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'Negotiating the tensions of having to attach and detach concurrently': A qualitative study on combining breastfeeding and employment in public education and health sectors in New Delhi, India

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ABSTRACT

Objective: the aim of this study was to explore the factors involved in combining breastfeeding and employment in the context of six months of maternity leave in India.
Design: qualitative semi-structured interviews were conducted and analysed using a Grounded Theory approach.
Setting: Health and Education sectors in New Delhi, India.
Participants: 20 first-time mothers with one 8–12 month-old infant and who had returned to work after six months' maternity leave.
Measurements and findings: the interviews followed a pre-tested guide with a vignette, one key question and six thematic areas; intentions, strategies, barriers, facilitators, actual experiences and appraisal of combining breastfeeding and employment. Probing covered pre-pregnancy, pregnancy, maternity leave, the transition and return to work. This study revealed a model of how employed women negotiate the tensions of concurrently having to attach and detach from their infant, work, and family. Women managed competing interests to ensure trusted care and nutrition at home; facing workplace conditions; and meeting roles and responsibilities in the family. In order to navigate these tensions, they used various satisficing actions of both an anticipatory and troubleshooting nature.
Key conclusion: in spite of a relatively generous maternity leave of six months available to these women, several individual, familial and workplace factors interacted to both hinder and facilitate the process of combining breastfeeding and employment. Tension, negotiation and compromise are inherent to the process.
Implications for practice: antenatal and postnatal interventions providing information and support for working mothers need to address factors at the individual, family and workplace levels *in addition* to the provision of paid maternity leave to enable the successful combination of breastfeeding and employment.

Background

The successful combination of breastfeeding and employment has important implications for maternal and child health as well as for labour markets. breastfeeding practices have a major public health impact in a country such as India. There is ample evidence that the promotion, protection and support of exclusive breastfeeding (EBF) for six months are key interventions to improve maternal and child health and survival (Bryce et al., 2006). However, in many parts of the world, the exclusive breastfeeding rates still fall short of the international recommendations of six months' exclusive breastfeeding followed by complementary feeding and continued breastfeeding for two years or beyond (WHO, 2003). In India, the last National Family Health Survey showed a zero- to six-month EBF rate of 46.4% (IIPSI, 2011).

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A further analysis of the determinants of termination of breastfeeding indicates that breastfeeding promotion in India should focus on certain high-risk mother–child pairs. The risk factors identified in the survey are female infants, first-born babies, urban sector residency, literate, higher wealth status, less than 20 years of age, and certain religious denominations. Further qualitative studies to investigate the cultural norms and causal pathways underlying these findings are called for (Malhotra et al., 2008).

India has one of the lowest female labour participation rates globally, especially in the urban formal sector, and furthermore, these are on the decline; from 37% in 2004/2005 to 29% in 2009/2010 (ILO, 2013). Role incompatibility between domestic work and employment is one of the reasons for these rates, alongside increased secondary school enrolment (Bhalla S, 2011). A negative correlation between employment status and duration of exclusive breastfeeding has been demonstrated in both high- (Fein et al., 2008; Johnston and Esposito, 2007; Ogbuanu et al., 2011) and middle-to-low-income settings, for example, Bangladesh (Haider and Begum, 1995), Thailand (Yimyam, 1998), Brazil (Vianna et al., 2007) and Kenya (Lakati et al., 2002). The emerging evidence is that the length of the maternity leave taken, the nature of the work, the existence of shift work, options for part-time work and the position of the individual, modify the extent of the difficulties that women face in combining work and breastfeeding (Rea and Morrow, 2004; Omer-Salim and Olsson, 2008; Guendelman et al., 2009; Mandal et al., 2010). The provision of maternity leave for more than 12 weeks and increased flexibility in working conditions, as well as encouraging mothers to take their maternity leave, appear to be important conclusions from these studies to promote the successful combination of breastfeeding and employment. Mothers also need skilled breastfeeding support and counselling from trained health providers such as midwives, nurses and physicians throughout the reproductive continuum (Haroon et al., 2013).

India provides a general paid maternity leave of three months for female employees (ILO, 2011). In 2008, the Government of India (GOI) extended the maternity leave entitlement for Central government employees to six months (Government of India. S. C. P. Commission, 2008). This leave can be taken from up to six weeks before the expected date of childbirth. There is an additional provision made for child care leave (CCL) for up to two years that can be taken for any reason, such as child rearing, sickness, or to meet any other needs of the child. Infant and young child feeding guidelines highlight the need to support working mothers to *take* maternity leave and breast feed exclusively for six months (Government of India. Ministry of Women and Child Development, 2004).

Given the currently declining female labour market situation in India (ILO, 2013) and that the six months of maternity leave is in place for central government employees, it is important to develop the knowledge base on how to optimise breastfeeding practices in the context of maternity leave and the return to work thereafter. Enabling women to satisfactorily combine breastfeeding, domestic work and employment may help to reverse the declining labour market situation. The aim of this study was thus to explore the factors involved in combining breastfeeding and employment in the context of six months of maternity leave, among public sector employees in New Delhi, India.

