

Investigating Effect of the Mandatory Three-Month Maternity Leave on Working Mothers and their Infants at the University of Education, Winneba

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ABSTRACT

This paper investigated effect of the mandatory three-month maternity leave on the health of working mothers and the development of their infants at the University of Education, Winneba (UEW). Bowlby's (1988) theory of attachment underpinned the study. Descriptive survey design was used for the study. Purposive sampling was used to select 140 working mothers from the two campuses of the University. A questionnaire made up of structured close-ended questions and few open-ended questions was used as the instrument for data collection. 121 out of 140 of the questionnaires administered were retrieved for analysis. The Statistical Package for the Social Sciences (SPSS) was used to analyse the data. The study revealed that working mothers had knowledge of the nature of the three-month mandatory maternity leave and were of the view that the University's maternity leave condition corresponded with the provisions in the Labour Act 2003. The study also found a linear relationship between maternity leave and exclusive breastfeeding, mother-child bond relationship and mothers' recuperation. The three-month maternity leave granted to nursing mothers at the University of Education, Winneba was found not to be enough to enable them take good care of their infants. The three-month period also does not support the six-month exclusive breastfeeding. To improve the health of working mothers and their infants, it is recommended that the Management of the University of Education, Winneba extends the duration for the mandatory maternity leave to six months to enable nursing mothers to take proper care of their infants and go through the exclusive breastfeeding recommended by the WHO. The University should also provide childcare rooms to assist working mothers have their infants closer to them at the workplace to enable mothers breastfeed their infants.

Keywords: Exclusive breastfeeding, infants, maternity leave, working mothers.

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1. INTRODUCTION AND CONTEXT

Childbirth is a part of life that is unique to women. it is one of the factors that limit women in their careers throughout the world (Rossin, 2011). Expectant mothers go on a mandatory three-month maternity leave after delivery to properly heal and also take good care of the babies. In some cases, it may go beyond the mandatory three-month leave when the health of the mother or child makes it difficult for the mother to return to work. Maternity leave may last from several weeks to a period of

months depending on the organisation, and may be paid or unpaid depending on Organisational policies (Baum, 2003).

According to the Cambridge Advanced Learners Dictionary (2017), maternity leave is a period of approved absence for a female employee granted for the reason of giving birth and taking care of infants. Maternity leave is also viewed as a period in which a woman is legally allowed to be absent from work before and after she gives birth (Business Dictionary, 2009).



Universally, most countries have accepted to grant maternity leave to working mothers except for few countries which are not adhering to this provision. According to the International Labour Organisation (ILO) Convention No. 183 cited by [Dzirasah \(2017\)](#), globally, maternity leave is granted by fifty-one percent of countries with the minimum period being 14 weeks. Those countries which have accepted it incorporate the provision of maternity leave in their national laws. In Ghana, a three-month mandatory leave has been enacted for working mothers as captured in the [Ghana Labour Act \(2003\)](#), Act 651, Section 57. In recent times, Ghana's national policy on the mandatory three-month maternity leave for working mothers has come under great challenge by development policy analysts, health practitioners and other stakeholders ([Gbambila, 2017](#)). These organisations/institutions have questioned whether the provision is adequate to serve the intended purpose. Some mothers also lament the period appears too short for mothers to be reconditioned for work after delivery.

Report from the 2008 Lancet Series on Maternal and Child Under nutrition suggests that child death of 1.4 million was recorded as a result of mothers' inability to exclusively breastfeed their children within the first six months after birth. This also accounted for 10% of childhood diseases in low-income and middle-income countries like Ghana ([Dun-Dery & Laar, 2016](#)). Speakers at the launch of the 14th Anniversary of the Youth Action Movement (YAM) of the Planned Parenthood Association of Ghana (PPAG), have advocated the roll out of a comprehensive public policy to extend maternity leave for working mothers. The current national policy provides for a three-month maternity leave for mothers, but the immediate past treasurer of PPAG said that the period was too short for mothers to be reconditioned for work after delivery ([Appiah-Adjei, 2017](#)). Efforts have been made by public health agencies to increase the practice and period of breastfeeding ([Baker & Milligan, 2008](#)).

