of either antenatal or postnatal depression.

I can remember I had a couple of days off, with [my baby] teething and getting four hours sleep a night, I was just absolutely wrecked. So the doctor was concerned because of my situation that I was going to, I was certain for postnatal depression, so she wants to catch up with me on bit more of a regular basis but as far as being diagnosed with it I think it's more learning to look after myself in the situation and lifestyle that I lead, so that I can come to work and do that kind of stuff.

*Trish*

Of those women who scored twelve or more on the EPDS, indicative of being at risk of postnatal depression, only one had a diagnosis. Working for these women was considered a treatment, ameliorating the risk or the effects of perinatal psychological health issues for at least two women.

I knew if I stayed at home I would get postnatal depression, I know what I would be like so I had to [go to work].

*Linda*

Because I get real bad postnatal depression. So that actually helped me, like going to work actually helped me get out of my postnatal depression. So chances are I'll get it again, so that's why I definitely know that by the time the baby's three months old I'm going to be going "oh my god get me out of the house". So that will be the plan, I will be out of the house in three months.

*Gail*

One woman, who had identified the possibility of postnatal depression in herself, was offered medication but declined. She described returning to work as a return of competency.

You know I had the usual thing about getting shitty at my husband because he got to leave to go to work each day and be a person. You know that sort of thing and at one stage I wondered if I was getting postnatal depression because I found I'd be going into the supermarket and twenty minutes later realising I'd been staring at the peas section for twenty minutes and I'd just completely zoned out. I went to see the doctor and she said it could be [postnatal depression] or it could just be extreme stress 'cause our kid was quite a difficult kid, she had colic really badly for about five months and she doesn't sleep.... So yeah

anyway it could be one of those two, and "here have some anti-depressants" and I thought, "no, I think it's stress I don't want to do that" and then I sort of did some stuff around that and then it was ok and we got through. But I remember walking up from the car park [to go to work] thinking, "yeah I'm free, I'm free, I'm a competent human being".

*Linda*

One woman with a depression diagnosis delayed returning to work, but indicated that the issue was adjusting to being at home full-time, so returning to work was again part of the treatment.

I was due to come back at four months but then I did suffer a bit from postnatal depression, so I had a month's sick leave, so then I came back at April instead of a month earlier. But I mean I needed to come back to work because I miss work and it was all about adjusting, it was just really an adjustment issue, of being a full-time Mum, and being away from work, and stuff like that so I wanted to make sure I came back to work once I'd dealt with it, and I was in a much better state....

*Dorothy*

Not all women who sought treatment for perinatal mental health issues received quality care. Two women who did seek treatment had similar experiences with regards to the use of counselling services. The cost of psychological services was another barrier to seeking treatment.<sup>8</sup>

I haven't seen a psych yet. Well, I don't want to go all the way in to King Edward. I've been to numerous different counsellors. My last one I was with for nine months and that was actually when I was pregnant with my youngest for the first four months and she was just terrible. But I stuck it out because I wanted to get help and all that and all she told me was, "leave your husband, leave your husband". I kept saying "my husband's not my problem", and she was like "no you should go, do a clean start", and all this. You see she was a single mother ... I wanted to know how to control my anger and I still haven't been able to get it to a point where I'm happy with it and it doesn't matter where I go because I've been to community centres and everything like that and I've done positive parenting courses I've done a "be assertive not aggressive course" which was a twelve week course.

*Gail*

My doctor said "I'm pretty sure you had postnatal depression after you had your first one", you know, because it never got picked up and I never got treated so. So I thought alright, "ok you may have been right"

---

<sup>8</sup> It should be noted that from the 1<sup>st</sup> of November 2006, Medicare has introduced the "Better Access to Psychiatrists, Psychologists and General Practitioners" program providing improved access to a range of mental health service providers (Australian Psychological Society 2006).

and she was really worried about me because I hadn't planned [this baby] and she thought "oh, you know I just don't know what's going to happen with you". So I got referred to a Clinical Psychologist just to make sure that we were going to be ok. So I went, I thought "yeah I'll go", anyway, she was \$150 an hour and HBF didn't cover it and because I wasn't working I said to [my husband] "well I can't you know, I can't do this it's too expensive". So and she was lovely I really liked her and she said to me ok, I'll refer you out to Warwick here.

*Kellie*

Kellie subsequently discontinued treatment due to a similar bad experience.

In addition to discontinuing treatment at least one woman failed to ask for assistance due to the stigma associated, not with depression, but with having a child at eighteen.

I was only eighteen and I had a really, really traumatic labour. It was thirty six hour labour but I spent six hours in stirrups and they left me by myself and it was just an awful labour. Because I was so young I wasn't really ready for what was going to happen....They put down "probably postnatal" after him. I reckon probably. When I read about it now I go "oh yeah I can understand that", you don't feel like it, not that there aren't any avenues 'cause you know they're there, but 'til you get really harshly criticised and being a young parent, people expect you to fail. You've got to prove them wrong, so you can't ask for help because you're supposed to be able to do it.

*Wanda*

The level of awareness among women regarding postnatal depression was high and it was obvious from women's responses that awareness amongst health professionals was also high. However, there was some concern that a postnatal depression diagnosis had become a universal conclusion for difficult or inexplicable diagnoses post birth. One woman was repeatedly tested for postnatal depression and despite her protestations that she was not depressed, the diagnosis was continually suggested. This woman was later diagnosed with the Ross River virus.

No depression. But I got tested a zillion times for depression because I had all this tingling going on and they kept saying I had depression. "I'm not depressed. I'm happy." (laughs) I had tingling feet and I kept going to different doctors and trying to get diagnosed. They kept going "depression" because I had a baby and I'm like, "I'm not depressed. No I'm fine." and then even my local GP asked my husband "do you think she is depressed" and [my husband] is going, "No. I know my wife. She is not depressed." You know. There was something wrong and, yeah, it turned out to be Ross River.

*Sheryl*

In keeping with other literature regarding the onset of postnatal depression and its link with the birth experience, health of the child and health of the mother (Seguin et al 1999; Johnstone et al 2001) this study also found a possible link between

high scores on the EPDS and these factors. All the women with EPDS scores of twelve or more had either:

- difficult pregnancies and/or labour including being hospitalised during pregnancy or emergency caesarean sections;
- significant health issues post-pregnancy requiring hospitalisation or ongoing treatment;
- infants with significant health issues such as multiple allergies, colic or appendicitis.

In only one instance did work impact on the situation and this was with respect to a woman who was self employed and whose husband was also self employed. In this case trying to fit in work while unwell during pregnancy and then subsequently with a sick infant added significantly to the stress.

So I had a five week old baby, a haematoma, a two year old in intensive care and my husband and I are both self employed and all we could think of was "we've got no money".

