IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 18, Issue 6 Ser. 11 (June. 2019), PP 61-70
www.iosrjournals.org

Nigeria Career Mothers and Work-To-Family Conflict: Health Implications for Their Children Under Five Years

[1]Ejike A. Okonkwo, [2]Uchenna Ekwochi & [3]Samuel N. Uwaezuoke.,
[1]*Department of Psychology, Faculty of the Social Sciences, Enugu State University of Science and Technology, Nigeria*
[2]*Department of Paediatrics, College of Medicine, Enugu State University of Science and Technology, Nigeria*
[3]*Department of Paediatrics, College of Medicine, University of Nigeria, Ituku-Ozalla Enugu Campus, Nigeria*

Abstract: *Considering the theoretical assumptions of the role stress theory (Kahn, Holf, Quinn, Snoek & Rosenthal, 1964) suggesting that occupying multiple roles (e.g. work and family) can unleash stress on families, and institutional theory (Scott, 2008) also suggesting that institutions and people in other national contexts especially developing countries may be exposed to different factors which influence their management practices, this cross-sectional survey of 129 Nigeria career mothers between 23 to 48 years investigated work-to-family conflict: health implications for their children under five years among career mothers who attended postnatal clinic in a Teaching Hospital in Enugu urban, Nigeria. A survey instrument comprising demographic information, work variables of the career mothers, health status of the children and Okonkwo (2013) 14-item work-to-family conflict scale was administered for data collection. The results revealed that the career mothers who worked 30 to 60 hours and even more (92.2%) a week experienced high level of work-to-family conflict, 46.5% of the women reported that domestic servants in their absence took care of domestic chores such as feeding their children, they reported that combining work and family responsibilities interfered with exclusive breastfeeding of their babies. And pressure and time crunch experienced affected the adequate involvement of the mothers in health-related practices which have implications for the health of their children. The findings have implications for work-family balance among career mothers, children's health, and employers of labour, public policy and sustainable development goals.*

Keywords: *career mothers, work-to-family conflict, health, children*

Date of Submission: 05-06-2019 Date of acceptance: 20-06-2019

I. Introduction

The interest in career and career achievement in terms of balance between work and family (Lambert, Kass, Priotrowski & Vodanovich , 2006) has continued to draw attention in the past three decades due to the high influx of women in the workforce (Annor, 2014, Peeter, Montgomery, Bakker & Schaufeli, 2005). This interest precisely has been in women´s subjective experiences of work-family interface (Mapedzahama, 2014). Participation in work (career) roles and family roles has become point of collision (Bolton & Houlihan, 2009) resulting in work-family conflict a major challenge for working mothers (e.g. Ng, Eby, Sorensen & Feldman, 2002, Jones, Burke & Westman, 2006).

Work-family conflict is a form of inter-role conflict in which work and family demands are mutually incompatible (Greenhaus & Beutell, 1985) and meeting demands of both domains is difficult (Higgins, Duxbury & Lyons, 2007). According to Greenhaus and Beutell (1985), this conflict is bidirectional (work-to-family conflict and family-to-work conflict) yet this paper is interested in work-to-family conflict because of its influence on family responsibilities (Trachtenbersg, Anderson & Sabatelli, 2009) and largely supported by research (Mesmer-Magnus & Viswesvaran, 2005). Job stress from work demands affects the workplace (Topper, 2007) and employees resulting in work responsibilities interfering with family (work-to-family) especially among female employees (Higgins & Duxbury, 1992, Sauter, 1999, Rees, 2003; Sultana, 2012). This is more among women who combine work demand and childcare (Aspinwall & Tedesch, 2010).

The enormous influence of work-to-family conflict on employees has been well documented (Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005). For example, lower levels of job satisfaction (Burke & Greenglass, 1999) and job performance (Anderson, Coffey, & Byerly, 2002; Frone, Russell, & Cooper, 1992; Greenhaus, Colins, Singh, & Parasuraman, 1997), withdrawal from work (Hammer, Bauer, & Grandey, 2003; MacEwen & Barley, 1994), and intentions to leave the organization (O'Neill, Harrison, Cleveland, Almeida, Stawski, & Crouter, 2009). Others suggest that work-to-family conflict can negatively affect psychological and physical well-being (e.g., Adams, King, & King, 1996; Frone, Russell, & Cooper, 1991), psychological strain (O'Driscoll et al. 1992), employees wellbeing (e.g. Major, Klein & Ehrhart, 2000) and greater absence from

work because of sickness (Jansen, Kant, van Amelsvoort, Kristensen, Swaen, & Nijhuis, 2006). Despite the wealth of research on the consequences of work-to-family conflict, this present paper argues that such efforts have paid less attention to the health of the employees. And few that considered their health ignored the health implications for children of the employees, hence the need for this present study.

