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# Child Caring and Career Limitations among the Working Mothers in Dhaka City

Sultana, Razina

University of Rajshahi

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# **CHILD CARING AND CAREER LIMITATIONS AMONG THE WORKING MOTHERS IN DHAKA CITY**



**PhD Dissertation**

By  
Razina Sultana  
PhD Fellow  
Department of Social Work  
University of Rajshahi, Rajshahi

**Department of Social Work  
University of Rajshahi  
Rajshahi, Bangladesh  
December 2012**



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Razina Sultana

PhD Fellow

Department of Social Work

University of Rajshahi, Rajshahi

**Supervisor**

**Dr. Sadequl Arefin**

Professor

Department of Social Work

University of Rajshahi, Rajshahi

**Department of Social Work**

**University of Rajshahi**

**Rajshahi, Bangladesh**

**December 2012**

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PhD Dissertation

By

Razina Sultana

A Dissertation Submitted to the Department of Social  
Work, University of Rajshahi in Partial Fulfillment for the  
Degree of Doctor of Philosophy

**Department of Social Work  
University of Rajshahi  
Rajshahi, Bangladesh  
December 2012**

## DECLARATION BY THE RESEARCHER

I have prepared this dissertation titled “Child Caring and Career Limitations among the Working Mothers in Dhaka City” as an original research work. The dissertation is submitted to the Department of Social Work, University of Rajshahi, Bangladesh for the degree of Doctor of Philosophy. No part of my study has been submitted before to any other organization or academic institution for any degree, diploma or any other use.

  
(Razina Sultana)

Ph D Fellow, Department of Social Work  
University of Rajshahi, Rajshahi, Bangladesh

Dr. Md. Sadequl Arefin  
 Professor, Department of Social Work  
 University of Rajshahi  
 Phone: Off. 0721- 711922  
 Mobile: 01711 730 686  
 Email: arefinmatin@yahoo.com



ড. মোঃ ছাদেকুল আরেফিন  
 অধ্যাপক, সমাজকর্ম বিভাগ  
 রাজশাহী বিশ্ববিদ্যালয়  
 রাজশাহী  
 ফোন: অফিস ০১৭২- ৭১১৯২২  
 মোবাইল: ০১৭১১ ৭৩০৬৮৬  
 ইমেইল: arefinmatin@yahoo.com

### CERTIFICATE BY THE SUPERVISOR

It is a great pleasure for me to certify that Razina Sultana, a PhD fellow of the Department of Social Work, University of Rajshahi, Rajshahi, Bangladesh, has prepared this dissertation. Razina worked under my supervision and prepared this dissertation. It is an original research work done by her. This is recommended and forwarded to the University of Rajshahi for necessary formalities. I also certify that I found this dissertation satisfactory for submission in partial fulfillment of the requirements for the Degree of Doctor of Philosophy.

 31.12.12

(Dr. Sadequl Arefin)  
 Professor, Department of Social Work  
 University of Rajshahi  
 Rajshahi, Bangladesh & Supervisor

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Because of my motherly responsibilities to my younger child, I was not able to complete my degree in time, and that landed me in a peculiar problem. In that situation, the Rajshahi University authority kindly extended the time for the submission of my dissertation by six months under special consideration, and the help that I received then has placed me in infinite indebtedness to Professor Md. Abdus Sobhan, Vice – Chancellor of Rajshahi University, Professor Muhammad Nurullah, the Pro-VC, Dr. Md.



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Razina Sultana



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## Abbreviations

BBS = Bangladesh Bureau of Statistics

BCS = Bangladesh Civil Service

BNCC= Bangladesh National Cadet Core

BRAC = Bangladesh Rural Advancement Committee

BSc = Bachelor of Science

BSMMU= Bangabandhu Sheikh Mujib Medical University

BSS = Bachelor of Social Science

BUET = Bangladesh University of Engineering and Technology

CID= Criminal Investigation Department

DGM = Deputy General Manager

DMC = Dhaka Medical College

EDT= Expected Date Of Delivery

Exam = Examination

HFRC = Holy Family Red Crescent Hospital

HFRCMCH= Holy Family Red Crescent Medical College Hospital

HSC = Higher Secondary School Certificate

M Ph = Master of Public Health

MBBS = Bachelor of Medicine and Bachelor of Surgery

MCPS = Member of College of Physicians & Surgeons

MD = Doctor of Medicine

MDG = Millennium Development Goals

MMC= Mymensingh Medical College

MPhil = Master of Philosophy

MRCP = Member of Royal College of Physicians

MS = Medical Staff

MSS = Master of Social Science

NBR= National Board of Revenue

NGO = Non Government Organization

OS = Office Staff

Prof. = Professor

SSRC= Social Science Research Council

TEO= Thana Education Department

TS = Teaching Staff

UGC = University Grants Commission

UN = United Nations

## **Abstract**

The dissertation entitled “Child Caring and Career Limitations among the Working Mothers in Dhaka City” is an original research work based on intensive field work. Due to an increase in educational facilities, the importance given by both government and non-govt. organizations to women’s empowerment there has been a welcome change within the society towards women’s employment. And the participation rate of working women as well as working mothers has vastly increased in recent years in Bangladesh. But the supportive arrangements for child caring, which is still considered to be the prime responsibility of working mothers, have not yet been made sufficiently well. So the professionals, especially the working mothers are facing many problems at their job and about careers. But full development of potential of men and women is necessary for the overall human development of the country. Considering the role of working mothers for the overall national development, this subject was selected for study.

The study mainly tried to link the relationship between child caring and career limitations for the working mothers. Since the husbands of working women were also working in Dhaka city, the sharing of child caring responsibilities in those families were investigated. It was found that in spite of facing much trouble in child caring, high level of sharing i.e. sharing by the husband in overall child caring responsibilities was not significant for the working professionals. Even where close relatives were not available and the mothers were bound to depend on only household assistants, the majority of them had low level of sharing.

It investigated the existing situation of career limitations of the mothers due to their child caring responsibilities. It also tried to find out the relationship between major career limitations and development of career of the working mothers. Three groups of professionals were selected for the study and a comparison was also made between them. Seven career limitations were identified by the working mothers under the study. Seven problems were identified as career related problems here: Break of Study; Short break of job; Discontinuation of job; Late-entry into the job; Refusal of more prestigious or more remunerative jobs; Non-participation in national training or workshops and Non-participation in foreign seminar, training, workshop or international missions.

Break of Study, Late Entry into the Job and Discontinuation of Job by the working mothers have been considered to be the major career limitations for them. A relationship between child caring and those major career limitations faced by the mothers was established. A significant relationship was found between child caring and career limitations for all the working mothers. The better the arrangements for child caring, the lower the rate of career limitations encountered by the working mothers. And, conversely, the poorer the child caring arrangements, the higher the rate of career limitations.

Again an association was also made between these major career limitations for mothers and their career development. A significant correlation was again found between those variables. It was found that the more the career limitations for the working mothers, the

less the career development for them and vice versa. It was evident from the study that working mothers' child caring roles and their career limitations were interlinked. Again, their major career limitations and the development of their career were negatively correlated.

The working mothers supported the provisions for 6 months maternity leave with full pay in every organization, long duration leave without pay for the mothers with very young child, locality based day care centres, child care centres with special office timing, day care centre at the workplaces, transport facilities at schools, strict maintenance of office closing time. And all the mothers under study emphasized that a positive change in the attitude of husbands and the society towards women's career is essential. According to them, it is the general feeling of the society to be in a job by women is to have a developed career for them, which is a fallacious point of view.

So it is, therefore necessary to take steps towards the removal of these limitations for the overall development of the country.



## CHAPTER 1

### INTRODUCTION

#### 1.1: INTRODUCTION

Previously, women have always worked for only their families and were busy inside the home all over the world. It was assumed that working outside the home will negatively affect the women with their household work, child care and other feminine roles. For that reason, the initial reception of the movement of mothers to be employed outside their homes for wages was hostile. But the employment of women for remuneration and salaries, and the emancipation of women and even of mothers of dependent children – from their tradition-bound roles – was a familiar part of the industrial revolution. In the late colonial period, single women in paid work were accepted socially. But paid employment of married women was a twentieth century phenomenon. But by the World War II, a large number of married women and prior to the war, mothers with dependent children were compelled to work outside for various reasons (Hoffman and Nye, 1978).