*Emma*

Women with low EPDS also had issues relating to pregnancies and labour including pre-existing medical conditions, gestational diabetes, and pre-eclampsia, all of which resolved post-pregnancy. Many of these women were pregnant with their second child and so the EPDS score related to the current pregnancy.

## Services for working mothers

Women were asked to nominate what services they would find most useful while they were pregnant and working, or with a young child and working. Pregnant and working did not appear to pose many issues with antenatal classes scheduled after working hours and on weekends. All the pregnant women interviewed were able to take advantage of flexible work arrangements to attend appointments. However, it could be anticipated that attending an antenatal outpatient appointment at a public hospital would be more difficult when working.

For working mothers the services they nominated to improve the management of working and mothering included:

- increased childcare places;
- reduced childcare costs;
- financial assistance;
- flexibility in the workplace; and
- improved access to resources.

### *Childcare*

The Human Rights and Equal Opportunity Commission (2005) in their discussion paper on balancing family and work reiterate the important role accessible and affordable childcare plays in supporting families to balance paid work with caring work.

Childcare was the issue that nearly all the women wanted addressed including:

- increased access to workplace childcare;
- increased number of places;
- flexibility regarding places; and
- financial assistance.

There were a number of women who had access to workplace childcare, that is, where the childcare centre was co-located or in close proximity to the workplace. They were fully in favour of that arrangement, as were a number of other women.

Childcare at work. Childcare in the workplace. If I had childcare in the work place, even on a small scale would be so much more useful for parents who work, because it would break up that day, it would make breast feeding at work so much easier; as it is my husband has to bring him in and often there's no where to go to feed him. I have to go down to the car to feed him. There's no rooms to sit in where you're not going to be interrupted. You know I get interrupted by male colleagues and well, I'm ok with that with most of them, I don't know that all of them are ok with that and I just don't want to put myself in a situation or anyone else for that matter.

*Sam*

Actually childcare for when I get back; work-based childcare would be wonderful. Not to have to go through and say which places are good



---

which places are bad, which places should be shut down as a hazard to child welfare and why on earth are they still open. To have a work based childcare would be one thing that I would really like.

*Marge*

I honestly think that if companies within themselves would open up childcare facilities to have it there, that would make such a huge difference. If I'd seen a job going at the moment where my kids could come to work and be in a childcare facility in the building I would be straight into that. I would take the pay cut and everything. If they said you'll only earn twenty four thousand dollars a year, but we've got a childcare facility where your children can go to for free, people would be lining up outside the door ....

*Wanda*

Workplace, or groups of workplaces having shared daycare that would be great, and maybe that would be more financially manageable at the same time, you know, you could hop and see your child at lunch time if you wanted to. I mean that might not be such a good thing if they don't want you to go, but they are easy accessed, and maybe it would help with the affordability as well, and yeah, being close by because that would be really good.

*Dorothy*

Women invested considerable financial and emotional resources into sourcing and arranging childcare with which they felt comfortable. The lack of childcare places was a contributing factor to the stressors related to returning to the paid workforce. Given the lack of places working mothers were also resentful of women using childcare who were not working. In addition, the lack of flexibility with regard to places that is, paying for the place rather than the time attended, was another issue.

I think childcare has got to be addressed, it's not being met in a lot of metro areas and a lot of rural areas it's also not being met because there's no facilities there. I think also, in our local areas there's support from the family daycare network is really well established, they have very strict monitoring systems so that's excellent but in other areas I don't know if its being met and so that's another concern that I think in a broader sense more so than for myself. *Trish*

Literally the day that [my friend] did her pregnancy test she went and put the child's name down and I felt very apprehensive about that because I was thrilled to be pregnant but it didn't feel right at the time to be doing something about a year and a half's time, I didn't want to, not, we all have this feeling of tempting fate ...but talking to [my friend] she convinced me and apparently it is the case that until they expand you really do need, if you want to get your name down early, and we're very fortunate from what I can see up there it seems to be one of the better childcare centres.

*Chloe*

One of my friends, I love her dearly, she doesn't work, she has no need to work, her husband earns good money, she has two children and she's decided one of them needs to go into daycare two days a week and I said well "why". She said "oh she needs more stimulation" and I can understand that but go to a playgroup, don't take up a place of someone who needs that place, and that's how I view it.

*Natasha*

Childcare obviously, the national shortage of childcare workers variable standards.... There are not enough places. We've got a hundred plus waiting list down here, you've got to get your kid down before you even think about having it really so, that sort of thing's important.

*Linda*

As children move from childcare to school, before and after-school care onsite and the lack of integration between kindergarten and childcare were issues.<sup>9</sup>

Better childcare. Before and after-school care, like there is only one that goes to my daughter's school, like one childcare that does it and that's ridiculous, 'cause if you don't like that childcare then that's it. You either have to lose hours or what have you or have to run around to a million different places. I've tried looking into family daycare, can't get family daycare I've got three children. They're like "no, not touching you with a ten foot pole, like there's no way".

*Gail*

I think having primary schools set up to have the kindy and the pre-primary on site and the before and after on site would be really helpful and I think it's better for the kids too. You know they're in a comfortable environment and it's less running around for the parents that sort of thing. At least most of the kindys now do seem to have twigged that people can't do four half days. You just can't.

*Linda*

Financially, the cost of childcare and not being able to claim for in-home care were two issues raised.

I just feel there needs to be a reduction in the rates the childcare centres, people are paying two hundred plus. I don't know what other people are paying, but I'm paying two hundred and fifteen dollars a week just to put my child into childcare and I provide pretty much everything. I provide all the formulas, the nappies, everything's provided for them and I don't mind paying that because I know she's well looked after in the place she's in but I don't feel there's enough of a reduction for people who are working full-time as opposed to the people who aren't working at all and have a day off.

<sup>9</sup> Kindergarten in Western Australia is non-compulsory schooling for children turning four by June 30<sup>th</sup>. It is typically two to three days per week and can incorporate half days.

*Natasha*

Personally, for myself I think that, there should be assistance and support for women who work in the private sector, especially lower socio mums who say work full-time and you can't necessarily put your child in full-time daycare on a receptionist wage and it's great that we have subsidies for childcare, but even on our wage our childcare is the next biggest bill to our mortgage and we both have quite well-paying jobs. So assistance financially I think is something that really needs to be looked at ....

*Trish*

A lot of it's financial as well, what I'd like to see change, is the fact that you can't claim if you have any kind of childcare at home. Right so the fact that Nancy comes once a week I can't claim her, so I can't have my children cared for at home in the same way as they are in daycare. I don't understand why there's a difference, you should be able to get the same rebates and claim that....