Despite the fact that this paper deals with an issue of global relevance, and remarkable amount of research has been conducted on a widespread work-to-family conflict and its consequences, there have, ironically, been few studies of these concerns in diverse national contexts, specifically non-Western contexts. Most studies (e.g. Greenhaus & Beutell, 1985; Higgins & Duxbury, 1992; Major, Klein & Ehrhart, 2000) have concentrated majorly on American and European populations, few on Asian populations (e.g. Lu et al, 2010; Aryee, 2005) and relatively little research has been done in developing countries (Poster & Prasad, 2005). This research gap is particularly problematic and calls for research involving African population, hence this present study in non-Western context of Nigeria.

In response to these gaps, the general objective of this study is therefore to contribute a West African view to the broader discourse on work and family and the health implications for children. The study specifically concentrates on the work-family conflict issue that mothers face combining work and family responsibilities and the implications of this for the health of children who are under five years in the context of Nigeria and more particularly in Enugu located in the South-eastern Nigeria. The overall aim of this study is to explore and analyze: (i) how much conflict Nigerian career mothers experience combining work and family responsibilities; (ii) in relation to those who experience high level of work-family conflict, how adequate do they feed their children; (iii) how involved are these women in health-related practices such as taking babies to hospital in the last one year, completion of childhood immunization, keeping to the child´s medical check-up as scheduled by the doctor, ensuring that children sleep inside insecticide treated mosquito net and administration of oral rehydration therapy, practicing of self medication on children, cleaning of the child´s environment and eating utensils; (iv) how often do their children come down with common diseases such as malaria, diarrhea, respiratory tract infections, measles and other childhood diseases. It is expected that the findings will: (i) provide useful empirical data to help decision making regarding health of children in order to reduce infant mortality as stated in sustainable development goals; (ii) be valuable to career women in terms of the need to balance work and family responsibilities; (iii) be useful to those with practical responsibility for the management of people especially women in organizations and also health of people especially children in Nigeria; (iv) trigger further research on this topic.

The subsequent part of this study is organized as follows: First, a cursory review of the literature is presented. Second, the study is placed within the Nigeria context. Third, the research method used is discussed. The next section presents the findings. The last section concludes with a discussion of the findings for governmental, health and organizational policy makers.

II. Literature Review

Economic problems causing job insecurity has made women to spend more time trying to protect their jobs (Aryee, 2005) at the expense of family issues. Drawing from role stress theory (Kahn, Holf, Quinn, Snoek & Rosenthal, 1964) occupying multiple roles (e.g. work and family) can unleash stress on families. Available literature shows that work-to-family conflict has negative consequences for families (Frone, 2000; Shockley & Singla, 2011) and the intersection between the labour market and structures of families does not allow employees in many countries to give family members the needed attention for wellbeing (Bailyn, Drago & Kochan, 2001). According to Bartolome and Evans (1980) work experiences tend to affect family, likely on daily basis (Bolger, DeLongis, Kessler & Wethington, 1989), and this effect could be adverse (Piotrkowski, Rapaport & Rapaport, 1987). For women, despite their inroads into paid employment, women still shoulder the responsibilities of managing their households and care of minor children (UNECA, 2001).

Work-to-family conflict occurs due to lack of workplace social support such as child care support policies (Earle et al, 2011; Hegewisch & Gornick, 2011) and this may have implications for the health of children. Studies (e.g. Earle, 2011) show that children´s health improve when available supportive policies give parents the opportunity to be involved in their children´s health care (Earle, Mokomane & Heyman, 2011). Work-to-family conflict has drawn the attention of researchers and policymakers due to its implications for child care and health (Mokomane, 2014). Research (e.g. International Labour Organization, 2004) shows that work-to-family conflict may cause adoption of less than satisfactory child care solutions which may expose children to hazardous environment (Cassiere & Addati, 2007; International Labour Organization, 2010). Inability to balance work and family demands has been related with negative child outcomes such as being less likely to have regular check-ups in the first year of life, less likely to receive childhood immunization, and less likely to breastfeed (Kamerman, 2006; Kusakabe, 2006).

Nigerian Context

One of the growing trends in the literature on international management is the role of national context in government policies, management practices and individual behaviour. It is important to note at this point that the Anglo Saxon Western-based contexts (e.g. North America and Europe) in which most studies on work-family conflict are located comprise high levels of wealth, strong corporate governance, and government commitment to rule of law (Aguilera & Jackson, 2003) and thus have implications for children´s health. For example, in a study of 16 European countries, controlling for per capita income, the availability of technology, and other factors related to child health, the availability of paid parental leave policies was related to lower infant and child mortality rates (Ruhm, 2000). However, in the light of institutional theory (Scott, 2008), it is suggested that institutions and people in other national contexts especially developing countries may be exposed to different factors which influence their management practices. In line with this theory, a consideration of the socio-economic environment of a developing nation such as Nigeria where this present study is located is vital. This will help to give a vivid account of the social realities which determine and hinder the behaviour of people and institutions in the country.