Since Bangladesh is primarily an agro-based country, women have always been working in the field along with the men for a long time. They have also been working for long in factories, as laborers in different informal settings and as also household assistants. But women's working outside their homes for remuneration or salary is a comparatively recent phenomenon. But what is even more surprising is that there are now-a-days many mothers with very young children who are also working outside facing many problems. The number of working women as well as working

mothers is increasing substantially after the independence and several factors are responsible for the situation. Initially, only the economically hard-pressed mothers of Bangladesh were engaged in remunerative jobs. But today a good number of educated mothers and also mothers in solvent families are working in spite of facing various problems relating to child caring.

Though there are very few authentic reports about the working mothers and their accurate number, we can yet assume that their number is increasing. Though the numbers of working women in Bangladesh are increasing, they still lag behind men. Probably, economic discrimination is in the root of other discriminations and so the economic empowerment of woman is the most important way of emancipation of women folk every where in the world as empowerment in other spheres of life would more or less automatically follow economic empowerment (Agrawal, 2009: 40). Blau has pointed out that the growing numbers of working women have been absorbed into the labor force not through across-the board expansion of employment opportunities, but rather through an expansion of traditionally female jobs (particularly in the clerical and service categories), through the emergence of new occupations that were rapidly defined as female, and perhaps occasionally through shifts in the sex composition of some occupations from male to female (1975: 29).

Due to an increase in educational facilities, the importance given by the government and non-government organizations to the development and empowerment of women, growth of urbanization, and due to the new economic system and social change - there is a welcome change in the participation rate of working women as



well as working mothers in Bangladesh. In a study, which was conducted in rural Bangladesh, it was also found that the perception of family members regarding the women's outdoor work was very positive. More than half of the women's families accepted their outdoor work positively (Sadeque, 2011). But even after such improvement in women's participation in the labor market there remains wide gender gap and discrimination in employment in each and every sector. Women were found to be employed in those occupations of a sector where wages are low ... prospects of occupational mobility are very slim (Hoque, 2010:18). Women in the developed countries, increasingly aware of the changing situation, question cultural norms and seek equality. However, in most of the developing countries, the typical family is large, the literacy rate is low, household work is not mechanized. The traditional role assigned to women – caring for children and home and working ... - has not changed (Andiappan, 1980:1). When married women go out to work they actually have to face the problem of combining home and work. They have to work in addition to their usual responsibilities and this may in turn influence their attitude towards the problem of female employment (Srivastava, 1978:26). Though many of the working wives accept their dual roles, they normally receive very little help from their husbands in carrying out their twofold duties successfully (Kapur, 1974: 163).

For these reasons, the working mothers of today's urban Bangladesh feel that owing to their employment there has been created another equally important role for them in their familial responsibilities including child caring. In the urban areas specially, in Dhaka city, due to the lack of adequate child caring facilities, the working mothers are facing more difficulties in playing their dual roles. That is why, the working

mothers of our society are under a great strain because of the incompatibility of the role of mother and employed worker.

Due to the impact of industrialization, there is a constant change in the urban family system. In the urban Dhaka where human relationships are more formal, existence of nuclear families is quite high, family ties are comparatively weak, absence of neighborly attitude is common child caring is one of the major problems faced by the working mothers. When the working mothers go to their work and bound to leave their child in somebody's care that are not so reliable they feel dissatisfaction with the poor arrangements made to look after them. In urban Bangladesh where child-care arrangements are very poor, the working mothers face much difficulty, and very often they do sacrifice their career. Patterson and Engelberg (1978:287) rightly pointed out that as long as women are primarily responsible for running the household and rearing the children, they will have to work at managing their careers in order simply to maintain them, much less make it to the top. On the other hand, men, by contrast, have been thought to represent the professional norm, strongly motivated in their careers, understood in terms of a clear promotion orientation, underpinned by an attributed role of 'breadwinner" (Al-Khalifa, 1988: 81). But the improvement of the situation is an urgent need for the balanced development of Bangladesh. The economic status of women is now accepted as an indicator of a society's stage of development. It is in the interest of a society to make full and most effective use of its human resources (Tyagi and Tyagi, 2009:136). Full utilization of potential of men and women is necessary for the overall human development of Bangladesh.



If women are employed, their “double duty” may limit the location, hours, and types of jobs they can accept. Further, they may find their careers completely interrupted by geographical moves related to their husbands’ job or by difficulties in finding adequate child care (Eastwood, 1978: 130). Kala Rani mentioned that the care and bringing up of children is primarily the responsibility of the mother. Sometimes the decision to take up employment depends upon this critical factor (Rani, 1976: 93). In this respect, Kapur (1974) stated that women could make still greater contribution to national, economic, social and cultural development, if they are given in reality, equal opportunities and equality of treatment as regards access to education, training, employment, security and advancement in their work careers. According to Choudhury and Ahmed (1980), the status of women is an important factor affecting the socio-economic development of a country. The long term development of a country cannot be fully realized if women enjoy sub-ordination position to men. Poverty and gender inequality is among the most persistent and pervasive global problems and challenges of the 21<sup>st</sup> century. The Millennium Declaration and the 2005 World Summit recognized that these issues are inextricably linked and noted the centrality of gender equality and women’s empowerment to the elimination of poverty and hunger, and the achievement of truly sustainable development (Mittal and Agrawal, 2009:142). Government of Bangladesh and a good many NGOs have already been taken five approaches for the socio-economic development of the women, namely, welfare approach, equity approach, efficiency approach, anti-poverty approach and empowerment approach. The Equity approach was initiated emphasizing the participation of women in development process and economic progress by their productive and reproductive roles. The main thrust of this approach

is to eliminate gender disparity and ensure the participation of the women in different sectors of nation building department. The efficiency approach was initiated in order to integrate women in the main stream of education and skill development program ... The empowerment approach focuses on increasing women's control over the choice in their lives which seeks to increase their self-reliance and self-confidence so that they can stand on their own feet in future (Sarker, 2010: pp. 263 - 264). But all these initiatives and programmes will not be effective if the women are only employed and if they are lag behind the men in respect of their career. Women should be on the same level with men. And as women constitute about half of the population, their full potential and career development should be considered as important as those of men. So, considering the role of the working mothers for the development of the country, the researcher selected the subject for her study.

## **1.2: STATEMENT OF THE PROBLEM**

Bangladesh has prioritized economy, as one of the most important issues in bringing gender equality in Bangladesh. Empowerment of women and bringing them to the mainstream of economic activities ensuring equal opportunity, is one of the commitments of Millennium Development Goals (MDG) as pursued by the government (Khanam and Majumder, 2010:71). It is evident that some success has been achieved in improving their level of income through their entry into different kinds of jobs. Due to the increase in educational facilities, the importance given by both government and non- govt. development organizations to women's empowerment, there is also a welcome change within the society towards highly



educated women professionals. But the supportive arrangements for child caring for the mothers have not yet been made. So, these professionals specially the working mothers in Dhaka city are facing many problems at their jobs and about careers. But the improvement of the situation is an urgent need for the balanced development of Bangladesh. Full development of potential of men and women is necessary for the overall human development of Bangladesh.

In Dhaka city, sometimes no close relative is available to live with in the family of working mothers. Human relationships are more formal here. In most of the cases, good social relationships with next door neighbour are even uncommon here. Again, getting a skilled, reliable and dependable household assistant is quite impossible in this city. On the other hand, not only the day care centres are inadequate in numbers, but also their child caring facilities are less than sufficient. The lack of baby care centers is also hindering female participation in the labor force (Hoque, 2010:19).