*Emma*

... daycare is ludicrously expensive. It costs me to put my kids in full-time daycare four hundred and fifty dollars a week. What sort of job am I supposed to get where I'll earn enough to validate that, I'm not qualified in anything, I won't get a job that's worth more money than [-] paying that. So I don't, I reckon yeah if they made childcare less expensive and if the companies themselves had childcare facility or assistance with that it would really encourage people to do it.

*Wanda*

Women would like a range of childcare choices including centres, family daycare and in-home care. These should be as close as possible to their work places. The expenses associated with childcare mean that working mothers feel they are being penalised and as such childcare needs to be made more affordable and flexible.

### ***Financial***

In Australia, childcare subsidies have just been increased through tax incentives with a 30% child care tax rebate to cover 30% of child care expenses for approved child care up to \$4000 per child per year. In addition, Australian employers must provide 12 months job protected unpaid maternity leave. Compulsory paid maternity leave has not yet been introduced in Australia, forcing women with financial difficulties back into the labour force sooner after the birth of a child. A recent incentive for all mothers was a one off payment of \$4100 on the birth of a child to offset the cost of having a child (this will increase to \$5000 per child as of January 1<sup>st</sup> 2008). This financial benefit is offered to all families (Centrelink 2007).

For many of the women the decision to work was financial. Some women felt their contribution to both household and state economics were undervalued, contributing to their belief that working mothers were not held in high regard.

Financial help. I get very upset with the dole system because I can't go on it because a) I am married, and secondly my husband earns over the threshold, and you don't get any financial support, yet a Mum, who doesn't work and lives at home is earning eight hundred dollars a week, and keeps having babies, and has no responsibilities....

*Maria*

If I was single I would get five times the money I'm on. At the moment because I chose to get married, to stay with the one partner so I don't receive child support or anything like that, I get penalised and I only end up with such small insignificant amount that then I have to go to work to supplement the income but then I also have to pay such a huge amount of childcare it's never worth it. So it's a big circle, either way you end up poor, you know you can't. You know unless my husband goes to work in the mines or work a billion hours a week and then he misses out on time with the kids so you can't really win....

*Wanda*

Associated with financial support were issues relating to parental leave. Many of the women had proactively sought out workplaces with generous maternity leave entitlements, or planned their pregnancies in order to benefit from entitlements. Others used different forms of leave creatively to maximize the amount of time available for maternity leave. In some cases, women had to return to work earlier than planned due to financial commitments. In some cases, women had to return to work earlier than planned due to financial commitments. Financial insecurity is a major contributor to emotional and psychological duress (Romito et al. 1999; Oates 2001). Alleviating that stress would contribute significantly to mothers' and their children's wellbeing.

I think there should be some sort of government-provided parental leave, not maternity leave, parental leave because you're never going to get the thing to change if you don't enable both parties to have it. Because my husband would have taken time off if he could have got paid time off, but in the government you get six weeks paid if you're the primary carer and he wasn't so he couldn't access it. So I think that's pretty key anyway, we're one of the few countries that doesn't have it, so that's got to be on the agenda.

*Linda*

### ***Workplace family friendly policies***

Family friendly policies are those that

- facilitate the reconciliation of work and family life through adequate family and child development resources;
- facilitate parental and other carers' choices about work and care;

- promote gender equality in employment opportunities (OECD 2002 cited in HREOC 2005).

The report on the balance between work and family produced by the Human Rights and Equal Rights Commission (2005) indicates that family friendly policies such as flexible working hours and parental leave provisions are not provided uniformly across industries, occupations or employer sizes. Family friendly provisions are more likely if one is working full-time rather than part-time; working in the public sector rather than private; and better trained and highly skilled. There are fewer family friendly arrangements in male dominated fields.

### *Workplace flexibility*

The majority of women indicated that workplace flexibility was essential in juggling the demands of both family and work. Most of the women were mindful that their current employers provided flexible work arrangements and that other women were not as "lucky". For women in the paid labour market flexibility in the workplace and being able to juggle work and family life was essential in enabling women to reconcile "nurturing mother" with "paid worker". This in turn significantly impacted on self-identity and consequently emotional and psychological wellbeing.

Oh yes, more flexible work arrangements. I mean I'm just lucky that I managed to swing it this time. Normally it's very difficult for working mothers to get the sort of rostering that suits them. They either have to go on the casual roster which leaves them without sick pay and holiday pay and without permanency. They have to go on the casual roster or agree to work shifts that actually don't suit them and their families and you know I wish that there was a more family friendly system in place for rostering.

*Sam*

If your work could be more flexible around some of the services that are just going to be nine to five that would be a lot better .... I think if your work was more flexible in that way that you could start a bit later, and then maybe another day you just start a bit earlier so you can just get to those type of appointments.

*Dorothy*

Another initiative many of the women would like to see introduced are parenting rooms, that is, places where sick children could come to work and be cared for while their parent was still able to work.

Two beds in there and games and stuff for the kids and the parents could divert the phone into the room and work from that room as opposed to having a day off work. I would like that put in because I think the kids shouldn't have to go. We don't go to work if we're sick, why should a child go to daycare if they're ill.

*Natasha*

### ***Health service provision***

Not being able to access services for children after hours was an issue for some of the women. As one woman indicated:

For working parents it's bloody difficult to get into a clinic and after hours I guess, it's bloody hard to get into a clinic between nine and three when you work and that's probably the reason why I take Friday's off 'cause then I can do the doctor's appointment. I guess that's another one as well, the City of Joondalup, I don't know about other cities, City of Joondalup have at some stage [-] have stopped having immunisations at clinics. Now if you want the Council to provide it you have to go into Joondalup.

*Anastasia*

As a result many of the women used child health nurses at local pharmacies. Many of the women were unable to attend child health clinics, playgroups or mothers' groups where there are networks of informal information sharing. Consequently, many working women struggled with finding up-to-date, reliable information.

The women made a number of recommendations in relation to service provision while trying to combine paid employment with motherhood. It should be noted, however, that all the women in this study had managed to find advice and services through both formal and informal avenues. Despite this there is still action that could be taken to improve access to services and information that would support mothers in the paid labour market and consequently contribute to positive mental health.

Based on the comments of the women the following needs to be considered:

- Increased flexibility with regards to hours and locations for child health nurses and immunisation clinics;
- Reminders for parents regarding regular check-ups and immunisations;
- A guide to sites on the internet providing reliable information;
- Increased access to information via a range of sources and in particular via electronic means;
- Accreditation of staff providing advice at pharmacies;
- Peer support post-birth especially for younger and older mothers.