As found in most African societies, Nigeria especially the South-eastern part is characterized by gender-role segmentation. It is a male-dominated society (Omololu, 1997) in which shouldering family demand is the woman´s responsibility despite her involvement in paid employment. Today, as more and more women pursue their careers in different walks of life, they tend to spend more time and energy on their jobs with little left for the family demands. This time-energy squeeze is deepened as more women occupy managerial positions alongside men. Further, the current economic recession in Nigeria has widened job insecurity as both public and private institutions are downsizing because of the harsh economic policies (e.g. restricted availability of foreign exchange). This has forced employees to spend a lot of time and energy working in order to protect their jobs. This pressure has continued to heighten the conflict between work and family for career women. As in non-Western contexts, Nigeria government has no adequate family-friendly policies which ought to help women achieve work-family balance. Studies (e.g. Earle, Mokomane & Heyman, 2011) show that supportive policies that allow parents to participate in their children´s health care improve children´s health.

III. Method

Participants and Procedure

A cross-sectional survey of 129 career mothers who attended postnatal clinic at a Teaching Hospital in Enugu, Nigeria from different walks of life such as teaching profession, health sector, civil service, banking industry, legal profession, and information and communication technology sector between the ages of 23 to 48 years served as participants. The researchers using criterion sampling drew the participants from the Teaching Hospital, after obtaining a letter of permission from the hospital management.

A total of 137 copies of the questionnaire were administered within two months and instructions given to the participants with the help of the nurses who served as research assistants. They were allowed to go home with the copies and returned the next checkup date. Of the 137 copies administered, 5 were not returned and 3 copies were discarded due to errors in completion, hence 129 (94.16%) copies that were properly completed and returned were scored and analyzed in testing the hypotheses.

Survey Instrument

The questionnaire used in this study began with questions to obtain demographic information relevant to career mothers (e.g. age, marital status, living with one's husband, number of children, age of oldest and youngest child, type of profession, educational qualification etc.).

The survey instrument continued with open questions about the number of hours worked per day and week on average. And who helped with domestic/family responsibilities.

With regard to health status of children under five, respondents were asked questions under the following themes:

CHILD FEEDING

a. How many of your children are currently under 5 years of age (1), (2), (3), (4) others…..
b. How many of them did you breastfeed exclusively for 6 months as recommended by WHO (1), (2), (3), (4), others…….
c. At what month of age do you normally introduce feeds other than breast-milk in your babies less than 6 months of age? (1), (2), (3), (4), (5), (6),
d. What is the maximum length of time you have ever breastfed your babies since you started working (less than 2months), (2 -less than 6months), (6months -1year) (1year- less than 2years) (2 years and above)
e. How often do you prepare and serve your babies food (every time), (most times), (occasionally), (none of the time)

f. In your absence who prepares and serve your babies food (Housemaid), (older siblings), (husband), (neighbor), (friends), (grandparents).

CHILD MORBIDITIES/ HEALTH RELATED PRACTICES

g. How often have you taken your babies to the hospital in the past 1 year (once), (2-5 times), (5-10times) (>10times)
h. What did the doctor or health worker said was wrong with your baby most times you visited
i. Malaria
ii. Diarrhea disease
iii. Respiratory tract infection/ pneumonia
iv. Measles
v. Others specify…….
i. Did you complete the immunization schedules for all your under five babies (YES) (NO)
j. How often do you keep to your child´s medical check-up visits as scheduled by the doctor; (often), (occasionally), (rarely)
k. Who does the daily cleaning and upkeep of your household especially your cooking/ child feeding utensils
l. How often do you practice SELF MEDICATION (giving drugs not prescribed by Doctors) in treating your sick child (often), (occasionally), (rarely)(not done at all)
m. If you practice self-medication on your babies, who usually prescribe for you
i. Patent medicine dealer
ii. Lab scientist
iii. Self; using knowledge from;
1. drug leaflets
2. Internet
3. Others……
iv others specify…….
n. Select the reason for practicing self medication
i. It is cheaper than taking the baby to hospital
ii. There is no time to take the sick baby to hospital
iii. It is more convenient
iv. It is equally effective as taking the baby to hospital
v. Other reason, specify……
o. How often does your baby sleep under insecticide treated net, (very often), (always), (occasionally), (rarely), (not at all)
p. How often do you prepare and administer oral rehydration therapy (ORT) to your children when they have diarrhea, (very often), (always), (occasionally), (rarely), (not at all)

The work-to-family conflict scale (Okonkwo, 2013) contained six questions. Sample item reads "My work keeps me away from my family activities more than I would like". There are only direct scoring items. Ratings were made using 5-point scale, ranging from 1(strongly disagree) to 5 (strongly agree) with internal consistency values of .89 reported by Okonkwo (2013). And Okonkwo (2013) also reported a convergent validity of 0.55.

IV. Data Analysis

The data were analyzed using Statistical Package for Social Sciences (SPSS version 20) software. This involved calculation of frequency scores and percentages.