So, how did the working mothers adjust their jobs to their child caring responsibilities? Since they are not non-earning members, are they getting any help from their husbands or family with child caring responsibilities? If the mothers get help with child caring, to find out the level of sharing child caring responsibilities within the family is also important to know. Had the mothers faced any career limitations due to their child caring role? Whether they would face any career limitations and they could develop their careers if the mothers got support in child caring were important to know. The working mothers under this study were classified

into three groups. Whether there was any difference between the professionals about career limitations was a major question also. If the working mothers face career limitations, do they feel the need to overcome the situation? To explore the opinion of the mothers about how to overcome their career limitations is a serious issue. For these reasons it was necessary to investigate and know whether working mothers were facing any career limitations due to their child caring role and responsibility and how these limiting problems can be overcome.

### **1.3: RATIONALE OF THE STUDY**

As far as the researcher knows, there have been a lot of researches into the problems faced by the working women. Researches have been carried out into a multiple problems working women encounter in performing their duties and responsibilities at their households as well as their workplaces. The frontiers of the research have been extended into the area which seeks to show how women find themselves forced to stay only housewives performing the duties to their children as well as their families. Researchers have investigated difficulties that working mothers face with regard to the rearing of children. But the researcher is not aware of any such investigation or study in urban Bangladesh of how many women find themselves compelled to sacrifice their careers to their traditional roles as mothers. It is important to find out whether working mothers are facing career limitations because of caring of their children.

Today majority of the urban women are as much educated as their male counterparts and working in different professions like the latter. Although the scope



of their work and their number of entering jobs have vastly expanded and increased in recent years, the working mothers are lagging much behind professionally due to their responsibilities relating to child caring. Rapport and Rapport (1969) found that family life in general and children in particular are highly salient factors in producing role conflict. Rani (1976) and Sinha (1989) found that the barriers of women's career development were that they gave priority to family demands. They had to accommodate to husbands careers and had to opt for positions compatible with their family roles (Kapur, 1978). In a study, Lorber (1984) observed that due to women's preoccupation with marriage, family and child care responsibilities, career development is affected and this results in role strain and role conflict and sometimes they sacrifice their careers for their family. Pillai (1995) also found in her study that due to women's preoccupation with marriage, family and child care responsibilities, there is role strain which leads to role conflict and career is affected.

Akhter and Shahriar (2005) of Bangladesh conducted a research on Women in News Media: A study with Gender Lens. They examined the extent of women journalists and professionals' visibility in different levels of news media. They identified factors hindering women's effective role in news media profession and also examined the impact of women's presence in news media profession.

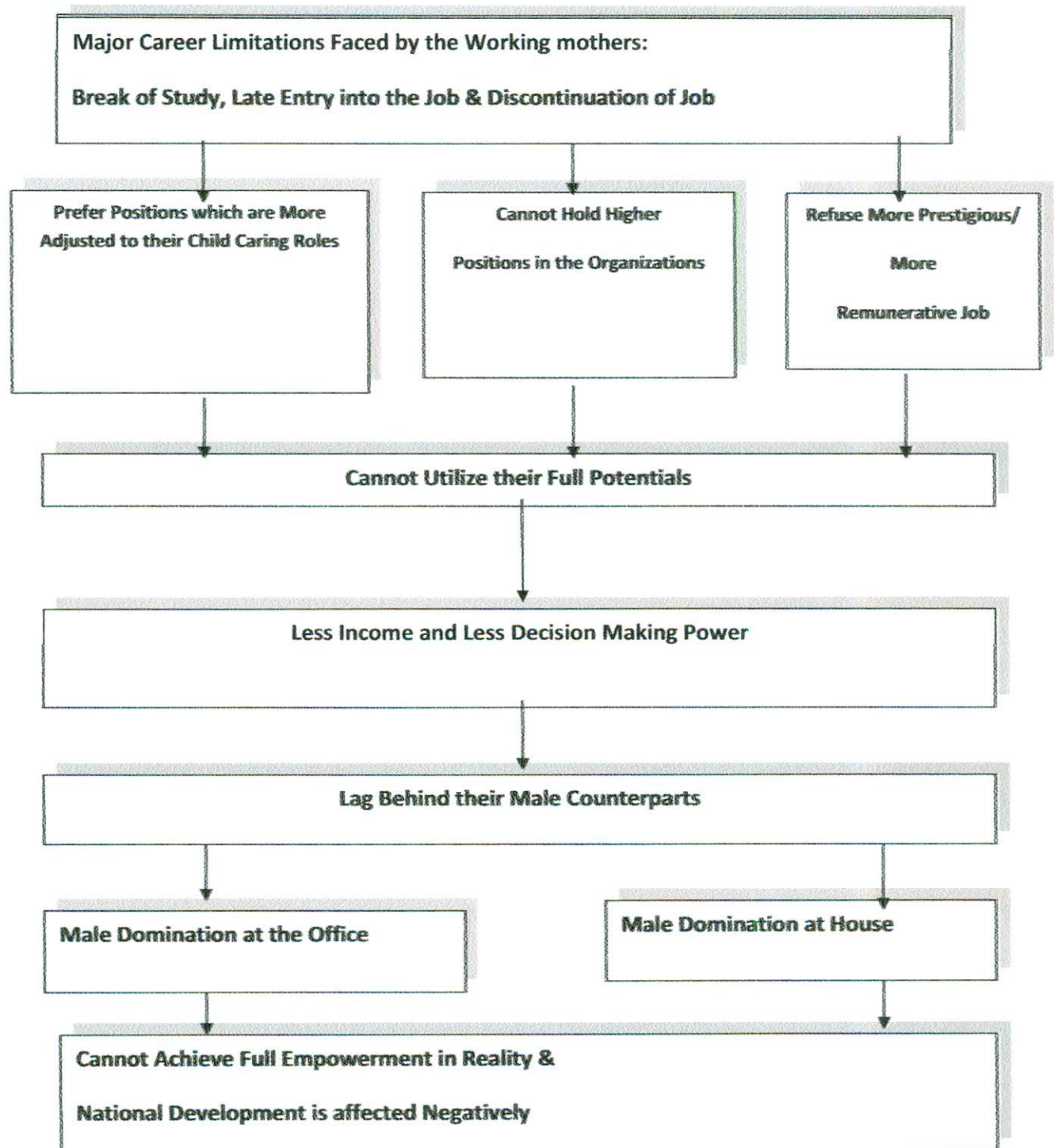
Although some researches have been carried out in other countries on women's careers, there has not been any research yet on the child caring and women's career limitations in Bangladesh. It is not enough to see women only employed; there must be an environment conducive to the development of their professional career as well.

If this cannot be ensured, almost half the talents the entire population possesses will remain under-utilized or unutilized, leading to a staggering backwardness of the country in many respects. The present study therefore is appropriate in the context of the present day Bangladesh.

The importance of women's career is also shown by the figure 1.1.



Figure 1.1: Importance of Women's Career



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#### **1.4: OBJECTIVES OF THE STUDY**

The main objective of the study was to find out whether the working mothers of Dhaka city faced career limitations because of caring for their children. The specific objectives were:

1. To understand the socio-economic background of the working mothers;
2. To find out the sharing of child caring responsibilities within the family;
3. To investigate existing situation of career limitations of the working mothers and to compare the situations of different professional groups;
4. To find out the relationships between major career limitations and development of career of the working mothers and
5. To explore the opinion of the working mothers about how to overcome the career limitations.

## **1.5: CONCEPTUAL FRAMEWORK**

### **1.5.1: WORKING MOTHERS**

A working mother was defined here as one who was employed in any government, semi-government, non-government or private organization and who had at least one 5-year old child. If the child had been under 5, the mother would not have had the experience of the career limitations she suffered.

The women working on a daily wage basis or the women who were self-employed or who were working in different factories were excluded from the study. In brief, the professional women were considered here for the study.

The working mothers were classified here into three groups: the **teaching staff**, the **office staff** and the **medical staff**. Those working mothers who were teachers of different government and private schools and colleges and of public and private universities of Dhaka city were considered here as the **teaching staff**. Mothers working in different government, non-government, private and autonomous offices in Dhaka city including banks and NGOs were considered as **office staff** in this study. The doctors and nurses of different government and private hospitals and clinics in Dhaka city were regarded as the **medical staff** under the study.