I really think they should have young people in hospital to help the young mums, I really do. I think that if I had of had someone like me there who said "God I know it sucks, everybody knows it sucks, don't stress, don't stress about it, I know you're freaking out, but I freaked out man, we all did". You know someone who can talk like you, someone who can relate to you who can say "you're not the only one. Don't worry about them, yeah they say you should breast feed, do what you want". Someone like that who gives you confidence in yourself you'd go yeah that's right. And someone, and then they'd say you can ring, if you get in trouble ring me man, if you feel upset and that you know. Someone like that I think would give people so much more confidence within themselves, wouldn't put so much pressure on. Especially young mums, wouldn't put so much pressure on yeah, 'cause there is a lot.

*Wanda*

## Conclusion and recommendations

There is strong evidence in this research and supported by previous studies that being in the paid labour market does not have a detrimental impact on the psychological or emotional wellbeing of women. However, given the increase in the number of women returning to the paid labour market it becomes imperative to improve strategies that support the combination of family and work. These strategies will only facilitate the short and long term health for women, their partners and children. Killien (1998) has already remarked that women are generally comfortable with multiple roles and role management is only questioned when there are non-supportive partners, unsatisfactory childcare or inflexible work arrangements.

All four structures of Broffenbrenner's hierarchical framework (1979) are implicated with the introduction of strategies that will have an immediate influence on the lives of women and those that have a longer term global influence. For example within the:

- microsystem - changes to the gendered division of labour with increased practical assistance and co-parenting from partners;
- mesosystem - changes to workplace infrastructure and working hours
- exosystem - increased flexibility and options with respect to childcare, increased use of flexible work arrangements by fathers
- macrosystem - societal shift in mothering ideologies to one that combines paid labour with mothering as well as shifts in policies governing maternity leave

In all these strategies there is a clear role for the State Perinatal Mental Health Strategy to undertake direct service delivery or alternatively play an advocacy role to ensure working women maintain positive psychological and emotional wellbeing. These strategies can be categorised under four main headings: information; service provision; childcare; work flexibility; and further research.

### ***Information***

The quantity and availability of information about early childhood development often left mothers confused and anxious. Parents need to be supported with up-to-date information that is accurate and unbiased. Media reports of research, especially regarding the impact of childcare on young children often served to heighten anxiety. Parents require access to a support network guiding the interpretation of such reports that is relevant to their particular situation and context.

Working women were typically accessing large quantities of information via the internet in preference to other sources of information. They were cognisant that their mothers and friends were not necessarily reliable sources of information even though they remained primary supports.

Strategies to consider include:

- Providing a "Guide to the Internet" highlighting sites with accurate information and building the capacity of families to discern between data sources;

- Email contact with working parents providing them with reminders for immunisations and other milestones, up-to-date, accurate information on child development research, access to an online child health nurse or midwife.

### ***Service provision***

Access to services including specialist psychologist/psychiatry remains problematic for many working women.

Many women were accessing pharmacy based midwives or child health nurses. If these staff are outside the current health system they need to be included in regular training sessions. The inclusion of psychological services as eligible for Medicare rebates is seen as a positive step in order to improve access.

Consideration should be given to:

- Advocating for the co-location of child health services with childcare centres;
- Extending hours of operation for child health services;
- Introducing a system of accreditation for counsellors working with women who have perinatal mental health concerns;
- Continuing to advocate for increased access to mental health services;
- Providing information online wherever possible;
- Introducing and encouraging virtual mother's groups enabling women who work an opportunity to chat to other women in the same situation;
- Consider communities of "mother's groups" that are not geographical but rather age-based or reflective of background, for example working/not working.

### ***Childcare***

Issues relating to accessing quality childcare, flexibility of childcare places and cost of childcare remain high on the agenda for these women. The responsibility for finding accessible, affordable childcare appears to be the sole responsibility of the mother. For working women a form of childcare that can be incorporated into the work schedule such that it facilitates the transition from home to work and back again is important. For some women this required childcare close to home, for others it necessitated childcare close to work. All women were willing to travel in order to access quality childcare that alleviated any concerns they may have.

The potential role of the State Perinatal Mental Health Strategy in this area is one of advocacy and facilitation including:

- Advocating for the establishment of work-based childcare;
- If work-based childcare is not an option, where appropriate advocate for the introduction of child-friendly spaces in work environments including areas where women can express breast milk or feed infants, care places for children who are unwell;
- Advocating for an increased variety of childcare options those that are centred-based, home-based and in-home care;
- Continuing to advocate for the reduction in the cost of care without impacting on the quality of childcare; the right of a parent to choose care most



appropriate for their child including in-home care and; the increased number of places in long daycare centres and family daycare;

- Providing parents with resources that enable them to confidently make decisions regarding the type and quality of care required.

### ***Work flexibility***

At the core of being able to successfully manage work and motherhood was the flexibility of work arrangements. This included starting and finishing times; use of sick and family leave; use of hours within the day; and maternity benefits. Nearly all the women in this study considered themselves fortunate in that they were able to successfully negotiate flexibility with their employers. There were exceptions however, where workplaces were not flexible and it should be noted that inflexibility was more likely in casual positions or in those jobs that used unskilled or semi-skilled labour. Other women manipulated their career choices around maternity benefits as opposed to skills or opportunities.

Workplace inflexibility has the potential to significantly impact on the perinatal psychological and emotional health of women. As a result the State Perinatal Mental Health Strategy could consider:

- Providing information to women and to build their capacity and understanding regarding their rights at work;
- Providing information to employers regarding their responsibilities with respect to the provision of maternity leave and options for returning to work. This could include a practical guide for employers regarding family-friendly practice and space;
- Building the capacity of women to negotiate flexible work arrangements;
- Encouraging men to take advantage of or negotiate flexible work arrangements in order to be able to actively co-parent;
- Provide data regarding successful flexible work arrangements and how they were negotiated.

### ***Further research***

This research raises a number of possible avenues for further research including:

- Exploring innovative ways of engaging research participants from low socio-economic and culturally diverse backgrounds;
- Repeating the study with women who are in full-time employment, part-time employment and non-employed;
- Engaging with mothers of older children currently managing work and motherhood;
- Ascertaining the perspective of fathers with respect to their partners working, parenting and household work;
- Using a diary to understand use of formal and informal services and access to information.

Sam sums up the position of most of the women who generally considered themselves fortunate or “lucky” with respect the arrangements they had established with their employers and partners. The time has come for women to acknowledge that being able to manage paid work and motherhood is a right that should not be left up to the good will of employers. With the changing social demographics, including an ageing population and reduced fertility it will be an economic imperative for mothers to remain in the workforce. In order for them to do so without experiencing physical, emotional or psychological duress social change at all levels of the system need to be made.