Six months of exclusive breastfeeding from birth has been recommended by the World Health Organisation and thereafter, appropriate complementary foods can be introduced to the child. In line with this, the Ghana national Infant and Young Child Feeding (IYCF) has instituted a strategy to promote exclusive breastfeeding for six months after which mothers can introduce semi-solid or solid foods along with the breast milk until the child is at least two years old ([Ghana Statistical Service \(GSS\), Ghana Health Service \(GHS\), and ICF International \(2015\)](#)). The [Ghana Labour Act \(2003\)](#), Act 651 however, only provides that female workers on maternity leave are granted 12 weeks period of maternity leave (Labour Act, 2003, Act 651, Section 57(2)). Findings from the GDHS (2014) revealed that only 36 percent of infants are continued to exclusively breastfeed at 4–5 months which does not even meet the recommended six months and 56 percent of infants under six months receiving exclusive breastfeeding. In Nigeria, 7.1 percent of infants were exclusively breastfed at 4–5 months with 16% of infants under six months being exclusively breastfed ([Agho et al., 2011](#)). Many studies conclude that early intervention in promoting exclusive breastfeeding in children under six months

is important as it supports skills acquisition for human capital accumulation ([Carneiro & Heckman, 2003; Cunha & Heckman, 2006; Heckman & Masterov, 2007; Knudsen et al., 2006; Ramey & Ramey, 1998](#)). In Ghana, the practice of exclusive breastfeeding is estimated to be over 50 percent ([Dun-Dery & Laar, 2016](#)). Granted that this were to be the case, the assumption is that, about 50 percent of parents are unable to undergo the exclusive breastfeeding. The supposed concomitant effect of this necessitated the investigation into the three-month mandatory maternity leave for working mothers in the University of Education, Winneba and its effect on the health of mothers and their infants.

1.1. Statement of the Problem

Over the years, participation of women in the labour market has risen substantially. The Ghana 2021 Population and Housing Census put the population of Ghana at 30.8 million out of which women make up 50.7 percent. With a labour force of 19.9 million (15 years +), women account approximately 51.52 percent of it and are found in almost all kinds of economic activities in the economy ([Ghana Statistical Service, 2021](#)). The researchers are very much informed about the fact that these figures are provisional report by the Ghana Statistical Service. It should therefore be acknowledged that the figures quoted in this study could be changed.

In Ghana, the demand on working mothers in the education sector is quite tedious; looking at the total number of students who are admitted every year. Ghanaian women face significant challenges in their lives. At the University of Education, Winneba in the 2020/2021 academic year, overall students' enrolment by mode of study was 3,381 sandwich students and 38,827 full-time students ([Planning Unit, 2021](#)), University of Education, Winneba, Winneba. Due to the freeze on employment in the public sector, UEW could not employ sufficient staff to fill in the vacant positions even though a good number of staff were retiring every year. As a result, there was an increasing work pressure on staff irrespective of one's current condition, for example, nursing mothers at the University of Education, Winneba. The workloads were the same when nursing mothers resume from maternity leave.

A personal interaction with working mothers at the University of Education, Winneba revealed that they always complain of the duration given to them when they go on maternity leave. They claim the period is quite short for them to properly heal after delivery, take good care of their infants, and to attend postnatal appointments. Empirical studies on the effects of the duration of the mandatory three-month maternity leave policy in Ghana on nursing mothers and their babies are limited. Few studies have concentrated on the long-term effects of maternity leave on mothers' health ([Dustmann & Schönberg, 2011; Guertzgen & Hank, 2018](#)). At the 54th Annual General Conference of the Ghana Medical Association (GMA) held in November 2012, the President and the General Secretary of the Association advocated for a review of the maternity leave as postulated in the labour law of Ghana. This call seems to have fallen on deaf ears after five (5) years because there is little research on the issue to justify or make a case for

the review. According to the GMA, the 2017 under five months mortality rates of 80 deaths per 1000 lives should propel health professionals to improve care of children less than five years. No doubt working mothers are important component of this care equation (Assan, 2017). It is within this context that this study seeks to find out the duration of the mandatory three-month maternity leave and its impact on the health of UEW's nursing mothers and development of their infants.

1.2. Purpose of the Study

The purpose of the study was to investigate the effect of the mandatory three-month maternity leave on the health of working mothers after delivery and the development of their infants at the University of Education, Winneba, Ghana.

1.3. Research Questions

1. What is working mothers' knowledge on the law on maternity leave?
2. What is the perception of working mothers about the three-month maternity leave at UEW?
3. What are the effects of the three-month maternity leave on the health of mothers and the development of their infants at UEW?
4. How can maternity leave be improved for working mothers' health and infants' development at UEW?