### **1.5.2: CHILD CARING**

Child Care denotes caring for and supervising a child or children, usually from newborn age either by the mother or a relative or a paid household assistant. In this study, Newborn care, Preparing meals for children, feeding, Nursing the baby, Pre school education, Taking/Collecting children to/from school, Helping the children with school home work were taken as child caring chores.



### **1.5.3: CAREER LIMITATIONS**

Career refers to the general course or development of one's working life or one's professional achievements. It is related to an occupation or a profession that usually involves special training or formal education and is considered to be a person's lifework. "Career" is the totality of work, which may be paid or even unpaid one does in his or her lifetime.

The working mothers face various problems to the advancement of their career. For these problems they cannot devote their attention to the development of their merit and career. The problems that were taken as career limitation factors for working mothers are: Break of study, Short break of job, Late entry into the job, Discontinuation of job, Refusal of more remunerative or more prestigious job, Non-participation in national training, workshops or seminars, Non-participation in foreign training, workshops, seminars or international mission.

### **1.5.4: LATE ENTRY INTO JOB**

The educated women who delayed their entry into jobs at least for 2 years due to their child caring responsibilities have been considered in this study to be late entrance.

### **1.5.5: EARLY ENTRY INTO JOB**

The term used for those mothers who entered into jobs or sought them immediately after the completion of the desired level of education.



#### **1.5.6: SHORT BREAK OF JOB**

This is a break of job that is taken by the working mothers who were not entitled to maternity leave. Mothers who took a maximum of 3 months break were regarded as having taken a short break from their jobs.

#### **1.5.7: JOB DISCONTINUATION**

The mothers who because of their child caring responsibilities discontinued their job at least for 2 years and who started their professional life again were considered in this study to have a job discontinuation. The concept of job discontinuation did not apply to them who had taken short break instead of maternity leave. A short break and a job discontinuation are not the same in anyway.

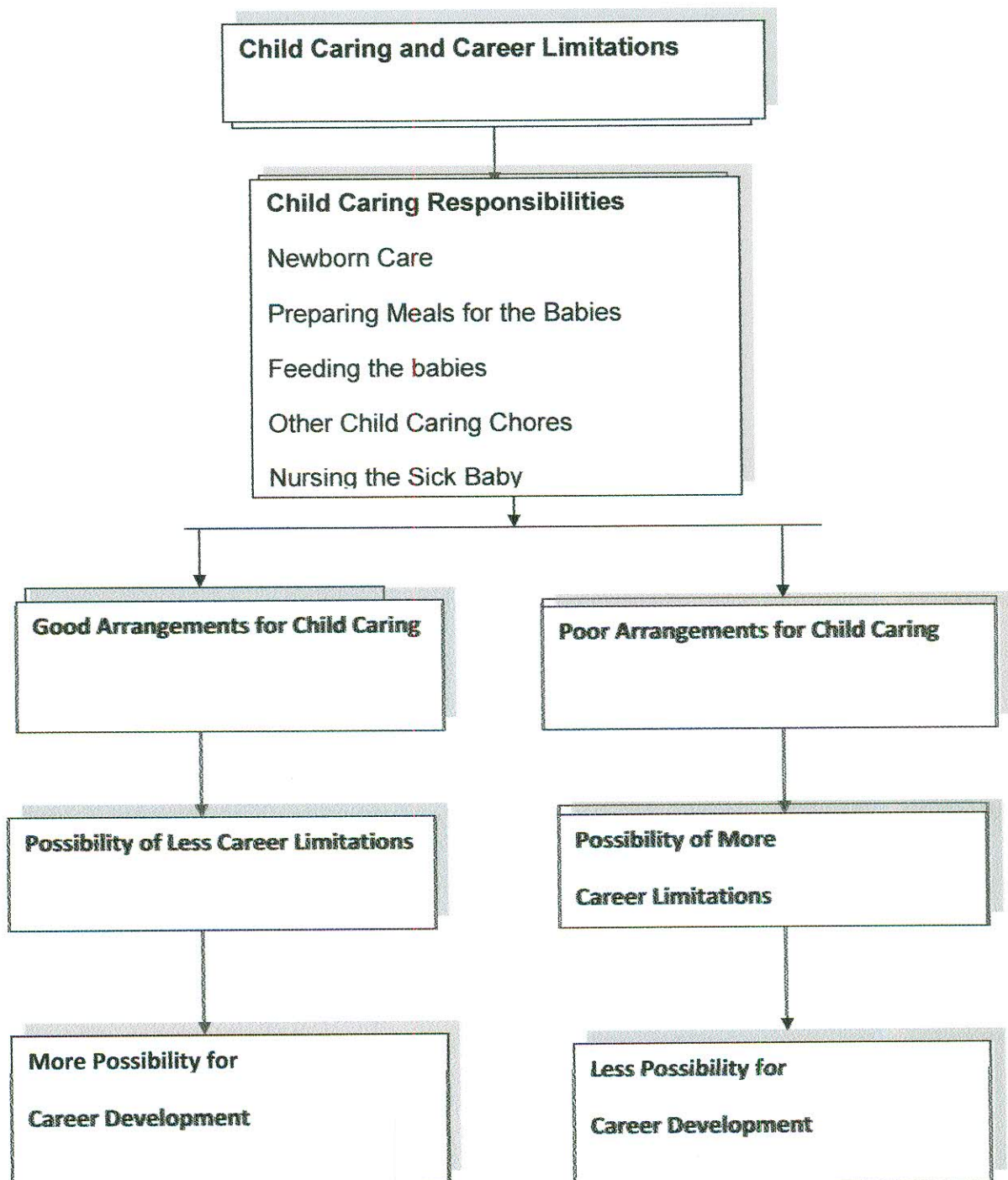
#### **1.5.8: DEVELOPMENT OF CAREER**

The mothers who after their child birth continued their ongoing studies and who additionally (1) earned at least one more degree (2) whose salaries gradually increased even more (3) who got jobs of higher salaries or (4) who were promoted or upgraded at work or (5) who enhanced their total incomes by doing extra duty were viewed in this study as having developed their careers.

The figure 1.2 shows the relationship between child caring and career limitations of the working mothers. Earlier it was mentioned that the important child caring responsibilities were classified into seven major types. Child caring arrangements were divided into two categories: good arrangements for child caring and poor arrangements for child caring. The figure shows how career limitations of the

working mothers and their development of career depend on their child caring arrangements.

Figure 1.2: Child Caring and Career Limitations



## CHAPTER 2

### METHODOLOGY OF THE RESEARCH

#### 2.1: SELECTION OF THE STUDY AREA

As Dhaka was the most urbanized area of Bangladesh, it was assumed that a significant number of working mothers lived here. From that point of view, Dhaka city was selected as the study area. It was also assumed that the numbers of professionals of all types were high in urban Dhaka. The literacy rate among the females was also relatively high in Dhaka. So considering the large numbers of female work force and a higher female literacy rate Dhaka city was selected for this study. Since the respondents under the study were of three categories, namely, the teaching staff, the office staff and the medical staff the availability of all categories of professionals was needed for the study. So, the existence of multiple characteristics of working women has also led the researcher to select Dhaka city as her study area.

#### 2.2: TECHNIQUES OF DATA COLLECTION

The data for the study were collected mainly from primary source. The researcher along with two investigators collected the primary data in this study. The study mainly used Survey method to collect information from the working mothers. After preparing a draft schedule, the researcher pre-tested it. The first draft of the



schedule was more open ended. The repeated process of drafting, pre-testing took place for more than two months. At last, final schedule was prepared where both closed and open-ended questions were included. While constructing the final questionnaire the researcher was very much aware of avoiding technical terms such as Career Limitations, Career development opportunities. There were some control questions also in the schedule so that a cross-check could be possible and the researcher could examine later to see whether the information collected was correct or not. Adequate space for answers was provided in the questionnaire for the advantage of editing and tabulation.