Research Findings and Interpretation

Table 1: Demographic characteristics of 129 respondents

Demographic Variable	Option	Frequency	Percentage
Age	25 years and below	12	9.3
	26 to 30 years	53	41.1
	31 to 35 years	36	27.9
	36 years and above	28	21.7
Number of Children	1to 4	116	89.9
	5 and above	13	10.1
Career Mothers	Teaching	36	27.9
	Health	40	31.0
	Civil Servant	23	17.8
	Banking/Finance	27	20.9
	Legal	1	0.8
	ICT	1	0.8
	Artisans	1	0.8

Educational level	NCE	15	11.6
	OND	04	3.1
	HND	11	8.5
	B.Sc. and the likes	89	69.0
	M.Sc.	09	7.0
	Ph.D.	01	0.8
How many hours do you spend on your job daily?	3 to 5 hours	10	7.8
	6 to 8 hours	81	62.7
	9 to 11 hours	28	21.7
	12 hours and above	10	7.8
Who helps with the domestic chores	Spouse	10	7.8
	House help	44	34.1
	Relatives/Siblings/child	30	23.3
	Nobody	45	34.8

Results revealed that respondents within the age range of 26 -30 years had the highest percentage of 41.1%while those within the age range of 25 and below had the least percentage of 9.3%. Respondents with children under five years had the highest percentage of 89.9% while those with children above five years had the least percentage of 10.1%. Among these career mothers, 31.0% came from the health sector, 27.9% from the teaching profession, 20.9% from the banking and finance sector, and 17.8% from the civil service while 0.8% came from legal, information and communication technology and artisans respectively. More so, in terms of educational qualifications, 69.0% of the respondents had B.Sc. and the likes, 11.6% had NCE, 8.6% had HND, 7.0% had M.Sc., 3.1% had OND while 0.8% had Ph.D. Furthermore, 62.7% of the respondents worked 6 to 8 hours per workday, 21.7% work 9 to 11 hours while 7.8% work 5 hours and below and 12 hours and above respectively. Finally, in helping with domestic chores, 34.8% of the respondents said nobody assisted them in domestic chores, 34.1% said house helps, and 23.3% said relatives while 9.8% said their spouses helped them in domestic chores.

Table 2: Data analysis

Child Feeding Variable	**Option**	**Frequency**	**Percentage**
No of Children Under five Years	1	79	61.2
	2	44	34.1
	3	6	4.7
Number of Children fed exclusively with breast milk by career mothers	None	27	20.9
	1	44	34.1
	2	28	21.7
	3	18	14.0
	4 and above	12	9.3
At what month do you introduce feeds other than breast milk	6 months	66	51.2
	5 months	5	3.8
	4 months	18	14.0
	3 months	26	20.2
	2 months	9	7.0
	1 month	5	3.8
Duration of exclusive breast feeding as a career mother	< 2 months	3	2.3
	2months < 6months	19	14.7
	6months < 1 year	72	55.8
	1 year < 2years	35	27.1
How often do you prepare and serve your baby food	Every time	48	37.2
	Most times	50	38.8
	Occasionally	29	22.5
	None of the time	2	1.5
Who prepares and serves your baby's food if you are not there?	House help	60	46.5
	Spouse	30	23.3
	Siblings	19	14.7
	Grandparents	18	14.0
	Others	2	1.5

Table 3: Data analysis

Child morbidity/ health related practices	**Option**	**Frequency**	**Percentage**
How often have you taken your baby to hospital in the past 1 year	Once	43	33.3
	2 to 5 times	64	49.6
	5 to 10 times	9	7.0
	>10 times	2	1.6
	None	11	8.5
Did you complete the immunization schedules for all your under 5 babies	Yes	126	97.7
	No	3	2.3
How often do you keep to your child's medical	Often	81	62.8

check-up	Occasionally	37	28.7
	Rarely	9	7.0
	Not at all	2	1.5
Who does the daily cleaning and upkeep of your household	House help	47	36.4
	Siblings/relatives	11	8.5
	Children	4	3.1
	Self	67	51.9
What did doctor/health worker say was wrong with your baby	Malaria	70	54.3
	Diarrhea disease	35	27.1
	Respiratory tract infection/pneumonia	17	13.2
	Measles	0	0.0
	Others	7	5.4
How often do you practice self medication	Often	19	14.7
	Occasionally	64	49.6
	Rarely	23	17.8
	Not at all	23	17.8
If you practice self medication on you babies, who prescribes for you	Chemist	30	23.2
	Lab scientists	11	8.5
	Self based on knowledge, internet, leaflets etc.	38	29.5
	Others	50	38.8
Reason for indulging in self medication	Cheaper	16	12.4
	Time factor	15	11.6
	Convenience	19	14.7
	Effectiveness	17	13.2
	Others	62	48.1
Does your baby use insecticide treated net	Very Often	31	24.0
	Always	38	29.5
	Occasionally	32	24.8
	Rarely	13	10.1
	Not at all	15	11.6
How often do you use ORT on your babies	Very Often	23	17.8
	Always	26	20.2
	Occasionally	35	27.1
	Rarely	27	20.9
	Not at all	18	14.0