2. REVIEW OF RELATED LITERATURE

2.1. Maternity Leave and Related Concepts

Maternity leave is the period before, during and after childbirth granted to expectant working mothers in most parts of the world. Maternity leave is granted to working mothers due to the psychological and physiological demands associated with pregnancy and childbirth (Ruhm, 2000). Maternity leave granted before birth enables the expectant mother to adequately prepare for the unborn individual. Likewise, maternity leave after childbirth is essential for the mother to recuperate and for the new-born to have the attention and care of the mother. The International Labour Organisation advocates that the early weeks after childbirth comes with its own health risks for both the mother and the new-born baby (International Labour Organisation, 2012). Research has shown that each woman experiences different medical conditions or complications. As such, the duration for maternity leave before birth differs from one woman to the other. The nature of work done by the pregnant woman also affects how long the woman can work before delivery. It is therefore suggested that a minimum of two and a maximum of six weeks maternity leave before birth is appropriate for uncomplicated and singleton pregnancies (APHP, 2008 cited in International Labour Organisation, 2012). Similarly, it is recommended by the WHO that recovery period after child birth should not be less than six weeks. This is to enable the reproductive organs to return to their non-pregnant state (World Health Organization, 2013). Consequently, maternity leave is granted to working mothers to enable them abstain from work for an agreed period around childbirth, and return

to work without losing their employment (Alewell & Pull, 2011). Hence, Tanaka (2005) postulates that "maternity leave policies are designed to address the challenges faced by working mothers and their new-born babies".

According to Fontenot (2007), the transition to motherhood is a major developmental life event which involves moving from a known, current reality to an unknown, new reality. The post-partum period is a period where the mother advances through numerous changes, both emotionally and physically. It is also during this period that there is an establishment of a bond between a mother and the new-born child. Bowlby (1988) posits that there is an inborn need of a child to attach to one main figure, usually the mother, to have a primary bond. This exceptional relationship with the mother is crucial to avoid possible consequences such as lack of affection for the infant. According to Bowlby (1951), within the first two years of birth, a child should not cease receiving care from his/her mother. This is because the interruption will cause the child to suffer irreversible long-term effect of this maternal deprivation until the child is five years.

It has been found that a child's well-being depends on the time a mother spends with that child (Baum, 2003). For instance, a working mother may have enough time to take care of her sick child, to breastfeed, or to seek early medical care when she is on maternity leave (Berger, 2005). This claim by Berger (2005) supports the findings of Mensa-Bonsu and Dowuona-Hammond (1996) that maternity leave substantially increases childcare, which profoundly affects the development of a child. When a working mother is on leave, she allots sufficient time for care of the baby which allows her to better monitor the infant's health. She becomes attuned to her baby's health needs and responds more effectively to any medical circumstances.

2.1.1. Global Standards on Maternity Leave

Working mothers in many countries are allowed to stay at home for the first six months of birth (Berger et al., 2005). The ILO Maternity Protection Convention, 2000 (No. 183) provides women with a minimum of 14-week stay away from work after childbirth which does not affect their benefits such as salary. Even though Recommendation No. 191 of Maternity Protection Recommendation, 2000 endorses 18 weeks of maternity leave for working mothers, women in some countries do not enjoy this. The global statistics on the provision of maternity leave gives fifty-one percentage providing at least 14 weeks, twenty per cent providing 18 or more weeks; thirty-five per cent providing 12 to 13 weeks with fourteen per cent of providing less than 12 weeks (Dzirasah, 2017).

2.1.2. Ghana's Policy on Maternity Leave

In Ghana, the Labour Act (2003) Act 651 Section 57 states that "A woman worker, on production of a medical certificate issued by a medical practitioner or a midwife indicating the expected date of her confinement, is entitled to a period of maternity leave of at least twelve weeks in addition to any period of annual leave she is entitled after her period of confinement". There is an extension of at least two additional weeks in cases of caesarean

delivery/abnormal birth, where two or more babies are born, or illness due to pregnancy or confinement certified by a medical practitioner. The woman worker on maternity leave is entitled to full salary during the maternity leave. Moreso, a nursing mother is entitled to interrupt her work for an hour during her working hours to nurse her baby. This interruption of work shall be treated as working hour and paid for accordingly. The Act also provides that an employer shall not dismiss a woman worker because of her absence from work on maternity leave. Aside the provisions in the Labour Act 2003, Act 651, there is also the [Human Resource Management Policy and Manual Framework for the Ghana Public Services \(2015; Section 4.25.1.7\)](#) which also make provision for maternity leave in conformity with the provisions on maternity in the Labour Act 2003, Act 651.