I mean it often occurs to me that I am in an extremely fortunate situation and that most women aren't in this situation. Most women don't have a husband, who's willing to do fifty per cent of the domestic and child-centred work. Most women don't, I'm fully conscious of that, and I'm fortunate to have a job that's five minutes away from home, that has permitted me to work only the times that I've said I could work, which is two days a week. I'm just lucky, I know that most women don't have it quite that cruisey and I feel sad for those families. I feel sad for the children of those mothers too, for what they lose, what they miss out on and I feel sad for the mothers for what they miss out on. So while I'm saying I'm really happy with my work arrangements, I'm just lucky, I'm just lucky.

*Sam*

The strength of this research lies in the qualitative data collected that used the words of the women themselves to illustrate the lived experience of working while raising children. It demonstrates the subtle differences among women in their ability to juggle multiple roles and highlights their resilience and creativity in adapting to the situations in which they find themselves and in combining a range of formal and informal services to meet their needs.

## References

- Ahmad-Nia, S. (2002). Women's work and health in Iran: a comparison of working and non-working mothers. *Soc Sci Med* 54(5): 753-765.
- AIFS. (2006). *Growing up in Australia: the longitudinal study of Australian children 2005-06 annual report*. <http://www.aifs.gov.au/growingup/pubs/ar/ar2000506> Accessed 19 December 2006
- Albert, M., Becker, T., McCrone, P. and Thornicroft, G. (1998). Social networks and mental health service utilization – a literature review. *International Journal of Social Psychiatry* 44.4: 228
- Arundell, T. (2000). Conceiving and investigating motherhood: the decade's scholarship. *Journal of Marriage and the Family* 62: 1192-1207.
- Aube, J., Fleury, J. and Smetana, J. (2000). Changes in womens' roles: impact on and social policy implications for the mental health of women and children. *Development and Psychopathology* 12: 633-656.
- Austen, S. and Birch, E.R. (2002) *Family responsibilities and women's working lives: discussion paper 1/02*. Institute for Research into International Competitiveness: Curtin University  
<http://www.cbs.curtin.edu.au/cbs/research/iric> Accessed September 2006.
- Austin, M. and Lumley, J. (2003a). Review: antenatal screening tools to predict postnatal depression generally have low specificity and sensitivity. *Evidence Based Mental Health* 6.3: 177-178.
- Austin, M. and Lumley, J. (2003b). Antenatal screening for postnatal depression: a systematic review. *Acta Psychiatr Scand* 107: 10-17.
- Australian Bureau of Statistics. (2006) *Barriers and incentives to labour force participation*. Australia, August 2004 to June 2005. Cat # 6239.0
- Australian Bureau of Statistics. (2005). *Births Australi*. Cat. No. 3301.0
- Australian Bureau of Statistics. (1997). *Australian Standard Classification of Occupations*. Cat. No. 1220.0
- Australian Psychological Society. (2006). *APS Fact Sheet: Better access to psychologists through the Medical Benefits Schedule (MBS)*.  
[http://www.psychology.org.au/members/Medicare/Medicare\\_Fact\\_Sheet1.pdf](http://www.psychology.org.au/members/Medicare/Medicare_Fact_Sheet1.pdf)  
Accessed March 2007.
- Babbie, E. (2002) *The Basics of Social Research*. Wadsworth/ Thomson Learning, California.
- Baxter, J and Gray, M. (2006). Paid work characteristics of mothers with infants. *Family Matters* 74: 34-41.
- Beck, C.T. (2001). Predictors of postpartum depression: an update. *Nursing Research* 50.5: 275-285.
- Bianchi, S., Milkie, M., Sayer, L., and Robinson, J. (2000). Is anyone doing the housework? Trends in the gender division of household labour. *Social Forces* 79: 191-228.
- Boyce, P.M. (2003). Risk factors for postnatal depression: a review and risk factors in Australian populations. *Archives Women's Mental Health*, 6 (Suppl 2): S43-S50.
- Brofenbrenner, U. (1979) *The ecology of human development: experiments by nature and design*. Cambridge, Mass.: Harvard University Press.
- Bühler, E. and Kruker, V.M. (2002). Gendered labour arrangements in Switzerland: structures, cultures, meanings: statistical evidence and biographical narratives. *Geojournal* 56: 305-313.

- Centrelink. (2007). Website.  
[http://www.centrelink.gov.au/internet/internet.nsf/payments/pay\\_how\\_ccb.htm#Navigation](http://www.centrelink.gov.au/internet/internet.nsf/payments/pay_how_ccb.htm#Navigation) Accessed March 2007.
- Corden, A. and Sainsbury, R. (2006). Exploring 'quality': research participants' perspectives on verbatim quotations. *International Journal of Social Research Methodology* 9.2:97-110.
- Craig, L. (2006a). Children and the revolution: a time-diary analysis of the impact of motherhood on daily workload. *Journal of Sociology* 42: 125-143.
- Craig, L. (2006b). Does father care mean fathers care? A comparison of how mothers and fathers in intact families spend time with children. *Gender and Society* 20.2: 259
- Craig, L. (2007). How employed mothers in Australia find time for both market work and childcare. *Journal of Family and Economic Issues* 28: 69-87.
- Craig, L. and Bittman, M. (2005). *The effect of children on adult's time-use: an analysis of the incremental costs of children in Australia, SPRC Discussion Paper 143*. Sydney: Social Policy Research Centre, University of New South Wales.
- Davidoff, Ian. (2007) Evidence on the childcare market. *Economic Round Up Summer 2007*. Commonwealth of Australia The Treasury. Canberra.
- Dennis, C., Hodnett, E., Gallop, R. and Chalmers, B. (2002). The effect of peer support on breastfeeding women: A randomised controlled trial. *Canadian Medical Association Journal* 166.1:21-28.
- Denzin, N. and Lincoln, Y. (2005). *The Sage Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.
- Drago, R., Tseng Y-P. and Wooden, M. (2004). *Family structure, usual and preferred working hours and egalitarianism in Australia*. Melbourne Institute Working Paper No 14. Melbourne: Melbourne Institute of Applied Economic and Social Research.
- Eberhard-Gran, M., Eskild, A., Tambs, K., Opjordsmoen S. and Samueben, S.O. (2001). Review of validation of the Edinburgh Postnatal Depression Scale. *Acta Psychiat Scand* 104: 243-249.
- Edwards, R. and Gillies, V. (2004). Support in parenting: values and consensus concerning who to turn to. *Journal of Social Policy* 33.3: 627-647.
- Equal Opportunity for Women in the Workplace Agency. (2007). *Leading Edge Initiative*. Australian Government.  
[http://www.eowa.gov.au/Information\\_Centres/Resource\\_Centre/EOWA\\_Publications/Leading\\_Edge\\_Initiatives/Leading\\_Edge\\_2007.pdf](http://www.eowa.gov.au/Information_Centres/Resource_Centre/EOWA_Publications/Leading_Edge_Initiatives/Leading_Edge_2007.pdf) Accessed March 2007.
- Evans, M.D.R. and Kelley, J. (2002). Changes in public attitudes to maternal employment: Australia, 1984 to 2001. *People and Place* 10.1: 42-57.
- Ezzy, D. (2002). *Qualitative analysis: practice and innovation*. Sydney: Allen and Unwin.
- Family and Community Services. (2004). *Volume 3: Research into the information needs of Australian parents*.  
[http://www.facs.gov.au/family/early\\_childhood\\_pip/volume3/volume3.pdf](http://www.facs.gov.au/family/early_childhood_pip/volume3/volume3.pdf)  
 Accessed March 2007.
- Gallegos, D. (2006). *Aeroplanes always come back: FIFO employment : managing the parenting transitions*. Perth, Western Australia: Centre for Social and Community Research, Murdoch University and Ngala.
- Gilbert, N. (Ed). (2001). *Researching social life*. 2nd Edition. London: Sage.
- Gjerdingen, D.K. and Chaloner, K.M. (1994). The relationship of women's postpartum mental health to employment, childbirth, and social support. *J Fam Pract* 38(5): 465-72.