To help the researcher in collecting data, two research assistants with post-graduation in social science and pre-experienced in data collection were recruited. At first it was decided to collect information from all the respondents through interview schedule. But practically, it was not possible for each and every respondent under the study. At last the researcher had to give questionnaire to some very busy respondents especially to some university teachers and prominent doctors with higher degrees. Such schedules were collected later by the research assistants. She made contact with telephone and reminded the very busy working mothers to return the questions answered.

Respondents' socio-economic background, problems faced by the respondents regarding job and career related problems, career development opportunities not availed by the respondents, opinions of the respondents about how to overcome the career related problems etc related information were collected through Interview Schedule. Same interview schedule was used for three categories of respondents. The schedule contained 5 sections and more than 30 questions. The schedule was



made into Bengali version. On an average, not more than two respondents were interviewed a day. Field editing and checking was done on the same day.

### **2.3: SAMPLE SIZE**

Considering limited time and financial capacity of the researcher – the sample size was constituted as 450. The working mothers were classified into three groups – Teaching Staff, Office Staff and Medical Staff. Since the size of the sample was constituted as 450, 150 were selected from each group.

Since the respondents were educated, working and had at least one 5-year old child, it was quite impossible to adopt scientific sample techniques.

### **2.4: SELECTION OF THE RESPONDENTS**

Primarily the names of the organizations were selected from the diaries, booklets or brochures of different prominent companies. From the diaries, prominent schools, colleges and universities were selected and the telephone numbers of those institutions were collected. At first the researcher contacted the authorities of the organizations over the telephone and asked for formal permission to interview the selected respondents in those organizations. Previously the researcher prepared a common application explaining her major research objectives, in which she requested the working mothers to agree to be respondents. After getting permission, the researcher along with data collectors went to the selected specific organization. Normally the heads of the educational institutions were the Key Informants who gave

primary information about the teaching staff. In cases of colleges and universities, the institution and department heads were the Key Informants.

In cases of offices of Dhaka city, the same procedure was followed. The agency heads/directors/managing directors/public relations officers/managers/section heads were the key informants in cases of the office staff.

When selecting medical staff, the researcher contacted the administrative authorities of different hospitals and clinics in Dhaka city on the phone. After getting primary information from the key informants the researcher collected the telephone numbers of the probable respondents first. In most of the cases, she had to contact again and again and had to reschedule the appointments with the doctors. The researcher had to spend much time to collect information from the medical staff.

## **2.5: ANALYSIS AND PRESENTATION OF DATA**

Both the qualitative and quantitative methods have been used in analyzing the data for the research. Quantitative techniques were used to supplement qualitative data. Quantitative data were presented in tables, charts and in graphs. Univariate and Bivariate analysis were done to describe major variables. Averages, Range, Percentages were mainly used to analyze the socio –economic backgrounds, level of sharing of child caring responsibilities within the family, to compare the existing situation of career limitations and in the cases of presentation of opinions of the mothers. After classify each important variable related to women's career into categories, cross classification of the variables in those sub-categories was done. Thus cross tabulations were done in cases of Bivariate-tables and a relationship

between the variables was established. Where categorical data showed dependency or two classifications were seemed to be independent the significance of association between two attributes were tested at 5% level of significance.

With the help of contingency tables at 5% level of significance, the relation between women's career related variables were tested. The relation between child caring and break of study, child caring and entry into the job, child caring and discontinuation of job, child caring and development of career was established through chi-square values at 5% level of significance. Whether the working mothers developed their careers In spite of facing career limitations were also tested by the chi-square values.

Diagrams were used in some important cases for better understanding. Direct statements of the working mothers about their experience of career limitations or how they had overcome their career related problems and developed their careers were used in this study to strengthen the qualitative analysis.

Data for the study were mainly collected from the primary source that is from the field by the researcher. The secondary data were also used to strengthen the collected primary data.

## **2.6: OTHER DATA COLLECTION METHODS**

To get in-depth knowledge about the study, **Case Study Method** was used in this study. Fifteen cases were studied – five teachers, five officers and five doctors were selected randomly from the respondents. Concentrating on the lives of selected



mothers, the study showed more of the reality of their life situations, relating to their child caring and career limitations. Thus an intensive investigation of the selected mothers was done by the Case Study Method.

Two groups were conducted for **Focus Group Discussions**. Each group was composed of nine working mothers for Focus Group Discussions. The purpose of Focus Group Discussion method was to have a broad analytical look at the career related problems as perceived by the respondents from different professions.

In Focus Group Discussions, the researcher played the role of a moderator. Each group was formed by 3 teachers, 3 officers and 3 doctors. Its main objective was to investigate the relationship between child caring and mothers' career limitations. The discussions also tried to compare the career limitation situations between the professionals under study. Since cross-sectional groups were formed, it was very effective to compare the situations between them.

## **2.7: HOW FOCUS GROUP DISCUSSIONS WERE ORGANIZED**

As working mothers were of different professions and very busy as well, it was not possible in anyway to organize a group discussion with them in any organization during their working hours. It was also tried to have them gather for such a discussion at a restaurant in daylight hours. But as they were all very busy working mothers, none of these three professional groups could keep their appointments. Thus appointments were rescheduled several times. At last in the residence of a Holy Family doctor who is a relative of the researcher, a social gathering was



organized where those selected respondents arrived. Here a quiet room was made ready that pre-fixed group (Group – 1).

For another group discussion, a social program at the residence of the Chairman of Dhaka Education Board proved ideal. The members of Group - 2 were also selected beforehand and invited to the social gathering. Through repeated appointment they were brought to that discussion venue and the group discussion was held before the start of the social programme. The researcher could not work out a substitute to this arrangement, as the working mothers were of different professions and since a multiple type of representation was required. A **checklist** was prepared beforehand for the group discussions.

## **2.8: Problems of Data Collection**

The greatest of the challenges that the present researcher faced was data collection for this study. It was a very difficult job to contact various agency authorities and obtaining their permission for interviewing their staff.

1. It was pretty challenging to get an appointment with the university teachers and collect data by interviewing them. Appointment time had to be changed several times.
2. Contacting high executives and officials at various private, autonomous and government organizations, getting an appointment with them for interview and obtain relevant data for them. The officials working in bank are always very busy people, and it was therefore very difficult to collect data from them maintain privacy. But what was the most formidable challenge was to collect phone numbers of police officers.

3. Medical practitioners were found as much busy at hospitals during office hours as during their private practice after the evening. Collecting data from prominent doctors with higher degrees was essential for the present research. But because of the difficulty associated with getting appointment with them, the researcher frequently felt like changing the objective(s) and dropping the busy medical practitioners as respondents.

The researcher had to seek help of people known to her, to contact hospitals and even with medical associations before she finally succeeded in motivating the doctors to participate in the present research.

4. A more difficult thing was to reach the respondents. After reaching the professionals overcoming quite a number of stages, it was in many cases found that those who had been thought to be respondents had not at least one child above five years of age. So it was a very tough job finding such mothers.

5. There were many who refused to be respondents in spite of motivation given to them because of their busy schedule at work. The researcher had the experience of meeting with refusals by a large number of professionals to be interviewed as respondents even after several appointments.

In spite of the above challenges, the researcher succeeded in collecting quality data, although it took her a long time.

## CHAPTER 3

### SOCIO-ECONOMIC BACKGROUND OF THE WORKING MOTHERS

Socio-economic backgrounds of the working mothers were found in this chapter. This chapter focuses on some important social characteristics of the working mothers also makes a comparison between the three groups of professionals. The characteristics of the mothers such as Ages of the working mothers, Level of education of the mothers, Income level of the working mothers, Ages at their first marriage, Mothers' ages at the birth of their first child, Number of children and Age gaps between their children were looked at from different perspectives. These were considered to be related to their career, career limitations and also to their career development.

#### 3.1: Ages of the Working Mothers

It was thought to distribute the working mothers under this study age-wise. Age was considered to be an important factor in this study. Since the study tried to find out the relationship between child caring and career limitations of the working mothers, it was assumed that mothers advanced in age had greater experience of facing career limitations. The research considered for its respondents only those working mothers who had at least one 5 year old child, which is why the number of mothers below 35 years of age was not so high. Mothers were classified into 4 classes according to



their

age-limits.