2.1.3. University of Education, Winneba Policy on Maternity Leave

The University of Education, Winneba policy on maternity leave is as provided for in the [Unified Conditions of Service for Unionized Staff of the Public Universities of Ghana \(2008\)](#). Some of the provisions in the Conditions of Service adhere to the provisions in the Labour Act, 2003 Act 651. However, Paragraphs 3, 4, and 5 of Section 57 of the Labour Act 2003, Act 651 is not supported by the Unified Conditions of Service for Unionized Staff of Public Universities of Ghana.

Article 20.08 of the Unified Conditions of Service for Unionized Staff of the Public Universities of Ghana stipulates as follows:

- a) On becoming pregnant, a working mother may be granted the vacation leave already earned by her and in addition, three-month maternity leave on full pay. At least six weeks of the maternity leave, if possible, are to be taken before confinement, on production of certificate signed by the University Medical Officer or a registered Medical Practitioner stating that her confinement may be expected to take place six weeks after the date of the certificate.
- b) If on the expiry of maternity leave a University Medical Officer or a registered Medical Practitioner certifies that the employee concerned is not fit to resume duty, she shall be granted an extension of the maternity leave up to three (3) months and this period shall be without pay.
- c) Maternity leave shall count towards a retiring award and for increment but will not earn vacation leave.
- d) Maternity leave shall be additional to annual leave entitlement or leave earned in the leave year.
- e) A female employee on returning to duty after maternity leave shall be given afternoons off for a continuous period of twelve (12) months from the date of birth to nurse her baby.

It can be noted that the University of Education, Winneba does not make provision for the extended leave of, at least, two additional weeks where the confinement is abnormal or where in the course of the same confinement two or more babies are born as provided for in the Labour Act 2003, Act 651. In the case of University of Education,

Winneba if on the expiry of maternity leave a University Medical Officer or a registered Medical Practitioner certifies that the employee concerned is not fit to resume duty, she shall be granted an extension of the maternity leave up to three (3) months and this period shall be without pay. There is no extension granted with pay.

2.2. Empirical Studies on Maternity Leave

2.2.1. Knowledge and Perception of Working Mothers on Maternity Leave

[Baird and Reynolds \(2004\)](#) explored employees' awareness of family leave benefits in the US. Their findings revealed respondents' awareness of family leave benefit. From the study, however, 91% of the respondents had access to unpaid family leave with only nine percent having access to maternity leave with pay. In Ghana, most working mothers enjoy three-month maternity leave with pay and has knowledge of the maternity law ([Otoo et al., 2009](#)). [Otoo et al. \(2009\)](#) in their study on perceived incentives and barriers to exclusive breastfeeding among periurban Ghanaian women found that almost all mothers had knowledge about maternity leave and even those who were not convinced about it defined it as feeding infants with only breastmilk for about six months. They also found the challenge to exclusive breastfeeding to be maternal employment, breast and nipple problems, insufficient breastmilk, and pressure from family in their study. However, their sample size was only 35, making it difficult to generalize their findings.

In Australia, a study by [Whitehouse et al. \(2008\)](#) examined mothers' satisfaction with the duration of maternity leave. The study found out that working mothers returned to work early to enable them receive their salaries to cater for their financial needs. This means working mothers in Australia return to work earlier during their maternity leave because as they enjoy more leave days, they do not get paid. [Berger et al. \(2005\)](#) found in his study that nursing mothers in the US return to work very quickly in order to secure their jobs.

On the launch of the World Breastfeeding Week in Takoradi in the Western Region, the then First Lady of the Republic of Ghana, called for extension of the maternity leave period for the benefit of working nursing mothers and babies. According to her, an extension of the period would enable working mothers to adequately breastfeed and also return to work healthier. She also suggested a creation of a conducive environment for nursing mothers in their workplaces so that when they return from leave, they still can care for their babies well to avoid death, malnutrition and many others ([Gbambila, 2017](#)).

2.2.2. Effect of Maternity Leave on Working Mothers and their Infants

A study by [Rossin \(2011\)](#) found that educated and married mothers who enjoyed maternity leave had little increment in baby's weight and a considerable reduction in child mortality. This can potentially be attributed to the ability of mothers to breastfeed their infants when they are on maternity leave. Many studies point to the fact that breastfeeding helps curtail the occurrence of many

childhood diseases (Bartick *et al.*, 2017; Binns *et al.*, 2016; Friedman & Zeiger, 2005).