- Goldbort, J. (2002). Postpartum depression: bridging the gap between medicalised birth and social support. *International Journal of Childbirth Education*, 17.4:11-17.
- Grace, M. (1998). The work of caring for young children: priceless or worthless? *Women's Studies International Forum* 21.4: 401-413.
- Hakim, C. (2000). *Work-Lifestyle choices in the 21<sup>st</sup> Century. Preference Theory*. Oxford University Press, Oxford.
- Hakim, C (2003) *Models of the family in modern societies: ideals and realities*. Ashgate Press , Aldershot.
- Hand, K. and Hughes, J. (2005). Mother's attitudes to parenting and paid work: a typology? *Families matter, 9th Australian Institute of Family Studies Conference Melbourne, 9-11 February 2005*. Australian Institute of Family Studies. <http://www.aifs.gov.au/institute/afrc9/hand2.rtf> Accessed February 2007.
- Harrison, L.J. and Ungerer, J.A. (2002). Maternal employment and infant-mother attachment security at 12 months postpartum. *Dev Psychol* 38(5): 758-773.
- Haslam, S.A. and McGarty, C. (2003). *Research methods and statistics in psychology* London: Sage.
- Hayes, M. J., S. Roberts, et al. (2000). Transactional conflict between psychobiology and culture in the etiology of postpartum depression. *Med Hypotheses* 55(3): 266-76.
- Hays, S. (1996). *The cultural contradictions of motherhood*. New Haven, CT: Yale University Press.
- Hertzman, C. (2002). *An early child development strategy for Australia? Lessons from Canada. Issue paper 1*. Commission for Children and Young People, Queensland Government.
- Hock, E. and DeMeis, D.K. (1990). Depression in Mothers of Infants: The Role of Maternal Employment. *Developmental Psychology* 26(2): 285.
- Hock, E; McBride, S; Gnezda, T. (1989). Maternal separation anxiety: mother-infant separation from the maternal perspective. *Child Development* 60.4: 793-802.
- Hondagneu-Sotelo, P. (2003). Blowups and other unhappy endings. In B. Ehrenreich and A Hothschild (Eds). *Global Women*. London: Granta. 55-64.
- Human Rights and Equal Opportunities Commission. (2005). *Striking the Balance: Women, men, work and family*. Sex Discrimination Unit, Sydney. [http://www.humanrights.gov.au/sex\\_discrimination](http://www.humanrights.gov.au/sex_discrimination). Accessed January 2007.
- Human Rights and Equal Opportunities Commission. (2007). *It's About Time: Women, Men, Work and Family. Final Paper 2007*. Sex Discrimination Unit, Sydney. [http://www.humanrights.gov.au/sex\\_discrimination](http://www.humanrights.gov.au/sex_discrimination). Accessed January 2007.
- Human Rights and Equal Opportunity Commission. (1999) *Pregnant and Productive: It's a right not a privilege to work while pregnant*. Report of the National Pregnancy and Work Inquiry HREOC Sydney.
- Jordan, B. Redley, M. and James, S. (1994). *Putting the family first: identities, decisions, citizenship* London: UCL Press.
- Jordan, B. James, S. Kay, H. and Redley, M. (1992). *Trapped in poverty?* London: Routledge.
- Johnston, D.D. and Swanson, D. H. (2006). Constructing the 'good mother': the experience of mothering ideologies by work status. *Sex Roles* Johnstone, S., Boyce, P.M., Hickey, A.R., Morris-Yates, A.D. and Harris, M.G. (2001). Obstetric risk factors for postnatal depression in urban and rural community samples. *Australian New Zealand Journal of Psychiatry* 35:69-74.
- Johnstone, S., Boyce, P.M., Hickey, A.R., Morris-Yates, A.D. and Harris, M.G. (2001). Obstetric risk factors for postnatal depression in urban and rural community samples. *Australian New Zealand Journal of Psychiatry*, 35:69-74.