**Table – 3.1: Ages of the Working Mothers**

Ages	Teaching Staff	Office Staff	Medical Staff	Total	
Below 35	23 (31.1)	15 (20.3)	36 (48.6)	74 (100)	(16.4)
35 – 39	27 (35.1)	27 (35.1)	23 (29.8)	77 (100)	(17.1)
40 – 44	41 (36.0)	32 (28.0)	41 (36.0)	114 (100)	(25.4)
45 & above	59 (31.9)	76 (41.1)	50 (27.0)	185 (100)	(41.1)
Grand Total	150	150	150	450	(100)
<b>Median Age</b>	<b>43.1</b>	<b>45.1</b>	<b>42.0</b>	<b>43.3</b>	

(Figures in parentheses give the percentages)

It appears clearly that the highest number of working mothers under study (41.1%) were 45 years and above. One fourth of the mothers were within the age range 40 – 44. Among the professionals, the percentage of mothers below 35 years of age (16.4%) was the lowest. According to the table, it is evident that of all three groups, the percentage of mothers of 45 and above years of age was the highest among office staff and the lowest among the medical staff.

Among the one fourth mothers who were within the age range of 40 – 44, there was an equal proportion of mothers from both teaching and medical staff (36%), whereas the proportion of office staff was comparatively low (28%). In the case of medical staff, the mothers within the age range of 35 – 39 were the lowest in number.

The **Median Ages** of the teaching staff, office staff and the medical staff were 43.1 years, 45.1 years and 42.0 respectively. The median age of all the working mothers under study was 43.1 years. Since one of the main objectives of the research was to



investigate existing situation of career limitations for the working mothers, it was necessary for the researcher to collect information from those mothers who had experienced the career limitations. From this point of view, the researcher succeeded in identifying those experienced mothers.

### **3.2: LEVEL OF EDUCATION OF THE WORKING MOTHERS**

The level of education is one of the determining factors in ensuring the efficiency in running the household and professional affairs. The educated women are more aware of nutrition, health and child care etc. and they could manage all the related works of their families and also could contribute to the economic development of their family in particular and the nation in general (Sultana, 1994:23). Education has been of central significance to the development of human society. It can be the beginning, not only of individual knowledge, information and awareness, but also of a holistic strategy for development and change (Goel, 2004:144). A previous study suggests that women's education, particularly formal education be strongly linked with empowerment of women also. Employment along with formal education is a prerequisite for their empowerment. ... employment without education have little effect on the empowerment of women (Sultana, 2002:97). Huda also observed in his study that education of women had a significant and positive relationship with their livelihood improvement. The more the income, the higher is the capability of an individual to invest their money for the improvement of the quality of life (Huda, 2011: 77). Majumder found significant relationship between education of women and their age at marriage His study also showed a positive association between education of women and their first childbearing age. The mean age at first marriage of women

with no education differed significantly from that of women with education (Mazumder, 2012).

Since education is one of the important factors that play a vital role in advancing women's career, level of education of the mothers was considered to be important for the study. The study compared the levels of education between the three categories of professionals. The educational level has been shown by the table 3.2. Since the study considered only professional working mothers as the respondents, the women below HSC were excluded from the study. The following seven educational categories were used:

1. Up to HSC
2. Bachelors/MBBS/BDS
3. Masters/MS/MPh
4. MPhil/PhD/MD
5. FCPS
6. MCPS
7. Working mothers with professional Diplomas/ Training

It is found from the table 3.2 that among the teaching staff, more than 65 percent earned Masters/MS degrees. More than 25 percent teachers were found to have got M Phil or PhD degrees. 13 percent of the teaching staff was found to have different professional diplomas or training.

Among the office staff, the percentage of working mothers having Masters or MS degrees was the highest (42%), which followed the percentage of those with

Bachelors degrees (37%). The percentage of respondents of working mothers taking different professional diplomas or training was 24 among the office staff.

**Table – 3.2: Level of Education of the Working Mothers**

Level of Education	Teaching Staff	Office Staff	Medical Staff
Up to HSC	03 (2.0)	24 (16.0)	24 (16.0)
Bachelors/MBBS	11 (7.3)	56 (37.3)	66 (44.0)
Masters/MS/ M Ph	98 (65.4)	63 (42.0)	12 (8.0)
M Phil/PhD/MD	38 (25.3)	07 (4.7)	17 (11.3)
FCPS	-	-	30 (20.0)
MCPS	-	-	15 (10.0)
Diploma/Trainings	20 (13.3)	36 (24.0)	42 (28.0)
Total	150	150	150

More than one answer

(Figures in parentheses give the percentages)

On the other hand, 44 percent of the medical staff was found to have only Bachelors or MBBS degrees, which followed the percentage of the mothers who got professional diplomas or training (28%). Though the percentage of working women with different types of higher degrees among the medical staff was 49.3, it was found that 60 percent of them had no higher degrees. The majority of the doctors with higher degrees in fact earned more than one degree. Moreover, it is also seen that most of these doctors who had earned more than one diploma or professional training simultaneously acquired multiple higher medical degrees also. A close look at the table 3.2 indicates that the teaching staff, of all three groups, has the highest number of post-graduate degree holders and it is followed by the medical staff.



### 3.3: Monthly Income Level of the Working Mothers

The incomes that the working mothers earn are also related to their career. The table 3.3 shows the monthly income status of working mothers under the study. The table shows the monthly income status of working mothers under the study. It appears that the percentage of the women whose monthly income is less than 20 thousand taka was the highest among all three groups of professionals. The findings point out that about half of the mothers under study earned only less than 20 thousand taka monthly.

**TABLE – 3.3: MONTHLY INCOME LEVEL OF THE WORKING MOTHERS**

Level of Income ('000 Taka)	Teaching Staff	Office Staff	Medical Staff	Total	
No income	-	-	14 (100)	14 (100)	(3.1)
Less than 20	65 (29.3)	107 (48.2)	50 (22.5)	222 (100)	(49.3)
20 – 30	41 (39.0)	23 (22.0)	41 (39.0)	105 (100)	(23.3)
30 – 50	38 (49.4)	11 (14.3)	28 (36.3)	77 (100)	(17.1)
50 & More	06 (18.8)	09 (28.1)	17 (53.1)	32 (100)	(7.2)
Grand Total	150	150	150	450	(100)
<b>Median Income (Tk.)</b>	<b>22,439</b>	<b>17,009</b>	<b>22,683</b>	<b>19,504</b>	

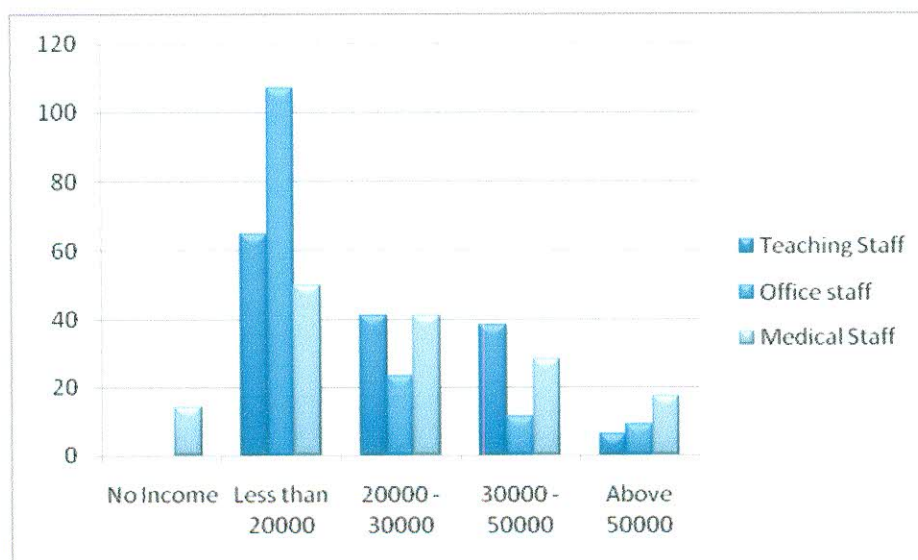
(Figures in parentheses give the percentages)

Since family and children are still considered to be the prime responsibilities of the working mothers in Bangladesh, in most of the cases the working mothers were bound by their child caring responsibilities to sacrifice jobs with higher salaries. For this reason, though they were all professionals, their average income was not so high. The mothers under study stated that in urban Dhaka the child caring was a major problem for them. A significant number of the mothers reported that when they lived outside



Dhaka and were in a job, they faced much less difficulty with child caring but after coming to Dhaka with their husbands their child caring problems started.