Methods

Study design

A Grounded Theory Approach inspired by Charmaz (2006) was employed to inductively construct an explanatory, conceptual model from data. Charmaz grounded theory was chosen because it offers a flexible constructivist approach. As Charmaz suggests, 'Grounded theory methods offer a set of general principles, guidelines, strategies and heuristic devices' (Charmaz, 2006). Iterative and comparative strategies for analysis are central in the construction of concepts, models and/or theories. The Grounded Theory Approach has proven its applicability for the conceptualisation of social processes when explanatory theory is lacking and using the knowledge thus gained to transform practice and social processes (Charmaz, 2006; Creswell, 2007).

Study setting

The study was conducted in the city of New Delhi, India, in early 2012. The study of urban populations is appropriate and timely as urbanisation is rapid in India and about half of the global population is urban (WHO/UN-HABITAT, 2010). The government sectors of health care and education were selected as the study setting because they employ many women who are potential role models in society, especially in their daily contact with other women as clients or as educators. Health care workers' own health practices have been shown to correlate positively with those of their patients (Frank et al., 2013). Similarly teachers have an important role in mentoring young adolescents to face the challenges of the complexities of life (Khan, 2013). Participants were selected at primary health care facilities (six participants), secondary/tertiary level health care facilities (four participants), primary education facilities (six participants), secondary education facilities (one participant) and university level (three participants).

Participants

Purposive sampling was used to select 20 participants within different cadres and positions at health care (10) and education (10) facilities within the different levels. The inclusion criteria were: first-time mother with one 8–12 month-old infant, have taken about six months' maternity leave, and willing to participate after being provided with oral and written information. Furthermore, we selected for sample variation in age and cadre/position at the workplace as these factors have impact on breastfeeding or indicate vulnerable groups (Malhotra et al., 2008). The potential participants were selected from a list of women who had availed of six months' maternity leave provided by the employers. Initially, 25 potential participants were identified; however, five were not eligible according to the other inclusion criteria described above. Participants' characteristics are provided in Table 1.

Data collection and handling

Three women research assistants, fluent in Hindi and English and knowledgeable in breastfeeding, were trained in qualitative research techniques by the first author. The research assistants and the first two authors conducted the recruitment, data collection and data handling. After obtaining informed consent, the interviews were conducted in either Hindi or English at a time and place chosen by the participant. The interviews followed a pre-tested semi-structured interview guide (Fig. 1) with a vignette, one key question, six thematic areas and time periods to be covered. The use of the semi-structured interview guide was to ensure that key topics were covered, yet leaving room for the interview to develop according to the participants' experience. This method was adopted as interviews were conducted by several research assistants to ensure consistent and reliable data collection. The vignette was developed to showcase different possible scenarios regarding breastfeeding/infant feeding and employment and thus facilitate the interview (Schoenberg and Ravdal, 2000). Probing covered pre-pregnancy, pregnancy, maternity leave, and return to work. The interviews had a conversational style, were held in privacy,

Table 1
Characteristics of participants.

No.	Sector	Type of family*	Age of mother (years)	Work class status (1-2)†	Age of baby (months)	Maternity leave postnatal (months)
1	Health	Joint	32	1	11	5
2	Health	Joint/nuclear	27	1	11	2
3	Health	Joint/nuclear	33	2	12	6
4	Health	Joint	27	2	12.5	6
5	Health	Joint	29	1	12	6
6	Health	Joint/nuclear	32	2	12	6
7	Health	Joint/nuclear	30	2	12	5
8	Health	Joint	31	1	12	6
9	Health	Joint	31	1	8	6
10	Health	Joint	28	2	8	6
11	Education	Joint	25	2	7	6
12	Education	Nuclear	31	2	12	6
13	Education	Joint	31	1	12	6
14	Education	Nuclear	36	1	5.5	4.5
15	Education	Joint	30	2	9	6
16	Education	Nuclear	29	1	12	6
17	Education	Joint	27	2	7	6
18	Education	Joint	25	2	8	6
19	Education	Joint	24	2	9	6
20	Education	Extended	25	2	7	5

* *Type of family – Nuclear family*: includes nuclear pair, i.e. head and spouse with or without unmarried children; *Joint family*: head and spouse with married son(s)/daughter(s) with their spouses and children; *Extended family*: head and spouse with married brother(s)/sister(s) and their spouses, their son(s)/daughter(s) with their spouses and children.

† *Work class status – Class* 1: executive power vested in categorised public servants with decision-making powers; *Class* 2: officers with limited supervisory or subordinate managerial roles.