Work-to-Family Conflict

Of those working between 30 to 60 hours and even more (92.2%) a week, work-to-family conflict was high. This clearly indicates that very high percentage (92.2%) of these women who combined career and family responsibilities had their work responsibilities interfere with their family responsibilities. Among these women, the strain and time demand of career spilled over into family leaving them with little or no time for family responsibilities and also heightened family stress. This gives credence to the view that work-family conflict is a major challenge for working mothers (e.g Ng et al, 2002, Jones, Burke & Westman, 2006) as found in most African societies like Nigeria especially the South-eastern part which is characterized by gender-role segmentation. It is a male-dominated society (Omololu, 1997) in which shouldering family demand is the woman´s responsibility despite her involvement in paid employment. Following these, career women may find it difficult attending to the health-related needs of their children, hence supporting role stress theory (Kahn, Holf, Quinn, Snoek & Rosenthal, 1964) which argues that occupying multiple roles (e.g. work and family) can unleash stress on families resulting in work-to-family conflict having negative consequences for families (Frone, 2000; Shockley & Singla, 2011).

Child Feeding

As part of the inclusion criteria, all the women as at the time of the study reported that at least one (61.2%), two (34.1%) and three (4.7%) of their children were below five years. These figures suggest that the children were dependent on their mothers for their feeding.

Following this dependency of these children on their mothers for feeding, 20.9% of the mothers reported that they never fed their children exclusively with breast milk without any other supplementary food within the first six months of birth while 34.1% reported that they fed only one of their children exclusively with only breast milk within this period. Of these number of women, 21.7% reported that it was two of their children, 14.0 % reported it was 3 of their children and 9.3% reported that it was four children and above that were fed exclusively with breast milk only. These figures indicate that combining career and family responsibilities somewhat affected exclusive breastfeeding of children.

However, 51.2% of the women admitted not to introduce food supplement earlier than six months. And 55.8% practiced exclusive breast feeding for six months and above but less than one year. The findings also show that 37.2% of the women prepared and fed their children every time, 38.8% most times, 22.5% occasionally and 1.5% not at all. Despite this high level of involvement of women in feeding their children, it is important to draw attention to the fact that 46.5% of them reported that in their absence, house help prepared food and also feed their children while 23.3% and 14.7% reported that their spouses and siblings respectively assisted with these responsibilities. House helps topping this list is worrisome because some of these domestic servants are under aged and in some cases not educated/exposed to the extent of handling the preparation and feeding process hygienically, hence may have implications for exposing the children to food borne diseases. The primary role played by house helps in feeding of children gives credence to earlier study (Okonkwo, Eze & Chigbo, 2015) which found that house helps followed by spouses provided the highest degree of social support to mothers who combined domestic responsibilities and work responsibilities.

Involvement in Health-related Practices

In the light of pressure and time crunch experienced by these women as their career responsibilities interfered with their family responsibilities, the findings of the present study indicate that as much as 33.3% had time to take their children to hospital only once while sick in the last one year while 49.6% had time for such only two to five times and 8.5% had no time at all. These data either directly or indirectly suggest that time given to work responsibilities interfered with the time required to take these children to hospital. And could also explain why as much as 14.7% often while 49.6% occasionally practiced self medication rather than take their children to hospital. Interestingly, this limited time for family responsibilities made 38.8% of these women rely on other people like friends and neighbours for prescription of drugs for their children, 29.5% relied on themselves based on knowledge from leaflets and internet, 23.2% on patent medicine dealers and as low as 8.5% on laboratory scientists who though are medical personnel but not qualified to prescribe drugs for patients. This time crunch and practice of self medication further explain why though 97.7% of them completed the immunization process but only 62.8% kept to the medical checkup of their children.

Child Morbidity

According to the findings, 54.3% of the women reported that their children suffered mostly from malaria, 27.1% reported diarrhea, 13.2% respiratory infection and none reported measles. This high rate of malaria justifies the high prevalence of mosquitoes in this part of the world which transmit the disease. It is also a confirmation of the data as shown which indicate that just 24% of the women often used insecticide treated net for their children while 10.1 % rarely used and 11.6% reported not using it at all. And this could be attributed to negligence due to work stress and too much time on career responsibilities resulting in no time for family responsibilities especially childcare.

The reports of 27.1% and 13.2% of diarrhea and respiratory tract infection respectively to some extent show that the use of domestic servants mostly in preparing and feeding these children has disadvantages. As pointed out earlier, most domestic servants in this part of the world are under aged with little or no education and exposure which often limit their understanding of the hygienic process necessary for preparing and feeding children. Moreover, as little as only 17.8% of the women often used oral rehydration therapy, as much as 27.1% used it occasionally, 20.1% rarely and 14% not at all is something to worry about because oral rehydration therapy is an important factor in the management of diarrhea yet only 17.8% often used it.