In a study by Diji *et al.* (2016) on challenges and predictors of exclusive breastfeeding among mothers attending the Child Welfare Clinic at a Regional Hospital in Ghana, the duration of the maternity leave was found to be a challenge to working mothers in breastfeeding their infants. They recommended a review of the maternity leave period upwards. This finding is corroborated by an earlier study conducted by Danso (2014) which revealed that 52 percent of professional working mothers were unable to exclusively breastfeed their infants. This denies their infants the advantages of exclusive breastfeeding.

Moreover, Mirkovic *et al.* (2016) conducted a study on paid maternity leave and its breastfeeding outcomes in the USA by using data from 2006–2009 U.S. national survey of family growth within the previous 5 years. The researchers found that 28 percent of nursing mothers received no salary while on maternity leave and those who received salary for 12 or more weeks were more likely to initiate breastfeeding compared to women with no paid leave. They therefore concluded that working mothers who are assured of paid leave during maternity leave will be ready to start breastfeeding and even breastfeed their babies after the recommended six months by WHO and other medical practitioners.

Andres *et al.* (2015) research on the relationship between maternity leave and health outcomes for mother and child in the USA affirms a positive, however, constrained relationship between maternity leave inclusion and usage. They concluded that longer maternity leave guarantees better and improved breastfeeding. This finding concurs with the findings by Staehelin *et al.* (2007) on the length of maternity leave and health of mothers and children; evaluation of the Swiss situation in view of the maternity leave policy implemented in 2005. The study concluded that the longer the maternity leave days, the healthier the mother and infant. Mensah (2011) also found a positive correlation between maternal leave and the health of infants. Thus, mothers who are not engaged in employment are more regularly able to breastfeed their babies effectively which yields substantial health improvement in disease prevention and immune system build-up. Ogbuanu *et al.* (2011) investigation into the effect of maternity leave on breastfeeding in the US found that women who do not return to work after maternity leave had a greater time of continuing breastfeeding beyond six months and concluded when new mothers delay their time of return to work, then breastfeeding may be extended. This indicates that the duration of the maternity leave may have impact on breastfeeding beyond six months.

Again, a study conducted across 180 countries to evaluate the relationship between duration of maternity leave and birth outcomes concluded that maternity leave is significantly related to birth outcomes (Kwegyir-Afful *et al.*, 2017). This study confirms investigation by Ruhm (1998) into whether right to paid leave improved child development as measured by birth weights or infants' mortality. Ruhm (1998) found out that maternity leave has a favourable impact on paediatric health and therefore concluded that paid maternity leave is found to reduce

infant mortality. Thus, when mothers receive expanded paid maternity leave, they are able to invest more of their time in taking proper care of their infant and this ensures proper child development. Kwegyir-Afful *et al.* (2017) finding also agrees with a study by Hewitt *et al.* (2017) on the health effects of the introduction of paid maternity leave. The researchers observed a better mental and physical wellbeing among mothers after the presentation of paid maternity leave. Their study gives proof that introducing paid maternity leave and/or extending the period for maternity leave generally delivers health benefits to mothers. Chatterji and Markowitz (2012) in their study on family leave after childbirth and the mental health of new mothers found short maternity leave period associated with a rise in depression among working mothers and a fall in their overall health status.

Even though most studies have linked duration of maternity leave to working mothers' inability to exclusively breastfeed their infants, a research on the enablers and barriers to continue breast milk feeding by Sulaiman *et al.* (2016) found that passion and intention influenced women in their decision to breastfeed their infants. They argued that women's personal attributes influenced their decision to breastfeed than their working conditions as earlier studies suggest flexible working hours (Nazatul & Ruby, 2009); and working in a government sector to be enablers for continuing breastfeeding (Amin *et al.*, 2011). Furthermore, women's intention to breastfeed not only predicts breastfeeding initiation, but influences the length of the breastfeeding (Meedya *et al.*, 2010). Intention therefore plays an important factor in achieving exclusive breastfeeding. According to the researchers, 'Passionate' women do not allow anything to hinder their intention to exclusively breastfeed for six months. However, 'Equivalent' women start to introduce infant formula within the first two months since they believe that it is as good as breast milk. 'Ambivalent' women are between 'Passionate' and 'Equivalent' women and only breastfeed if their organisations provide facilities that support breastfeeding, if not, the babies are introduced to infant formula.