INTERVIEW GUIDE

Vignette

Two friends, Aisha and Preeti, are sitting reflecting about their experiences of being working mothers and breastfeeding. It is now two months since they returned to work after 6 months of maternity leave and they are both still breastfeeding their babies. They agree that working mothers have many different jobs and commitments to manage during the day and the night. It can be quite emotional at times. They remind each other how they planned their lives as working mothers and the different expectations from their families and workplaces. Aisha had decided before her baby was born that she was not going to breastfeed since she would be going back to work after a few months. It did not seem worthwhile at the time. Preeti had planned before her pregnancy that she would breastfeed her baby for at least a year, even though she would be returning to work after 6 months' maternity leave. They both start laughing; thinking of how the realities of combining breastfeeding and paid work turned out to be for them!

Key question

Could you please tell me how combining breastfeeding and paid work was for you and your baby?

Thematic areas

Intentions, strategies, barriers, facilitators, actual experiences and appraisal of combining breastfeeding and employment

Time periods

Pre-pregnancy, pregnancy, maternity leave, and return to work

Fig. 1. The interview guide.

were audio-taped with the participants' permission, took between 30 and 60 minutes and generated about 20 hours of recordings. Each audio-recording was transcribed verbatim by the research assistant who conducted the interview. Names and references to places and institutions were exchanged for fictive ones. The transcripts in Hindi (16) were translated to English to facilitate the analysis by non-Hindi-speaking members of the research team. The accuracy of the transcriptions and translations were checked by the research assistants who read each other's texts and compared them with the recordings. Minor corrections were made.

Data analysis

The analysis began while data collection continued. This process was adopted to ensure the quality of the data and allow for theoretical sampling as concepts developed. The concept of theoretical sufficiency to indicate the adequacy of data and rigour of coding was aimed for in this study (Charmaz, 2006). Data collection ceased once theoretical sufficiency was considered to have been reached.

Analysis followed the main phases of grounded theory inspired by Charmaz (2006). Accordingly, grounded theory consists of at least two phases; the initial coding phase and focused, selective phase. Furthermore we utilised theoretical coding (Charmaz, 2006). Initial coding entailed a close reading of the text and naming each word, line or segment of the data and helped to explore the different theoretical possibilities discerned in the data. Focused coding selected the most salient initial codes to sort, synthesise and integrate large amounts of the data into categories. Theoretical coding used relevant theoretical coding families to integrate the focused categories and develop an analytical model. Although not prescribed by Charmaz as essential, axial coding was sometimes used to refine the analysis by exploring the links between categories. Furthermore, constant comparative methods elucidating similarities and differences between data, theoretical sampling within the data set, and memo writing to capture and refine analytical connections, were employed (Charmaz, 2006). The first author coded, categorised, and integrated the transcribed texts into the model which was reviewed and further refined by all authors. The field notes were read to contextualise the texts. The authors and research assistants used a reflexive approach, reflecting both individually and together on how their personal and professional characteristics could influence the whole research process. Particularly, opinions and experiences of infant feeding and women's employment were reflected on. Table 2 gives an example of the main components of the analysis process. Peer review was gained at seminars at Uppsala University, Sweden, and at the World Breastfeeding Conference 2012 in New Delhi, India.

Table 2
An example of the main components of the analysis process.

Interview text	Initial coding	Focused coding	Theoretical coding	Memos
'I used to leave my baby with my mother. I didn't have anyone else with me in-between when I used to come here (to workplace) to request that please help me you give me leave for 2 more months. But they refused and I had to join here, and I had a new joining so I could not even delay it. Not even 20 days had passed since my joining and my delivery date came. I was completely struck. I was not able to understand. What should I do?' (Sonam, healthworker)	Own mother caretaker	Family assistance with baby	Meeting roles and responsibilities in the family	Clearly she feels hopeless and alone in spite of help from her own mother. She was not expecting it to be so difficult. Lack of flexibility at the workplace, but she at least tried to negotiate
	Feeling alone and uncertain what to do	Being refused requested extension of leave	Facing workplace conditions	Is this visible in other interviews?
	Being new on the job Asking for extension of leave	Uncertainty, loneliness and tension	Negotiating the tensions	Are there any examples of women who get the extended leave and how did they do it, if so?
	Refused official leave extension			

Ethics

We addressed the ethical principles of autonomy, beneficence, non-malevolence and justice outlined in the Declaration of Helsinki (World Medical Association, 2008). Ethical problems are minor in this present study as it involves adult, healthy participants with no additional dependency on the researchers. Potential risks, including the surfacing of negative experiences or repercussions of the interview, were assessed. However, the participants expressed appreciation for the opportunity to have 'someone listening attentively'. To minimise the risks, care was taken to inform participants orally and in written form about; the aims of the study, what their participation would involve, voluntary participation and the right to decline, and measures of confidentiality taken. Ethical clearance was granted (01/02/2012) by the ethics committee at Guru Tegh Bahadur Hospital, New Delhi, India. Furthermore, a review (2012/097) commenting on the research ethics was conducted by the Regional Ethical Review Board, in Uppsala, Sweden, as per requirement of the financing body and as the study was conducted in collaboration with Uppsala University. Study permission was given by the authorities at each study site.