- Killien, M. G. (1998). Postpartum return to work: mothering stress, anxiety, and gratification. *Can J Nurs Res* 30(3): 53-66.
- Kitterød, R. H and Pettersen, S. V. (2006). Making up for mothers employed working hours? Housework and childcare among Norwegian fathers. *Work Employment and Society* 20: 473-492.
- Kouzis, A.C. and Eaton, W. W. (1998). Absence of social networks, social support and health services utilization. *Psychological Medicine* 28: 1301-1310.
- Kruske, S., Schmied, V., Sutton, I. and O'Hare, J. (2004). Mothers' Experiences of Facilitated Peer Support Groups and Individual Child Health Nursing Support: A Comparative Evaluation. *Journal of Perinatal Education* 13.3: 31-38.
- Lamb, M.E. (2000). The effects of quality of care on child development. *Applied Developmental Science* 4.3:112-115.
- Layte, P. (1999). *Divided time: gender, paid employment and domestic labour*. Brookfield, VT: Ashgate Publishers.
- Longdon, M.C. and Usui, W. (2001). Psychosocial predictors of postpartum depression in diverse groups of women. *Western Journal of Nursing Research*, 23.6:563-574. (18).
- Maclean, H., K. Glynn, et al. (2004). Multiple Roles and Women's Mental Health in Canada. *BMC Womens Health* 4 Suppl 1: S3.
- McKie, L., Bowlby, S. and Gregory. S. (2001). Gendered caring and employment in Britain. *Journal of Social Policy* 30.2: 233-253.
- McMahon, M. (1995). *Engendering motherhood*. New York: Guildford Press.
- Nichols, M.R. and Roux, G.M. (2004). Maternal perspectives on postpartum return to the workplace. *J Obstet Gynecol Neonatal Nurs* 33(4): 463-71.
- Oakley, A (2000). *Experiments in method: gender and method in the social sciences*. Oxford: Polity Press.
- Oates, M. (2001). Deaths from psychiatric causes. In *Why Mothers Die 1997-1999: The confidential enquiries into maternal deaths in the United Kingdom*. London: RCOG Press.
- O'Hara, M.W. and Swain, A.M. (1996). Rates and risk of postpartum depression: a meta-analysis. *Int Rev Psychiatry*, 8:37-54.
- Pocock, B. (2003). *The work/life collision: what work is doing to Australians and what to do about it*. Annandale: Federation Press.
- Pocock, B. (2006). *The labour market ate my babies: work, children and a sustainable future*. Sydney: The Federation Press.
- Romito, P., Saurel-Cubizolles, M-J. and Lelong, N. (1999). What makes mothers unhappy: psychological distress one year after birth in Italy and France. *Social Science and Medicine*, 49:1651-1661.
- Ross, D.P., Scotland, K., Kelly, M.A. (1996). Overview: Children in Canada in the 1990s. In *Growing Up in Canada: National Longitudinal Survey of Children and Youth*. Catalogue No. 89-550-MPE, No. 1. Ottawa: Human Resources Development Canada and Statistics Canada.
- Sarantakos S. (1993). *Social Research*. Melbourne: MacMillan Education Australia.
- Scott, D., Brady, S. and Glynn, P. (2001). New mother groups as a social network intervention: Consumer and maternal and child health nurse perspectives. *The Australian Journal of Advanced Nursing* 18.4: 23-29.
- Seguin, L., Potvin, L., St-Denis, M. and Loiselle, J. (1999). Depressive symptoms in the late postpartum among low socioeconomic status women. *Birth*, 26.3:157-163.
- Shelton, B.A. (1992). *Women, men, time: gender differences and paid work, housework and leisure*. New York: Greenwood Press.
- Shonkoff, JP & Phillips, A, 2000, *From Neurons to Neighborhoods: The Science of Early Child Development*, National Academy Press, Washington, US.



- Sims, M. (2003). Are we asking the right question when we ask "Is child care bad for children?" *Australian Journal of Early Childhood* 28.4: 34-39.
- Small, R., Astbury, J., Brown, S. and Lumley, J. (1994b). Depression after childbirth: does social context matter? *Med J Aust*, 161:473-477. (13).
- Spitze, G.D. and Waite, L.T. (1981). Wives' employment: the role of husbands' perceived attitudes. *Journal of Marriage and Family* 43: 117-124.
- Tammentie, T., Tarkka, M-T., Åstedt-Kurki, P. and Paavilainen, E. (2002). Sociodemographic factors of families related to postnatal depressive symptoms of mothers. *International Journal of Nursing Research*, 8:240-246.
- Thorntwaite, L. (2004). Working time and work-life balance: a review of employees' preferences. *Asia Pacific Journal of Human Resources* 42: 166-184.
- Trewin, D. (2006). *Australian social trends 2006*. Canberra: Australian Bureau of Statistics. Cat # 4102.0
- Vincent, C., Ball S.J., Pietikainen, S. (2004a). Metropolitan mothers: mothers, mothering and paid work. *Women's Studies International Forum* 27: 571-587.
- Vincent, C., Ball S.J., Kemp, S. (2004b). The social geography of childcare: making up a middle class child. *British Journal of Sociology of Education* 25.2: 229-244.
- Vincent, C. and Ball, S.J. (2001). A market in love? Choosing pre-school child care. *British Education Research Journal* 27.5: 633-651.
- Volling, B.L. and Belsky, J. (1993). Parent, Infant, and Contextual Characteristics Related to Maternal Employment decisions in the first year of infancy. *Family Relations* 42.1: 4-12.
- Webster, J., Pritchard, M.A., Linnane, J.W.J., Roberts, J.A., Hinson, J.K. and Starrenburg, S.E. (2001). Postnatal depression: use of health services and satisfaction with healthcare providers. *J Qual Clin Practice*, 21:144-148. (11).
- Zimet, GD; Dahlem, NW; Zimet, SG; Farley, GK. (1998). The multidimensional scale of perceived social support. *Journal of Personality Assessment* 52:30-41.
- Zimet, GD; Powell, SS; Farley, GK, Werkman, S and Berkoff, KA. (1990). Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of Personality Assessment* 55:610-617.

## Appendix A

### Copy of the flyer



# Are you a working Mum of a baby?

Murdoch University and the Centre for Research for Women are conducting research into the experiences and well-being of working mothers of babies less than 12 months old.

If you would like to help other working Mums by providing information that will be used to help guide future community services or you just want to chat about how you manage, then this is your opportunity. It will involve a one-on-one confidential interview that will take up to 90 minutes.

To participate: you need to be in paid work for at least 24 hours a week and you need to be pregnant or your baby needs to be less than a year old.

If you are interested in participating in this research, please contact Danielle Gallegos on 9360 7642 or Shiree Treleaven-Hassard on 0403775119 for more information.



This research is funded by the Western Australian State Perinatal Mental Health Research Program



## Appendix B

### Managing work and motherhood: implications for perinatal mental health. Interview Schedule

#### 1. Demographics

Age

Details regarding current relationship

Number of children

Where they are living

Where did they have their baby/going to have baby

#### 2. Work History

Qualifications

What sort of work?

Work history

Reasons for working

When did they stop working?

When were they planning on returning to work, why?

Did the plan change, why?

Walk we through the decision to go back to work, what went through your mind

What are the benefits of working?

What are the drawbacks?

#### 3. Accessing services while still working

Which services did they access?

Ease of access

Perception of services provided

#### 4. Accessing services on maternity leave

Which services did they access?

Ease of access

Perception of services provided

#### 5. Support networks

Who do they use for supports

Who do they use to provide care for their child, why

Have they ever asked for help, why/why not

#### 6. Being a mother

What do they think are the attributes of a mother today?

What did they think being a mother would be like?

What was being a mother like?

How do they think mothers are portrayed?

What is the hardest thing about being a mother?

How do they manage being a mother and working?

Do they ever feel guilty? What about? How do you manage that?

#### 7. Perception of emotional wellbeing

Did you get the baby blues?

What do you think your emotional and mental health was like?

How do you think going back to work affected emotional, physical, mental wellbeing?