3. METHODOLOGY

3.1. Research Design

Descriptive survey design was employed for the study. A survey is a deliberate attempt by the researcher to collect data from members of the population in order to determine the current status of that population with respect to one or more variables (Mugenda & Mugenda, 2003). It is the best method to describe the opinions, personal characteristics, perceptions, preferences and attitudes of respondents (Cohen & Manion, 1994). Cohen and Manion (1994) assert that this method interprets what exists in its present form or condition, practices and processes, trends and effects, attitudes and beliefs. However, descriptive research tends to have low response rates and non-response bias.

3.2. Population

The population for the study was female staff of University of Education, Winneba (UEW). The accessible

TABLE I: FEMALE POPULATION OF UNIVERSITY OF EDUCATION, WINNEBA AS AT AUGUST, 2021

Campus	Number
Winneba	415
Ajumako	43
Total	458

Source: UEW Planning Unit, August 2021.

population for the study was 458 female staff from Winneba and Ajumako campuses of the University. Table I presents the population for the study.

3.3. Sample Size and Sampling Procedure

Of the accessible population of 458, purposive sampling was used to select 140 female staff who have been on maternity leave before and those almost due for maternity leave on the two campuses of the University of Education, Winneba.

3.4. Research Instrument

Questionnaire was used as the main instrument for the study. It was developed in line with the research questions. The questionnaire was made up of structured close-ended questions and few open-ended questions. A 3-point likert scale (agree, don't know, and disagree) was used to solicit responses from participants. Eight items were used to assess the knowledge of respondents on the law on the mandatory three-month maternity leave. Seven items were assessed to analyse the perception of UEW female staff on the mandatory three-month maternity leave. Three items sought to collate the effect of the UEW maternity leave on mothers and infants. Participants were given the opportunity to express their opinions in writing on how UEW maternity leave can be improved.

In order to enhance the validity of the research instrument, the questionnaire was given out to experts to evaluate the language and clarity of constructions. This enhanced both the face and content validity when they examined whether the questions were related to the research questions and comprehensively cover the details of the study. The research instrument was pre-tested to find out the clarity of the questions. The responses were then checked for inconsistencies and likely incongruent responses deleted or re-formulated. The reliability score was 0.76. The answers and suggestions helped to restructure some of the major questions especially the open-ended ones.

3.5. Data Collection and Analysis

Of the 140 questionnaires administered, the researchers were able to retrieve 121 of them adequately filled and this represented 86.43%. The remaining nineteen, representing 13.57% were as a result of the respondents' unavailability to return the questionnaires since some had travelled to deliver and others on their annual leave. The raw data collected were processed to ensure consistency, validity and credibility of the research. The questionnaires were numbered, coded and entered into Statistical Package for the Social Sciences (SPSS) software, processed and analysed.

4. RESULTS AND DISCUSSION

4.1. Knowledge on the Law on Three-Month Mandatory Maternity Leave

Table II presents the knowledge of working mothers on the law on the three-month mandatory maternity leave.

The analysis of participants' responses revealed that working mothers had knowledge of the law or nature of the three-month mandatory maternity leave. For instance, majority of the working mothers were aware of the three-month mandatory maternity (99.2%), additional annual leave after maternity leave (92.6%), the provision of these leaves in the Labour Act (92.6%), interruption of work by nursing mothers to breastfeed their babies (78.5%) and the fact that employers shall not dismiss a working mother due to absence from work on maternity leave (90.1%). The respondents were, however, not aware of the fact that the period of maternity leave may be extended for at least two additional weeks where confinement is abnormal (74.4%) or more babies are born (71.1%) or mother is sick (71.1%).

The findings confirm Baird and Reynolds (2004) exploration on employees' awareness of family leave benefits in the US which concluded that the respondents were aware of family leave benefit. The study also corroborates the study by Otoo *et al.* (2009) which found that mothers had knowledge about maternity leave. Respondents were, however, not aware of the extension of maternity leave for at least two additional weeks in situations where confinement

TABLE II: KNOWLEDGE OF WORKING MOTHERS ON THE LAW ON THREE-MONTH MANDATORY MATERNITY LEAVE

Statement	Agree N (%)	Not sure N (%)	Disagree N (%)
Nursing mothers are entitled to at least 12 weeks (3 months of maternity leave)	120 (99.2%)	–	1 (0.8%)
Nursing mothers are entitled to additional annual leave after period of confinement	112 (92.6%)	3 (2.4%)	6 (5.0%)
There is a provision for maternity leave in the labour Act	112 (92.6%)	4 (3.3%)	5 (4.1%)
Employer shall not dismiss a working mother because of her absence from work on maternity leave	109 (90.1%)	1 (0.8%)	11 (9.1%)
Interruption of work by nursing mother for the purpose of nursing babies shall be treated as working hours and paid accordingly	95 (78.5%)	6 (5.0%)	20 (16.5%)
Period of maternity leave may be extended for at least 2 additional weeks where confinement is abnormal	22 (18.2%)	9 (7.4%)	90 (74.4%)
Period of maternity leave may be extended for at least 2 additional weeks where more babies are born	25 (20.7%)	10 (8.2%)	86 (71.1%)
Period of maternity leave may be extended for at least 2 additional weeks where nursing mother is sick	30 (24.8%)	5 (4.1%)	86 (71.1%)