Findings

The analysis resulted in the development of a model of the factors involved in the process of combining breastfeeding and employment, with one main category and two other categories with three and two subcategories, respectively (Fig. 2). The categories, presented below, are overlapping and linked, as the 'glue' in the process. In Fig. 2 this is symbolised by the semi-permeable borders. Selected quotes are provided to illustrate the analytical text.

Negotiating the tensions of having to attach and detach concurrently

This main category revealed the factors involved in combining breastfeeding and employment in this context. Mothers negotiated the tensions of having to attach to and detach from the infant, the family roles and the workplace. Attaching and detaching could be physical and/or emotional/mental and occur concurrently over the time period from pregnancy, childbirth, maternity leave and return to work. Negotiation was a process of dialogue and inherent compromise with other people about how to manage the competing interests of the infant, the family roles and the workplace. This implied tensions such as frustration, resentment and guilt when the compromises were too great, but also fulfilment when things worked out well. The tensions varied over the period and were most intense upon return to work. Mothers engaged in a variety of actions to accomplish 'satisficing' or good enough ways to negotiate the tensions in striving to combine breastfeeding and employment.

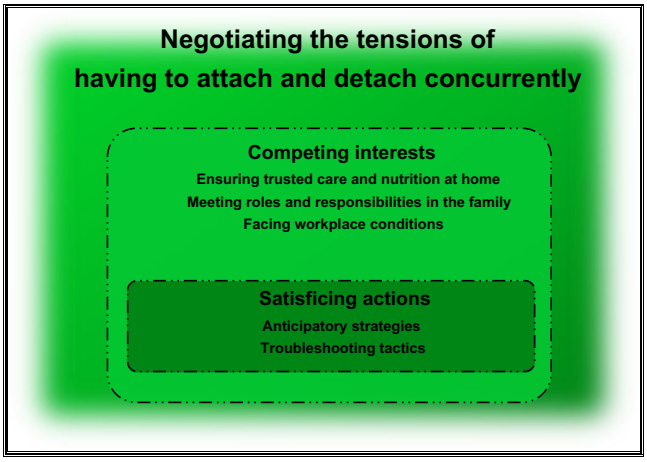

Fig. 2. A model of combining breastfeeding and employment among public sector employees in New Delhi, India.

Competing interests

The second category encompasses three sub-categories that delineated the mothers' experiences of managing the various needs and interests of the infant, the family, home environment and workplace. This category highlights the holistic context in which combining breastfeeding and employment takes place.

Ensuring trusted care and nutrition at home

One important factor involved in the combination of breastfeeding and employment was that of ensuring trusted care and nutrition at home. This factor encompasses all aspects of infant care, such as feeding, nutrition, bathing, changing, carrying, massaging, and play. Essential to this sub-category is the desire mothers had to be close to and bond with their infants. They

talked greatly about the love and closeness they feel towards the infant and how this was a special time in their lives:

> Aacha hee hai [good]. Obviously you, I mean, bond with your child. I mean, you feel elated also when you're… I mean, you're something special on this planet being a mother and this is what God has gifted you with. (Ridhi, Education sector)

They were often willing to sacrifice their own needs for the rest, nutrition, and personal care for the care of the infant. However, one could also discern certain hints of 'resentment' that the infant took all the time and focus, indicating that not all was rosy:

> But things, like my child is not eating properly and why he's not eating I am not able to understand. And yes, when he is with me he doesn't leave me. I somehow manage the household work and then I don't get time for my studies. He sleeps late in the night so I don't get time to study even in the night [pause]. (Ananya, Education sector)

breastfeeding was an integral part of providing trusted nutrition, and was also recognised as a way of forging the bond between mother and child. Once they had returned to work after maternity leave, breastfeeding could be a way of maintaining the bond. On the other hand, bottle feeding by another caregiver had the advantage of not requiring the mother's presence, for example, when she was at work. It was then deemed important that a trusted brand of artificial milk or nutritious complementary food was given, as an alternative to breastfeeding by the working mother.

Suitability to the task of providing the trusted care and nutrition was a key concern. As many lived in joint or extended family arrangements, the in-laws, especially mother-in-laws, were the first choice, especially if both parents were working. However, this greatly depended on good relationships and co-operation with the family members. For those living in nuclear family arrangements, the onus of care was either on the parents themselves, or a caretaker, carefully selected and trained for the task. Maids and other external caretakers were depicted as being least trustworthy or not easy to come by, and still required someone else to oversee their caregiving.

A breast-fed infant required an adequate time period to adjust to the new feeding mode before the mother returned to work, whether bottle feeding or feeding with solids/porridge. This adjustment time varied greatly, and problems could arise if it was too short.