In addition, the findings also revealed that none of the women reported that the children had measles. This confirms the finding which shows that 97.7% of the women completed immunization of their children. It is worthy of note to say that diseases such as measles are preventable through adequate immunization.

Implications for Career Mothers

Considering the high percentage (92.2%) of these working mothers who spent between 30 to 60 hours and even more a week on work responsibilities, this study suggests that work-to-family conflict was high, hence need for work-family balance. In order to reduce work responsibilities interfering with family responsibilities such as childcare because of the much time spent on the job every week, career mothers should while making career decisions opt for those careers that will not make them spent a lot of time in the office at the expense of their family. In fact, it is suggested that career mothers should consider those careers that support flextime (flexible work conditions) to enable work anytime and anywhere without necessarily being present in the office.

This if properly applied will help them balance work and family responsibilities, thus able to spend quality time taking care of their children especially as related to their health.

This clearly indicates that very high percentage (92.2%) of these women who combined career and family responsibilities had their work responsibilities interfere with their family responsibilities.

Implications for Children's Health

The findings of this present stud have shown that combining career and family responsibilities to some extent affected proper feeding and other child care practices such as taking children to hospital for proper medical attention which have implications for the children's health. For example, the women allowing domestic servants to prepare food for the children while at work and relying on self medication rather taking the children to hospital because of work interference with family perhaps give credence to high prevalence of childhood diseases and infant mortality in this part of the world despite all the efforts to achieve sustainable development goals. To this end, this the findings of this study are apt as they draw attention to the need for career mothers to balance work and family responsibilities in order to give their children proper attention needed for their health care.

Implications for Employers of Labour

Is there need for employers to give support to employees especially mothers? It is noteworthy that of those working between 30 to 60 hours and even more (92.2%) a week, work-to-family conflict was high. This clearly indicates that very high percentage (92.2%) of these women who combined career and family responsibilities had their work responsibilities interfere with their family responsibilities, hence the need for family-friendly policies. This need is important because high level of work-to-family conflict is a danger signal to employers of labour not only because of its direct impact on negative productivity but because of its relationship with health of the children of these career mothers. According to this survey, high level of work-to-family conflict created strain and also made the women have less time for their children's care. Suggestively, if organizations make family-friendly policies, the women will have more time for their children which will improve the health of their children. And these women are likely to reciprocate this gesture from employers by being more committed, efficient and productive.

Implications for Public Policy

The productivity of a nation's workforce will be incomplete without proper consideration of women whose contributions to the paid employment and non-work (family) are immense. In a male dominated society like Nigeria where gender-role orientation leave women with almost if not all domestic responsibilities such as childcare despite their involvement in paid employment, labour policies have not given enough protection to women. As shown by the findings, women despite shouldering greater percentage of family responsibilities still spend between 30 to 60 hours and even more on the job a week. And also spending the remaining part of their time on family responsibilities deny them the opportunity for career development and growth. Arguably, for women to achieve work-family balance resulting in enhanced productivity, career growth, life satisfaction and adequate care for children, the Nigerian government should make labour laws that are family-friendly.

V. Conclusion

As seen from the findings of this study, greater percentage of the women worked long hours a week resulting in high level of work-to-family conflict affecting the health of the children of which the implications have been discussed. Following these, Nigeria can achieve sustainable development goals especially promoting gender equality and empowering women, combating malaria and other diseases, reducing child mortality and improving maternal health if both public and private employers of labour should make and implement family-friendly policies to protect career mothers.

References

[1]. Adams, G., King, L. & King, D.W. (1996). Relationships of job and family involvement, family social support, and work-family conflict with job and life satisfaction. Journal of Applied Psychology, 81(4), 411-20.
[2]. Anderson, S.E., Coffey, B.S. & Byerly, R.T. (2002). Formal organizational initiatives and informal workplace practices: Links to work-family conflict and job-related outcomes. Journal of Management, 28, 787-810.
[3]. Annor, F. (2014). Managing work and family demands: The perspective of employed parents in Ghana. In Z. Mokomane (ed), work-family interface in Sub-Saharan Africa, international perspectives on social policy, administration and practice (pp. 17-36). Springer International Publishing Switzerland.
[4]. Aryee, S. (2005). The work-family interface in urban Sub-Saharan Africa: A theoretical analysis. In S.Y. Peilmans (Ed.), work and family: An international research perspective (pp. 261- 286). Mahwah: Lawrence Erlbaum Associates.
[5]. Aspinwall, L.G. & Tedesch, R.G. (2010). The value of positive psychology for health psychology: Progress and pitfalls in examining the relation of positive phenomenon to health. Annals of Behavioural Medicine, 39(1), 4-15.
[6]. Bailyn, L., Drago, R. & Kochan, T.A. (2001). Integrating work and family life: A holistic approach. Sloan Work-Family Policy Network.
[7]. Bartolome, F. & Evans, P.A.L. (1980). Must success cost so much? Harvard Business Review, 58(2), 137-148.
[8]. Bolger, N., DeLongis, A., Kessler, R. C., & Wethington, E. (1989a). The contagion of stress across multiple roles. Journal of Marriage and the Family, 51, 175-183.
[9]. Boltton, S.C., & Houlihan, M. (Eds). (2009). Work matters: Critical reflections on contemporary work. Hampshire: Palgrave Macmillan