is abnormal (74.4%), more babies are born (71.1%) or nursing mother is sick (71.1%) as provided for in the Labour Act. This might be as a result of the fact that the Unified Conditions of Service for Unionised Staff of the Public Universities in Ghana is silent on these provisions.

4.2. Perception of Working Mothers on the Three-Month Mandatory Maternity Leave

The perception of working mothers on the three-month mandatory maternity leave provided by UEW is presented in Table III. From the table, respondents agreed that the duration of the UEW maternity leave should be reviewed (66.9%) and extended (70.2%) even though the condition of service on maternity leave corresponds with the Labour Act 2003 (61.9%). The respondents also indicated that the UEW maternity leave does not encourage adequate care of their babies (75.2%), neither does it give sufficient period for recuperation by nursing mothers (80.2%) nor encourage exclusive breastfeeding (86.8%). Respondents unanimously disagreed to the reduction of the maternity leave period.

Respondents (61.9%) perception that UEW maternity leave condition corresponds with the provisions in the Labour Act 2003 might have been influenced by respondents having no knowledge on the provision of two weeks extension in the Labour Act under certain conditions. This, as confirmed in Table II, is as a result of the fact that these provisions are not provided for in the maternity leave condition for staff of the public universities in Ghana. Respondents (66.9%) agreement to the fact that the duration of maternity leave should be reviewed by extending it supports the call by the first lady of the Republic of Ghana to extend the period for maternity leave during the launch of the World Breastfeeding Week in Takoradi in August 2017 in the Western Region of Ghana (Gbambila, 2017). On the issue of UEW maternity leave encouraging adequate care for babies and exclusive breastfeeding,

responses (75.2%) revealed that the maternity leave provision at UEW does not encourage adequate care of babies neither does it encourage exclusive breastfeeding (86.8%) nor the period sufficient (80.2%) for mothers to recuperate and therefore disagreed (100%) that UEW maternity leave should be reduced. These findings support the works of Ogbuanu *et al.* (2011) and Otoo *et al.* (2009) which claim that the duration of the maternity leave may have impact on breastfeeding beyond six months and that the main obstacles to exclusive breastfeeding was maternal employment. The study again validates a study conducted in Australia by Whitehouse *et al.* (2008) which examined mothers' satisfaction with the duration of maternity leave. The study found out that working mothers returned to work early to enable them receive their salaries to cater for their financial needs. Therefore, working mothers in Australia return to work earlier during their maternity leave in order to continue to enjoy their salaries.

4.3. The Effect of Three-Month Maternity Leave on the Health of Mothers and the Development of their Infants

The effect of maternity leave on the health of mothers and the development of their infants was analysed using a simple linear regression. The analysis revealed a significant positive correlation (0.768) between maternity leave and the health of mothers and the development of their infants as depicted in Table IV.

A significant value of 0.046 (Table V) which is less than 0.05 implied that there was a linear relationship between maternity leave and exclusive breastfeeding, mother-child bond relationship and mothers' recuperation. Thus, maternity leave had significant effect on exclusive breastfeeding and mothers' recuperation.

From the regression coefficient (Table VI), it was only the "three-month maternity leave encourages recuperation or mothers' health" that was found to be significant or identified to have direct benefit of maternity leave for mothers with a value of 0.017. The study found that the three-month maternity leave somehow encourages exclusive breastfeeding even though it was not significant (0.207). This implies that the duration of the maternity leave is not adequate to promote the six-month exclusive breastfeeding advocated by WHO, GMA and other health practitioners. Again, the study found that the three-month maternity leave somehow encourages mother-child bond relationship. However, it was not significant (0.845). The implication is that the maternity leave period is shorter to achieve a good bond of mother and child.