Meeting roles and responsibilities in the family

This sub-category describes the factors related co-operation within the family and the different roles family members held that impacted on women's ways of combining breastfeeding and employment which sometimes infringed upon women's time and priorities. The joint and extended family set-up in many of these Indian households put a great deal of responsibility on the woman, as daughter-in-law. Household chores and social obligations often continued during the maternity leave period, sometimes competing with breastfeeding.

The different members of the household included the husband, the woman's own mother/father, mother-in-law, father-in-law, siblings and other in-laws. The type of support they provide and the degree of perceived support varied, but on the whole, members of the extended family were very important in assisting in the combination of breastfeeding and employment. Underpinning family support was the need to build and nurture good relations within the family, but sometimes at a cost:

> It means you should maintain good relations with your in-laws that really help in bringing up children. It's important to be a part of their good and bad times. (Renu, Health sector)

Mothers-in-law were important actors in the joint and extended family arrangement. Their support or lack of support appeared to be critical to the success of combining breastfeeding and employment. The disengaged mother-in-law who did not respect her daughter-in-law's plans and wishes regarding her infant, could make the experience extremely difficult. On the other hand, a mother-in-law who placed the infant and their well-being in a central position, providing the trusted care, could be a gem:

> No, I never faced any problem because there were people at my home who used to comfortably keep my child… mother-in-law… He (baby) stays with ease… keeps on playing… when I come back… I find him sleeping. (Krishna, Education sector)

Husbands were either actively or passively supportive or totally unsupportive in relation to their partners' strive to combine breastfeeding and employment. The more active husband partook in decision-making, supporting his wife in negotiating with other family members and the daily care of the baby. The passively supportive husband was often willing to help with care of the baby, but required instructions. The unsupportive husband might have been physically present but cared more about his own mother's well-being than that of his wife:

> My husband wants me to do all the [household] work. My family members also want me to do all the work in any case. My husband thinks that his mother has done all the work at her time… [Now] it is my responsibility. (Gaura, Health sector)

Other in-laws, such as fathers-in-law, sisters-in-law and siblings, played smaller yet important roles in providing assistance with care of the baby, transport to and from the workplace, moral support and help with general housework duties. Sisters-in-law could also provide advice from their own experiences of a similar nature. The woman's own mother could be crucial in supporting the decision to breast feed and provided knowledge that the inexperienced primipara was lacking. Turning to your own mother could be a relief, especially when the mother-in-law was not supportive or knowledgeable. There were also examples of the own mother showing the moral imperatives or giving guidance, as in the case of the woman who advised her daughter to keep her job despite the challenges: 'Obviously no-one quits jobs for babies'.

It took a whole household of willing and able members who co-operated to ensure that the trusted care and nutrition that the baby needed was in place when the mother was employed:

> It's a very big responsibility [caring for a baby] and without family co-operation it's very difficult. (Seema, Health sector)

Facing conditions at the workplace

During the maternity leave the mothers detached completely from work or tried to maintain their attachment by bringing work home. Detachment from work could be prolonged by applying for additional child care leave. Returning to work after the maternity leave was perceived by these mothers as the most stressful phase. Being at work, a mother's mind might be on her baby, making it difficult to concentrate on her work duties with resulting tension:

> I used to have so much trouble, I used to give her feed there [at home]… and here [at work] I used to have so much trouble … When you will have milk (in the breasts) you will have pain and your baby is waiting for you at home … So you cannot

forget that thing [the baby]. The whole day she is on your mind. (Sonam, Health sector)

Despite having access to paid maternity leave of a period of six months and stipulated rights to breastfeeding breaks at work, they faced unconducive workplace conditions of regulatory/procedural, structural/conditional and attitudinal natures. Feeling discriminated against, let down and wanting to resign from the job were issues the women spoken about.

Regulatory obstacles include curtailed maternity leave because pregnancy complications had forced the women to take some of their maternity leave antenatally (see Table 1). Having to negotiate for extended child care leave and being refused this leave because of a lack of eligibility or complex bureaucratic procedures was challenging. Political tensions and poor relations in the workplace could aggravate the situation and make it difficult for the mother to state her case. Structural barriers included shortages of replacement staff and long inflexible shift schedules which further impeded the flexibility that these women needed to breast feed successfully. Health worker's night shifts were spoken of as being particularly problematic. Education workers generally had shorter shifts, a condition that was perceived as being helpful as the time spent away from their child was shorter. However, the education workers had to contend with intensive work periods, for example, during examination times. When fellow workers did exchange shifts and employers accommodated flexibility in working hours or leave allocation, mothers felt very supported and grateful. However, attitudinal barriers, such as a lack of empathy from female colleagues, who themselves had to struggle in the past with even shorter maternity leave, were also described:

If I'll tell the truth, there is no support here, actually there is immense shortage of staff over here, and [that] means if you get relieved on time (to go home to the baby) it's a blessing. (Renu, Health sector)

Satisficing actions

The interviews revealed a variety of satisficing actions for managing the competing interests. Satisficing relates to selecting, not necessarily the most optimal tactic, but rather a 'good enough' option. As these women often had a clear goal of, for example, having to find a place and a person who could care for their child once they returned to work, the criteria for satisficing were fulfilled. These actions can be broadly clustered under anticipatory strategies and troubleshooting tactics.