CHART- 3.1: MONTHLY INCOME OF THE WORKING MOTHERS



They further added that their husbands raised their income with the facilities of professional development available at Dhaka city. But for the working mothers their migration to Dhaka sometimes caused even a decrease in their previous earnings. The similar result was found in another study which says that for men interregional migration was, on the average, accompanied by an increase in earnings. But for women interregional migration was associated with no change or a decrease in earnings (Gallaway, 1969a: pp.103-09). Such disruptions in women's careers brought about by the migration of their husbands seem certain to lower women's earnings. It has been adequately demonstrated that women earn less than men at the same age and with same educational level, occupation, and years in the labor force (Sulter and Miller, 1973:pp.962 -74).

One of the most popular explanations for the difference between men's and women's incomes is that women are merely secondary earners or as one economist put it, "assistant breadwinners" (Smith, 1975:2). But the ideology of men as breadwinners encourages women to work for less pay uncomplainingly, benefiting no one but the employer (Morris, 1978:172). Another study has pointed out the selection by working women of stereotyped female occupations as the reason for their low income. It further suggests that stereotypically female occupations may have characteristics that correspond especially well to women's requirements. For example, job opportunities in these occupations may permit geographic mobility; hours of work may be flexible; or there may be little financial penalty associated with leaving and subsequently reentering the labor force (Brito and Jusenius, 1978:57). A study by Sultana (2006) revealed an important truth. In that study, the majority of the working women have acquired the highest level of education and the percentage of women with Master degree was much higher than their husbands but the monthly average income of the working women was about half than that of their husbands (Sultana, 2006: pp. 46-47).

As the working mothers in this study also gave importance to the welfare of their children, they were found to be choosy about the selection of jobs. Most of them went for the ones where the working hours were not rigidly fixed or where it was possible to take leave when there was a family emergency involving children (This topic specifically dealt with in chapter 5). And this explains why the incomes of the working mothers in the study were often not proportionate to their educational qualification. Monthly income of about one fourth of the working mothers was between Tk. 20 and Tk. 30 thousand, while 17 percent mothers earned 30 to 50



thousand taka monthly. Only 7 per cent of the mothers earned Tk. 50 thousand or more.

It is clear from the table that the women earning 50 thousand taka or more were the lowest in percentage. Of this highest income group of mothers, the percentage of the teaching staff was the lowest, which was followed by the percentage of office staff. More than one tenth of the medical staff who were all doctors with higher degrees, earned 50 thousand taka or more per month and they were the highest in percentage (53%) among all three groups. A small proportion of the university teachers under study belonged to this income group.

But it is interesting to note that about one tenth of the total number of the medical staff, who were all doctors, had no income at the time of data collection. It may also be pointed out that all these doctors were discontinuing their jobs in order to be able to take care of their younger children and were pursuing higher studies also without any salary. In this respect, Dr. Farhana of Dhaka Shishu Hospital comments, After appearing in the MBBS final examination, I married and completed my internship in next two years. My child was born during my internship which is why I had a break or disruption in my internship. So the completion of my internship was delayed. One year after the birth of my child, I joined a private clinic, but quit that job also for my baby. Now I am doing higher studies (FCPS) without pay. My child is also growing up. I am laying more emphasis on the future progress of my career than on the continuation of a job.”

The Median Monthly Income of the medical staff was influenced by the income of this group and so it was Tk. 22683/-.

Based on the present findings, it may, however be concluded again that the majority of the working mothers earned less than 20 thousand taka only. The Median monthly income of the teaching staff, office staff and the medical staff was Tk. 22439/-, Tk. 17009/- and Tk. 22683/- respectively. It is clear from the findings that the average monthly income of the office staff was the lowest among all professionals under study. A close look at the table also reveals that the percentage of mothers whose monthly income was less than 20 thousand taka was also the highest among the office staff in this study. In the previous section it was observed that the number of working mothers with post-graduation degrees was also the lowest among the office staff and hence it was one of the main reasons for their lowest income. The Median Monthly Income of all working mothers under this study was only Tk. 19,505/- which was in fact low in view of their level of education. Obviously, their level of income was non-proportionate to their educational qualifications.

#### **3.4: AGES AT MARRIAGE OF THE WORKING MOTHERS**

Female age at first marriage is one of the major proximate determinants of fertility and it is considered as the most important variable accounting for the variations in fertility level among different societies of the world (Mazumder, 2012:62). There is a possible relation between mothers' ages at marriage and major career limitations, namely, break of study, late entry and discontinuation of job. If marriage occurs in student life, break of study may follow. And marriage after the completion of education may result in late entry in and discontinuation of job. Usually, women's age at marriage determines their age at their first child birth.



**TABLE – 3.4: AGES AT MARRIAGE OF THE WORKING MOTHERS**

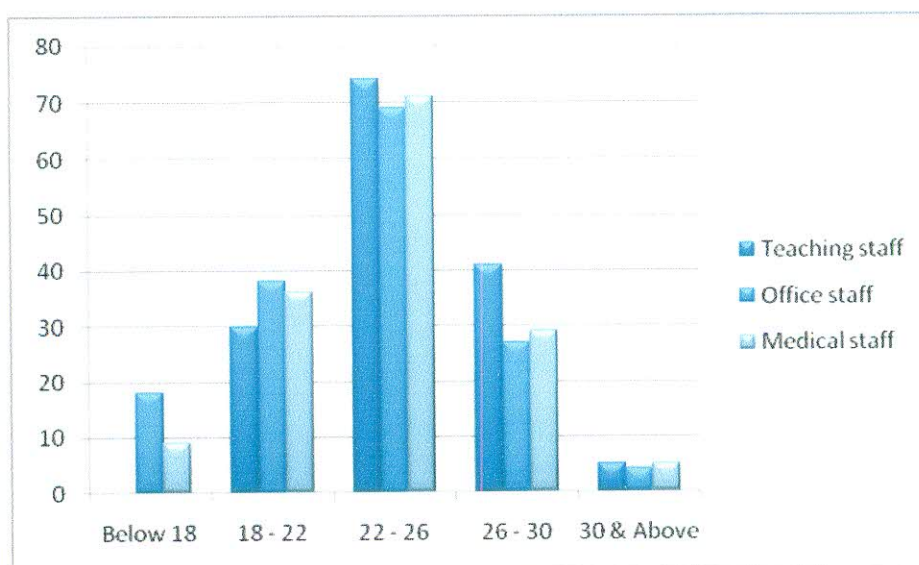
Ages	Teaching Staff	Office Staff	Medical Staff	Total	
Less than 18	00	18 (66.7)	09 (33.3)	27 (100)	(6.0)
18 – 22	30 (28.9)	38 (36.5)	36 (34.6)	104 (100)	(23.1)
22 – 26	74 (35.6)	63 (30.3)	71 (34.1)	208 (100)	(46.2)
26 – 30	41 (42.3)	27 (27.8)	29 (29.9)	97 (100)	(21.6)
30 & above	05 (35.5)	04 (28.6)	05 (35.7)	14 (100)	(3.1)
Grand Total	150	150	150	450	(100)
<b>Median age</b>	<b>25.0</b>	<b>23.5</b>	<b>24.1</b>	<b>24.3</b>	

(Figures in parentheses give the percentages)

The present study has well demonstrated that the highest number of working mothers (46.2%) was married between ages 22 and 26, which was followed by the number of mothers (23.1%) who were married between ages 18 and 22.