#### 8. Services that would be of benefit

## Appendix C

## Copies of Scales

**EDINBURGH DEPRESSION SCALE\*** Also known as the Edinburgh Postnatal Depression Scale (EPDS)\*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weeks pregnant: \_\_\_\_ or weeks postnatal \_\_\_\_

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

**TOTAL SCORE**

**INSTRUCTIONS:**

Please colour in one circle for each question that is the closest to how you have felt in the **PAST SEVEN DAYS**.

**1. I have been able to laugh and see the funny side of things:**

- As much as I always could
- Not quite as much now
- Definitely not so much now
- Not at all

**2. I have looked forward with enjoyment to things:**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**3. I have blamed myself unnecessarily when things went wrong:**

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

**4. I have been anxious or worried for no good reason:**

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

**5. I have felt scared or panicky for no very good reason:**

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

**6. Things have been getting on top of me:**

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

**7. I have been so unhappy that I have had difficulty sleeping:**

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

**8. I have felt sad or miserable:**

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

**9. I have been so unhappy that I have been crying:**

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

**10. The thought of harming myself has occurred to me:**

- Yes, quite often
- Sometimes
- Hardly ever

**Multidimensional Scale of Perceived Social Support**  
(Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**  
 Circle the "2" if you **Strongly Disagree**  
 Circle the "3" if you **Mildly Disagree**  
 Circle the "4" if you are **Neutral**  
 Circle the "5" if you **Mildly Agree**  
 Circle the "6" if you **Strongly Agree**  
 Circle the "7" if you **Very Strongly Agree**

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7	SO
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	SO
3.	My family really tries to help me.	1	2	3	4	5	6	7	Fam
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7	Fam
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7	SO
6.	My friends really try to help me.	1	2	3	4	5	6	7	Fri
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7	Fri
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7	Fam
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	Fri
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7	SO
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7	Fam
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7	Fri

The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).

**Maternal Separation Anxiety Scale\***  
**Parent Questionnaire**

The following statements represent matters of interest and concern to parents. Not all people feel the same way about them. Answer the statements as you are feeling now. Read each statement carefully and circle the number to the right which most closely reflects YOUR degree of agreement or disagreement. Try to answer all statements without skipping items or looking back. Answer all items without discussing any of them with anyone.

Name: \_\_\_\_\_

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Some what Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I miss holding or cuddling my child when I am away from him/her.	1	2	3	4	5
2. My child is happier with me than with babysitters or teachers.	1	2	3	4	5
3. Children will be afraid in a new place without their mother	1	2	3	4	5
4. My life wouldn't be complete without a career.	1	2	3	4	5
5. If a child is independent and outgoing, he/she will make friends easily without his/her mother's help.	1	2	3	4	5
6. When away from my child, I often wonder if his/her physical needs (dry nappies, enough to eat, etc.) are being met.	1	2	3	4	5
7. Holding and cuddling my child makes me feel so good that I really miss the physical closeness when I'm away.	1	2	3	4	5
8. I am more concerned with my child's physical safety than a babysitter or teacher.	1	2	3	4	5
9. It will be difficult for my child to adjust to someone else taking care of him/her.	1	2	3	4	5
10. I would resent my job if it meant I had to be away from my child.	1	2	3	4	5
11. My child will benefit from group experiences (i.e., nursery school, day-care, kindergarten) since they will provide him/her social experiences that he/she could not get at home.	1	2	3	4	5
12. When I am away from my child, I feel lonely and miss him/her a great deal.	1	2	3	4	5
13. Only a mother just naturally knows how to comfort her distressed child.	1	2	3	4	5
14. A child is likely to get upset when he/she is left with a babysitter.	1	2	3	4	5
15. I have a systematic plan for how I'm going to build my career in the world of work.	1	2	3	4	5
16. It is good for my child to spend time away from me so that he/she can learn to deal independently with unfamiliar people and new situations.	1	2	3	4	5
17. I like to have my child close to me most of the time.	1	2	3	4	5
18. I am naturally better at keeping my child safe than any other person.	1	2	3	4	5
19. I believe that my child misses me when I have to let someone else take care of him/her for a while.	1	2	3	4	5

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Some what Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
20. A career or job brings me a lot of personal satisfaction.	1	2	3	4	5
21. Even though my child fusses a bit when I leave, I know he/she will be OK in a few minutes – after I'm out of sight.	1	2	3	4	5
22. I don't like to leave my child.	1	2	3	4	5
23. My child prefers to be with me more than with anyone else.	1	2	3	4	5
24. My child is afraid and sad when he/she is not with me.	1	2	3	4	5
25. I would not regret postponing my career in order to stay at home with my child.	1	2	3	4	5
26. My child needs to spend time away from me in order to develop a sense of being an individual in his/her own right.	1	2	3	4	5
27. When I am separated from my child, I wonder whether he/she is crying and missing me.	1	2	3	4	5
28. I don't enjoy myself when I'm away from my child.	1	2	3	4	5
29. I worry that my child is never completely comfortable in an unfamiliar setting if I am not with him/her.	1	2	3	4	5
30. Children are very demanding and I often wish I had more time for a career.	1	2	3	4	5
31. Exposure to many different people is good for my child.	1	2	3	4	5
32. I worry when someone else cares for my child.	1	2	3	4	5
33. If I could choose between working full-time or staying at home with my child, I would want to stay at home.	1	2	3	4	5
34. There are times in the lives of young children when they need to be with people other than their mother.	1	2	3	4	5
35. When away from my child, I worry about whether or not the babysitter is able to soothe and comfort my child if he/she is lonely or upset.	1	2	3	4	5

Appendix D

Results of scales

Respondent	EPDS	Maternal Separation Anxiety Scale			Total	Social Support Scale	
		MSA	PSE	ERS		MSPSS	Total
1	15	23	13	18	54	19/20/20	59
2	1	15	22	19	56	28/22/16	66
3	3	24	14	26	64	28/27/28	83
5	11	17	13	13	43	20/17/20	57
6	11	21	29	21	71	23/24/24	71
7	17	24	17	22	63	28/28/28	84
8	12	19	14	15	48	15/12/10	37
9	2	23	12	14	49	25/22/20	67
10	2	18	14	17	49	28/23/21	72
11	2	12	8	13	33	24/24/24	72
13	4	21	20	23	64	26/24/24	74
14	5	28	19	20	67	28/27/17	72
15	4	13	10	18	41	24/22/24	70
16	6	Not completed			Not completed	28/10/28	66
17	12	Not completed			Not completed	28/24/24	76
18	11	19	18	23	60	24/18/23	65
19	16	23	17	24	64	20/04/24	48
20	6	20	14	20	54	28/22/26	76
21	6	18	10	16	44	24/21/24	69
22	8	24	25	25	74	27/24/25	76