Anticipatory strategies

Anticipatory strategies depended very much on knowledge, expectations and plans that the mother had. They could include working to the very end of pregnancy, breastfeeding exclusively and on demand during maternity leave, adjusting the baby's feeding schedule a few weeks before return to work, or moving the home closer to the workplace. Other anticipatory strategies included finding out what regulations exist regarding leave and maternity benefits, negotiating for longer child care leave and suitable shifts, or by planning to reduce the time spent away from the baby in innovative ways:

Aaa… I bought a scooter ya… And I learnt to drive it during my maternity leave [laughs]. That [is] for my baby. Travelling [normally], it takes me two 2 hours. So instead of that, my work [travel] will be done in half an hour. (Gaura, Education sector)

Although these mothers were first-time mothers, it appears that their professional experience of working with children and mothers, either in a health care or an educational setting, helped them to be knowledgeable, at least to a certain extent, for example, about the general benefits of breastfeeding for the baby. This awareness was especially prominent for those in the medical field, who seemed to be highly informed and committed to breastfeeding. This was also reflected in their wanting to breast feed exclusively according to the latest recommendations and searching for more information. Mothers also expressed not having sufficient knowledge and skills on how to deal with breastfeeding and other aspects of care of the baby and their own nutrition. For example, gaining the skills to later express breast milk could be vital when making plans for expressing and storing breast milk for the baby upon their return to work.

Troubleshooting tactics

Generally, mothers' expectations were in relation to expected support of various types from family members and colleagues at their workplace. However, more support was seemingly expected from the family compared to the workplace. The types of expected support ranged from practical and trusted care of the baby during her absence at work, to being relieved of certain household and workplace obligations. Being satisfied with the support received was one side of the coin, but mothers also talked disappointedly of expectations for support that were not met: 'nobody wants to help me with the baby at night'. This was when the troubleshooting tactics were best utilised. Mothers talked about feeling the emotional stress and tension of not knowing how the baby was faring whilst they were away at work. Calling home at regular intervals could be one tactic of reducing this tension. On the other hand, mothers also described 'shutting off' from the matters at home whilst they were at work.

Mothers also had expectations on themselves, from wanting to be the best mother for their baby to being a role model for other mothers they met, either in their work setting or amongst friends. Then there were the families who expected the mother to be the 'good daughter-in-law' who participated fully in the running of the household. Trying to distance themselves from these expectations could involve tactics such as negotiating for the sharing of household duties or doing them 'superficially' by paying lip service, so to speak. In contrast, other families co-operated and relieved the mother of such duties for a period of time, allowing her to fully concentrate on providing the nutrition part of care to the baby.

Closely linked to expectancy was the formulation of plans to manage breastfeeding upon return to work. Some women made elaborate detailed plans even before the baby was born, whilst others may have waited until their return to work was quite imminent or made loose plans together with other family members:

I used to be present here full time, nothing was planned about what I would do after 6 months [maternity leave] and I used to panic… when six months will be completed where will I leave my child because everyone is working at home? Now we manage, like sometimes I take leave, sometimes my mother-in-law takes 1–2 days leave in between, my husband has Saturday off so he comes… (Pranavi, Education sector)

Sometimes no plans were made at all, or the women planned so that the mother-in-law would manage everything and they hoped for the best. The degree of persistence on the part of the mother varied, too. The interviews divulged stories of mothers who tried hard, used different tactics and persisted, often sacrificing their own comforts (painful engorgement or not even being

able to go to the toilet due to lack of time) and stories of mothers who 'gave up', especially under very adverse conditions usually related to the health and well-being of their babies, themselves or other family members. Being alert at work required sufficient sleep during the night and so introducing a top-up feed in the evening or adjusting sleeping schedules could be useful tactics:

> Sleeping was a problem … insufficient sleep because he woke up the whole night [to breastfeed] and it was difficult for me to get up in the morning [to go to work]. Therefore we changed his habits forcefully [albeit gradually], so that he must sleep a little earlier, so he got used to it and I will also get a little relief. (Reena, Education sector)

Discussion

This study of urban Indian mothers working in two public sectors generated a model of combining breastfeeding and employment where the tensions of having to attach and detach concurrently from competing interests are negotiated through the use of various satisficing actions. Satisficing actions are mostly anticipatory, and, to an extent, troubleshooting.