[10]. Burke, R.J. & Greenglass, E.R. (1999). Work-family conflict, spouse support, and nursing staff well-being during organizational restructuring. Journal of Occupational Health Psychology, 4, 49-62.

[11]. Cassier, N., & Addati, L. (2007). Expanding women's employment opportunities: Informal economy workers and the need for childcare. Geneva: Conditions of Work and Employment Programme, International labour Organization.

[12]. Earle, A., Mokomane, Z. & Heymann, J. (2011). International perspectives on work-family policies: Lessons from the world's most competitive economies. Future of children, 21(2), 191-210.

[13]. Eby, L.T., Casper, W.J., Lockwood, A. Bordeaux, C. & Brinley, A. (20050. Work and family research in IO/OB: Content analysis and review of the literature (1980-2002). Journal of Vocational Behaviour, 66, 124-197.

[14]. Finegold, D., and Mohrman, S. A. (2001), 'What do Employees Really Want? The Perception vs. the Reality', Paper Presented at the Annual Meeting of the World Economic Forum, Davos, Switzerland

[15]. Frone, M. R., Russell, M., & Cooper, M. L. (1991). Relationship of work and family stressors to psychological distress: The independent moderating influence of social support, mastery, active coping, and self focused attention. Journal of Social Behavior and Personality, 6(7), 227–250.

[16]. Frone, M.R., Russel, M. & Cooper, M.L. (1992). Antecedents and outcomes of work-family conflict: testing a model of the work-family interface. Journal of Applied Psychology, 77 (1), 65-78.

[17]. Frone, M.R. (2000). Work-family conflict and employee psychiatric disorders: The national comorbidity survey. Journal of Applied Psychology, 85(6), 888-895.

[18]. Greenhaus, J.H. and Beutell, N.J. (1985). Sources of conflict between work and family roles. Academy of Management Review,10 (1),76-88.

[19]. Greenhaus, J. H., Collins, K. M., Singh, R., & Parasuraman, S. 1997.Work and family influences on departure from public accounting. Journal of Vocational Behavior, 50, 249−270.

[20]. Hammer, L.B., Bauer, T.N., & Grandey, A.A. 2003. Work-family conflict and work-related withdrawal behaviors. Journal of Business and Psychology,17(3), 419-36.

[21]. Hegewisch, A. & Gornick, J.C. (2011). The impact of work-family policies on women's employment: A review of research from OECD countries. Community, Work and Family, 14(2), 119-138.

[22]. Higgins, D.C, & Duxbury, D.L (1992). Work-family conflict: A comparison of dual-career and traditional career men. Journal of Organizational Behaviour, 13, 389-411.

[23]. Higgins, C., Duxbury, L. and Irving, R. (1992). Work-family conflict in the dual career family. Organizational Behavior and Human Decision Processes, 51(1), 51-75.

[24]. International labour Organization (2004). Work and labour responsibilities: What are the problems? (Information Sheet No. WF-1). Geneva International Labour Organization.

[25]. International Labour Organization (2010). Maternity at work: A review of national legislation. Geneva: International Labour Organization.

[26]. Jansen, N.W.H, Kant, I.J., von Amelsvoort, L.G.P.M., Kristensen, T.S., Swaen, G.M.H. Nijhuis, F.J.N. 2006. Work-family conflict as a risk factor for sickness absence. Occupational and Environmental Medicine, 63, 488-494.

[27]. Jones, F., Burke, R. & Westman, M. (2006). Work-life balance: A psychological perspective.New York, NY: Psychology Press

[28]. Kahn, R.L., Holf, D.M., Quinn, R.R., Snoek, J.D. & Rosenthal, R.A. (1964). Organizational stress: Studies in role conflict and ambiguity. New York: John Wiley & Sons Inc.

[29]. Kamerman, S.B. (2006). Parental leave policies: The impact on child well-being. In international review of leave policies and related research (pp. 2-4). London: Department of Trade and Industry.

[30]. Kusakabe, K. (2006). Reconciling work and family: Issues and policies inThailand. ILO Conditions of Work and Employment Series No. 14 Geneva International Labour Organization.

[31]. Lambert, C, Kass, S, Priotrowski, C & Vodanovich, S (2006). Impact factors on work-family balance: Initial support for border theory. Organizational Development Journal, 24(3), 64-72.