Arguably, one can say that the three-month maternity leave has positive implications on the nursing mothers and their infants and that the benefits of the maternity leave cannot be over emphasized. As the mothers avowed, the maternity leave should be sustained and revamped for it to inure to their benefits and partially promote mother-child relationship. This finding seems to agree with earlier

TABLE III: PERCEPTION OF WORKING MOTHERS ON THE THREE-MONTH MANDATORY MATERNITY LEAVE

Statement	Agree	Not Sure	Disagree
UEW condition of service on maternity leave corresponds with that of the Labour Act 2003	75 (61.9%)	6 (5.0%)	40 (33.1%)
Duration of the UEW maternity leave should be reviewed	81 (66.9%)	–	40 (33.1%)
UEW maternity leave should be extended	85 (70.2%)	–	36 (29.8%)
Adequate care of the baby is encouraged through the UEW maternity leave	30 (24.8%)	–	91 (75.2%)
Recuperation by nursing mother is sufficient through the UEW maternity leave	23 (19.0%)	1 (0.8%)	97 (80.2%)
Exclusive breastfeeding is encouraged through the UEW maternity leave.	15 (12.4%)	1 (0.8%)	105 (86.8%)
UEW maternity leave should be reduced	–	–	121 (100%)

TABLE IV: SIMPLE CORRELATION

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.768	0.591	0.655	1.428

TABLE V: REGRESSION MODEL

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	15.001	3	5.000	2.451	0.046
	Residual	238.685	117	2.040		
	Total	253.686	120			

Notes: a. Dependent Variable: maternity leave. b. Predictors: (Constant), exclusive breastfeeding, mother-child bond relationship and mothers' recuperation.

studies which concluded that mothers who have less than 12 weeks of maternal leave are associated with increases in depressive symptoms and a reduction in overall health status (Andres *et al.*, 2015; Chatterji & Markowitz, 2012; Staehelin *et al.*, 2007). Some studies also point to the fact that breastfeeding helps curtail the occurrence of many childhood diseases (Bartick *et al.*, 2017; Binns *et al.*, 2016; Friedman & Zeiger, 2005). Again, a study by Rossin (2011) found that educated and married mothers who enjoyed maternity leave had little increment in baby's weight and a considerable reduction in child mortality.

4.4. Ways to Improve Maternity Leave for the Health of Working Mothers and the Development of their Infants in UEW

To encourage exclusive breastfeeding, respondents recommended that childcare rooms should be provided to assist them have their wards conveniently closer to them at the workplace to enable them breastfeed their babies. This provision will aid in achieving the recommendation of WHO that exclusive breastfeeding should be up to six months with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. This recommendation from the respondent aligns with Sulaiman *et al.* (2016) assertion that 'Ambivalent' women maintain breastfeeding if their workplaces provide facilities and support.

Female staff (67%) at UEW recommended a review of the UEW maternity leave in respect of the period for the maternity leave. Some respondents had this to say:

TABLE VI: COEFFICIENTS

Model		Unstandardized Coefficients		Std. Coeff.	t	Sig.
		B	Std. Error			
				Beta		
1	(Constant)	2.692	0.411		6.545	<0.001
	UEW maternity leave encourages exclusive breastfeeding	0.133	0.105	0.127	1.269	0.207
	UEW maternity leave encourages mother-child bond relationship	0.023	0.118	0.021	0.196	0.845
	UEW maternity leave encourages recuperation of mothers	0.275	0.114	0.244	2.417	0.017

"The period may be extended for mothers to have enough time to cater for their infants before they resume".

"Yes, nursing mothers should be given more weeks than it stands now in order to ensure the safety of the mum and the vulnerable child who is so fragile and needs more attention and care than necessary".

5. CONCLUSIONS AND RECOMMENDATIONS

The study investigated effect of the mandatory three-month maternity leave on the health of working mothers and the development of their infants at the University of Education, Winneba (UEW), Ghana.

The study revealed that working mothers had knowledge of the three-month mandatory maternity leave granted to nursing mothers. It was also revealed that the three-month maternity leave granted to nursing mothers at the University of Education, Winneba does not support exclusive breastfeeding. The three-month period is not enough for mothers to take care of their vulnerable children. The period allotted for nursing mothers as maternity leave should therefore be extended to enable them conveniently to take proper care of their infants within that period. This would enable nursing mothers to take advantage of the Ghana Health Service policy of feeding babies exclusively on breast milk for six months and also have enough time to care for their babies.

The University of Education, Winneba should also provide a facility to assist mothers to continue breastfeeding their babies after resumption from maternity leave. This will help nursing mothers to conveniently leave their babies at the facility and have sound mind to work effectively to achieve results.

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