Work–family interface

Our findings of the tensions of having to attach and detach concurrently from various competing interests indicate that there is a potential conflict between the factors involved in combining breastfeeding and employment. There are several examples of the potential conflict in the findings of the present study. In the field of work and family research, globally and in India, there is much focus on Work Family Conflict (WFC) theory (Greenhaus and Beutell, 1985; Madsen, 2005; Pal, 2012). WFC theory is described as 'simultaneous pressures from both work and family that are mutually incompatible in some respects'. WFC is categorised as time, strain or behaviour-based conflicts (Greenhaus and Beutell, 1985). The core category in the present study, 'negotiating the tensions of having to attach and detach concurrently', reflects the WFC in this Indian context, as do the other categories; 'dealing with competing demands' and 'satisficing tactics'. Our data provide evidence of time-based conflict, for example, when the baby's adjustment from breastfeeding to another mode of feeding is curtailed due to the mother having to return to work earlier than expected. Strain-based conflicts are similarly visible in the situations where expectations of the various roles are incompatible or there is a perceived lack of control. Behaviour-based conflict was less visible in the present study, but is often perceived when breastfeeding or breast milk expression is performed at the workplace and depends heavily on the type of work and the nature of the workplace (Cardenas and Major, 2005). The two work sectors examined in the present study were not particularly conducive to breastfeeding at the workplace, particularly at the health care facilities, and therefore the existence of these types of conflicts would likely be there and thus our study corroborates the WFC theory. It would be reasonable to conclude that mothers need more time with their baby, more realistic expectations from family and supportive measures at the workplace to balance the Work–Family Conflict. A study conducted in Canada (Payne and Nicholls, 2010) describes how breastfeeding workers use various strategies in order to meet the demands of being both a good mother and a good worker, yet must also make sacrifices. The mothers in the present study display variation in how the tensions are perceived. Some mothers felt that combining breastfeeding and work was manageable and actually were empowered by the experience, a finding which could support the concept of Work–Family facilitation where participation of the individual in the two roles is enriching (Barnett and Hyde, 2001). It is suggested that the Work–family interface includes multiple dimensions composed of bidirectional (i.e., work-to-family and family-to-work) conflict and facilitation (Frone, 2003). Although we did not specifically investigate the directionality of the interface, the work-to-family dimension appeared to be more predominant. This is exemplified in the findings category 'facing conditions at the workplace'. However further research to explore the directionality of the work–family interface is warranted. Furthermore, our study indicates that the tension is not only due to having to deal with the demands of the care of the baby and work, but also prominently the demands of their extended family/social network. This means that there are several levels included within the concept of family in the contexts of larger joint and extended kinships.

The mothers in our study speak of the importance of the time it takes to adjust to being a mother, the baby adjusting to breastfeeding and, later on, other foods in the preparation going back to work as important factors to consider when planning for and combining breastfeeding and employment. Several of the informants either availed themselves, or wished to, of the additional but separate child care leave benefits. Maternity protection benefits such as adequate paid maternity leave and paid breastfeeding breaks are recognised as measures that would facilitate the combination of work and motherhood, by protecting the woman's time out of the workforce to care for her baby, develop a good maternal–infant relationship and promote the optimal duration of breastfeeding (ILO, 2000; Cardenas and Major, 2005). However, there is no consensus on what is an adequate maternity leave beyond the minimum period, defined by the ILO as 14 weeks (ILO, 2000). The findings of the present study would suggest that, for some women at least, six months of maternity leave is *not* enough to combine breastfeeding and employment comfortably, especially if some of it has already been utilised during pregnancy.

Managing with the help of family

In this urban Indian context it would appear that the mothers' own efforts in combining breastfeeding and employment are in part dependent on the support and collaboration from the husband and/or other family members. The influence of family members on mothers' decisions regarding breastfeeding have been documented in the literature (Baranowski et al., 1983; Renfrew et al., 2012). In the present study, husbands and mothers-in-law play important roles and are sometimes part of decision-making and planning. The role of the supportive husband or partner is being increasingly acknowledged worldwide and is visible in breastfeeding support and reproductive health interventions (Pisacane et al., 2005; Tohotoa et al., 2009; Maycock et al., 2013; Poh et al., 2013; Sherriff et al., 2013). Changing trends in urban India with more nuclear family patterns (Patel, 2005) would imply that the husband's role could be nurtured more actively to take on more of the responsibilities in the household thus freeing up the mother's time, and in planning for the return to work. Similarly, mothers-in-law can be engaged more proactively in providing intergenerational support, based on reflections on their own experiences, as has been explored in other settings (Ingram et al., 2003; Bezner Kerr et al., 2008; Grassley and Eschiti, 2011; Aubel, 2012). Education and counselling interventions could thus include husbands, mothers-in-law and other involved family members to increase the available family support for working mothers to breast feed.