[32]. Lu, L., Cooper, C.L., Kao, S.F., Chang, T.T., Allen, T.D. & Lapiere, L.M. et al. (2010). Cross- cultural differences in work-to-family conflict and role satisfaction: A Taiwanese-British comparison. Human Resources Management, 49(1), 67-85.

[33]. Major, S.V., Klein, K.J. & Ehrhart, M.G. (2000). Work time, work interference with family and employee well-being. Academy of Management Proceedings 2000 HR: D1

[34]. Mesmer-Magnus, J.R., & Viswesvaran, C. 2008. Convergence between measures of work-to- family and family-to- work conflict: A meta-analytic examination. Journal of Vocational Behavior, 67(2): 215-232.

[35]. Mapedzahama, V. (2014). Work and family in a cross-cultural context: A comparative review of work-family experiences of working mothers in Australia and Zimbabwe. In Z. Mokomane (ed), work-family interface in Sub-Saharan Africa, international perspectives on social policy, administration and practice (pp. 17-36). Springer International Publishing Switzerland.

[36]. Macewen, K.E. & Barling, J. (1994). Daily consequences of work interference with family and family interference with work. Work and Stress, 8(3), 244-254.

[37]. Mokomane, Z. (2014). Work-family interface in Sub-Saharan Africa. International Perspectives on Social Policy, Administration and Practice (pp. 37-53). Springer International Publishing Switzerland.

[38]. Ng, T., Eby, L., Sorensen, K. & Feldman, D. (2005). Predictors of objective and subjective career success: a meta-analysis. Personnel Psychology, 58(2), 367-408.

[39]. O'Driscoll, M.P., Ilgen, D.R. and Hildreth, K. (1992). Time devoted to job and off-job activities, inter-role conflict, and affective experience. Journal of Applied Psychology, 77(3), 272-9.

[40]. Okonkwo, E.A. (2013). Correlational analysis of work-family conflict bi-directionality. Ife PsychologIA: An International Journal, 21(2), 301 – 308.

[41]. Okonkwo, E.A, Eze, A.C & Chigbo C.M (2015). Social support for working mothers experiencing work-family conflict: A descriptive analysis. Journal of Business and Organizational Development, 7(1), 1-11.

[42]. Omololu, F.O. (1997). Socio-cultural factors affecting occupational health in Nigeria. In death by installment: Occupational health and hazards in Nigeria. Lagos: Friedrich Ebert Foundation.

[43]. O'Neill JW, Harrison MW, Cleveland J, Almeida D, Stawski R, Crouter AC. 2009. Work–family climate, organizational commitment, and turnover: Multilevel contagion effects of leaders. Journal of Vocational Behavior, 74, 18-29

[44]. Peeters, M.C.W, Montgomery, A.J., Bakker, A.B & Schaufeli, W.B (2005). Balancing work and home: How job and home demands are related to burnout. International Journal of Stress Management, 12, 43-61.

[45]. Piotrkowski, C. S., Rapoport, R. N., & Rapoport, R. (1987). Families and work. In M. Sussman & S. Steinmetz (Eds.), Handbook of marriage and the family (pp. 251-283). New York: Plenum.
[46]. Poster, W.R., & Prasad, S. (2005). Work-Family relations in transnational perspective: A view from High-Tech Firms in India and the United States. Social Problems, 52(1), 122-146.
[47]. Rees, P. (2003). Contemporary issues in mild traumatic brain injury. Archives of Physical medicine and Rehabilitation, 84(12), 1885-1894.
[48]. Ruhm, C, (2000). Parental employment and child's cognitive development. Cambridge MA: National Bureau of Economic Research, 2000 (NBER Working Paper 7666).
[49]. Sauter, S.L. (1999). Professional psychology. Research and Practice, 30(2).
[50]. Shockley, K.M. & Singla, N. (2011). Reconsidering work-family interactions and satisfaction: A meta-analysis. Journal of Management, 37(3), 861-886.
[51]. Sultana, A.M. (2012). A study on stress and work family conflict among married women in their families. Advances in Natural and Applied Sciences, 6(8), 1319-1324.
[52]. Topper, E.F. (2007). What´s new in libraries: Stress in the library workplace. New Library World, 108 (11/12), 561-564.
[53]. Trachtenberg, V.J., Anderson, A.S. & Sabatatelli, R. (2009). Work-home conflict and domestic violence: A test of a conceptual model. Journal of Family Violence, 24, 471-483.
[54]. UNECA (2001). 5 years after Beijing: Assessing women and poverty and the economic empowerment of women. Addis Ababa: United Nations Economic Commission for Africa (UNECA).

Ejike A. Okonkwo. "Nigeria Career Mothers and Work-To-Family Conflict: Health Implications for Their Children Under Five Years." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 18, no. 6, 2019, pp 61-70.