Making the workplace more enabling

All of the mothers in this study were working either three shifts in the health care setting or day-time duty in an educational setting, with little flexibility. Shift work has been shown to be difficult for breastfeeding workers due to the non-flexibility that it entails (Rea and Morrow, 2004). However, studies in both industrialised and middle-income settings show that supportive measures at the workplace, beyond maternity leave, can facilitate the continuation of breastfeeding or breast milk expression upon return to work after maternity leave (Galtry, 2003; Rea and Morrow, 2004). In many settings, including the sectors in this study, maternity leave is the only maternity protection measure available and accessible systematically. breastfeeding breaks, breastfeeding rooms with storage facilities, day care centres at or near the workplace and access to support groups are as important. The existence of regulatory, structural and attitudinal barriers at the workplace found in the present study and the circumventing strategies mothers used would indicate that more workplace support is required at *different levels* of the work organisation. Our finding that colleagues and employers do not generally appear to have supportive attitudes indicates that this could actually be the greatest barrier. Attitudes and support at the workplace are critical factors as described in the time, space, support and gatekeeper model (Bar-Yam, 1998) and they all need to be worked upon in parallel for the workplace to be truly supportive (Barona-Vilar et al., 2009). For example, simplifying the application procedures for child care leave would also require a shift in attitudes amongst employers and colleagues that this is not a special favour to women, but their legislative right. The ILO Maternity Protection at Work Convention C 183 specifies the minimum normative standards that are required at the workplace (ILO, 2000). Several maternity protection procedures could be improved in terms of access to breastfeeding breaks or flexible working hours, exemption from night shifts for the first year of the baby's life, and establishing hygienic facilities at the workplace for breastfeeding and breast milk expression and storage. These measures would facilitate the continuation of breastfeeding once they return to work regardless of when they return to work.

Methodological considerations

According to Charmaz, the criteria of credibility, originality, resonance and usefulness can be useful to reflect upon (Charmaz, 2006). We reflect upon these four concepts below. Credibility has various aspects including familiarity with the setting and topic, sufficiency of the data to merit the conclusion, systematic comparisons, and the coverage of a wide range of empirical observations. The study is based on semi-structured individual interviews, two-thirds of which were conducted in Hindi and subsequently translated into English. Translation from one language to another can imply that some meaning will be lost. Field notes were taken in conjunction with the interviews and analysed together with the interview text, typically enriching the interpretation of the ambience of the interview. However, cross-cultural research poses both challenges and benefits (Bjork Bramberg and Dahlberg, 2013). These challenges were addressed by having a research team that included those with knowledge of Hindi, English, the socio-cultural context, outsider/insider perspective, with and without personal breastfeeding experience, as well as various disciplines, including health, nutrition, midwifery and sociology (Bjork Bramberg and Dahlberg, 2013). The reflexive approach taken promoted discussions within the research team regarding alternative interpretations of the data and thus contributed to the quality of the research process. One example of how reflexivity enhanced the analysis was when some authors saw the mothers as knowledgeable on breastfeeding matters and others saw the guilt that they revealed. By reflecting on such different perspectives, the complexities of the social processes at play were highlighted. The heterogeneous research team and regular reflexivity contributed to familiarity with the setting and topic. The detailed description of the research process, including systematic analysis and the inclusion of salient quotes can contribute to whether the evidence supports the conclusion. Originality deals with the extent of new insights and the social and theoretical significance of the work. Resonance entails the fullness of the studied experience and thus whether the grounded theory makes sense to the participants. We selected participants with different characteristics to contribute to triangulation and thus capture a wide range of empirical observations. It proved to be difficult to find participants from the lowest socio-economic level (SES) as these women were often employed in more menial jobs and were not covered by the six-month maternity leave policy. This would imply that our study findings apply only to relatively better-off populations. Most likely the experiences of women of lower SES would be more challenging. However the model proposed brings forth new insights into the complexities of combining breastfeeding and employment in the Indian setting and role of the family in supporting women's own efforts. Thus contributing to originality. Further theoretical sampling would be advantageous to further develop the model of the process of combining breastfeeding and employment, particularly aspects of the strategies used by women and the role of the family. The grounded theory model was presented at the World Breastfeeding Conference in New Delhi where several researchers and advocates working with the topic in India and elsewhere provided feedback that enabled us to improve the model to resonate with the study setting and thus add contextual insights. Usefulness encompasses whether the interpretations can be used in every day worlds, suggest generic processes and the contribution to knowledge and a better world. The potential usefulness of the work is developed in the discussion and conclusions sections.

Conclusions

In spite of a relatively generous maternity leave of six months available to these women compared to the general paid maternity leave of three months in India, several individual, socio-cultural and workplace factors interact to hinder or facilitate the process of combining breastfeeding and employment. breastfeeding is part of ensuring trusted care and nutrition and includes much tension, negotiation and compromise in the socio-economic context. Although the dominant discourse is that of a struggle in combining breastfeeding and employment, there are signs that the experience may be enriching as well. The role of family members in supporting the mother's own efforts is evident and could be utilised more proactively in health care services. Workplace support measures need to be expanded and improved. Antenatal and postnatal interventions providing information and support for working mothers need to address factors at the individual, family and workplace levels *in addition* to the provision of paid maternity leave to enable the successful combination of breastfeeding and employment.

Conflict of interest

The authors have no conflicts of interest.

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