Though there were no teachers under study who were married before 18, a small proportion of the office staff (12%) and a very small proportion of the medical staff (6%) were married before 18. It was assumed earlier that women with relatively high education and occupying higher position had comparatively higher age at their marriage. But a different picture appears from the data of the study. The result demonstrates that the majority of the working mothers (75.3%) were married below 26, which was the time for their career development. Again the percentage of women who had their marriages from the ages 26 – 30, was also significant (about 22%), and among those women teachers were the highest in percentage (27.3%).

CHART- 3.2: AGES AT MARRIAGES



Among all the professionals under study, the percentage of women who were married after their thirtieth year, was very insignificant (only 3%) – which was earlier assumed to be very high.

The Median Ages at marriage of the teaching staff, office staff and the medical staff in this study were 25.0 years, 23.5 years and 24.1 years respectively. And the Median age at marriage of all working mothers was found to be 24.3 years. It is still higher than the national figure which is 18.7 years (BBS, 2012). It is because the mothers dealt with in this study were all professionals. It is known that women's age at marriage in Bangladesh is increasing sharply due to many reasons. The main factors are the changing status of the women, educational attainment, economic participation and process of empowering the women in the country (Sultana, 2002:28). Another study by Sultana also revealed that the majority of the working

women had been married within 23 – 27 years of age. Even 10 percent of the women under that study were married after 28 years of age and the average age at marriage had been found to be 23.3 years (Sultana, 2006: pp. 43 -44).

### **3.5: MOTHERS' AGES AT THE BIRTH OF THEIR FIRST CHILD**

Mothers' ages at their first child birth was considered very important for this study. It was assumed that the mothers' ages at their first child birth was associated with their major career limitations. While female labor force participation levels at all life-cycle points are higher than they have been in past decades, the birth of the first child still remains a major transition point for many women. Reflecting the birth event and the subsequent presence of an infant, substantial numbers of young women withdraw from the labor force (Mott and Shapiro, 1978:29). There is a possibility of a relation between mothers' ages at their first child birth and major career limitations, namely, break of study, late entry and discontinuation of job. If first child birth occurs in student life, break of study may follow. And first child birth after the completion of education may lead to a late entry into their professional life and also to a discontinuation of their jobs. For this reason, mothers' ages at the birth of their first child is shown at table 3.5.

Here it can be observed through the table that the highest percentage of working moms (38.4%) had their first child between 26 and 30 years of age, which was followed by the percentage of moms (about 32%) who had their first baby between 22 and 26 years of age. Their average age at the birth of their first child was found to



be about 27 years. Again 12 per cent and 18 per cent of the working mothers had their first child under their 22<sup>nd</sup> year and above their 30<sup>th</sup> year respectively.

**TABLE – 3.5: MOTHERS' AGES AT THE BIRTH OF THEIR FIRST CHILD**

Ages	Teaching Staff	Office Staff	Medical Staff	Total	
Less than 22	15 (27.8)	19 (35.2)	20 (37.0)	54	(12.0)
22 - 26	56 (39.2)	42 (29.4)	45 (31.4)	143	(31.8)
26 - 30	57 (33.0)	57 (33.0)	59 (34.0)	173	(38.4)
30 and more	22 (27.5)	32 (40.0)	26 (32.5)	80	(17.8)
Grand Total	150	150	150	450	(100)
<b>Median</b>	<b>26.4</b>	<b>27.2</b>	<b>26.9</b>	<b>26.8</b>	

(Figures in parentheses give the percentages)

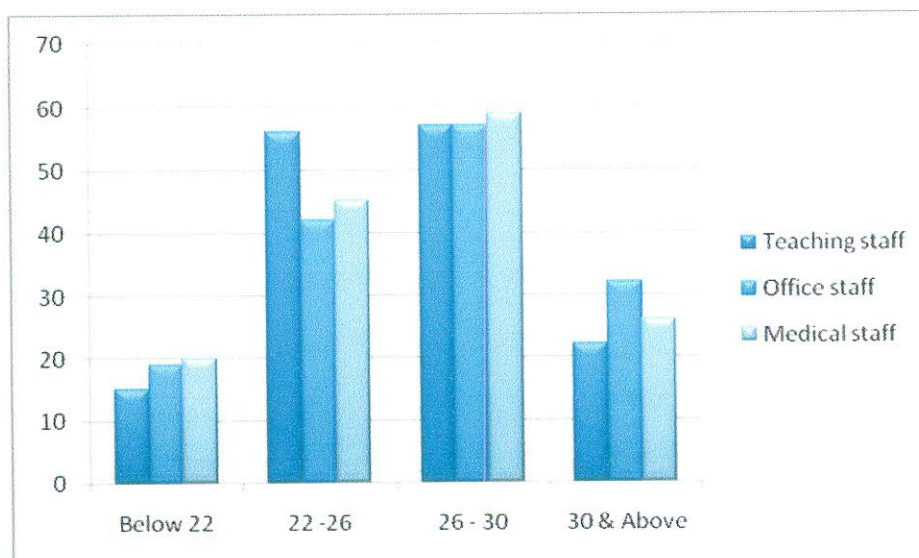
Moreover, a close look at the table reveals that among the three categories of mothers who had their first child birth at the age of 26 – 30, the medical staff constituted the highest percentage (34%). On the other hand, among all the mothers who had their first child between 22 and 26 years of age, teachers constituted the highest percentage (39.2%).

But the data reveal a surprising picture. The percentage of the professionals who had their first child birth before their 22<sup>nd</sup> year was the highest among the medical staff (37%). One may assume that the nurses among the medical staff constituted this percentage. But the researcher observed at the time of data collection that it was not only the nurses, but also the doctors who were married at an early age and who had their first babies at the early ages of their student life. Though they had a break



of study, almost all of them, getting help from close relatives about child caring, completed their MBBS degree successfully and developed their careers.

CHART-3.3: MOTHERS' AGE AT THE BIRTH OF THEIR FIRST CHILD



It is also evident from the table that the percentage of mothers having their first child birth after 30 was not insignificant and among them, the office staff constituted the highest percentage (40%). It has to be pointed out here that most of those office staff was executives working in NGOs, high officials working in banks or other offices who were married and had their babies when they were far into their professional career.

### 3.6: NUMBER OF CHILDREN

Number of children was considered very important for this study. Those mothers who had more than 3 children were not included in this research. It was assumed that mothers with more than 3 children were not aware of their career and it was also

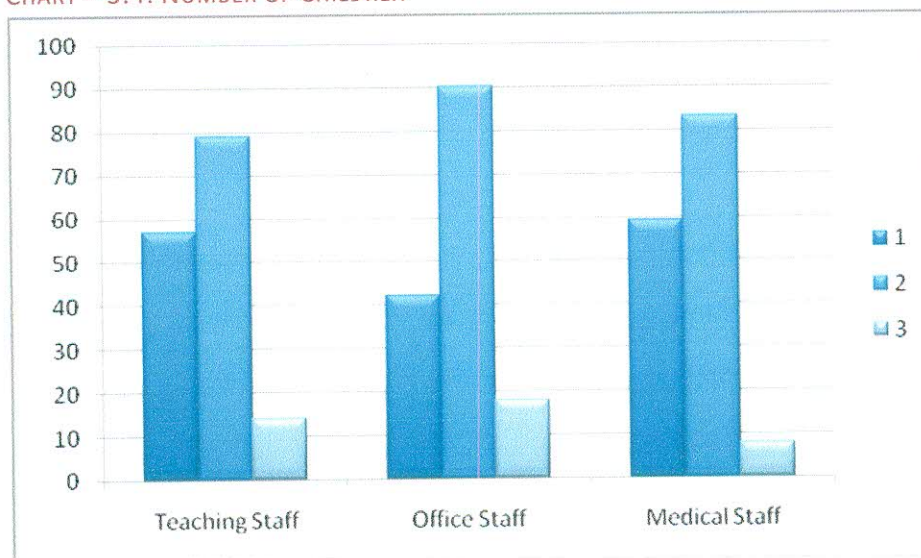
assumed that they had no possibility to develop their career. So, these mothers were excluded from the study.

**TABLE – 3.6: NUMBER OF CHILDREN**

Number	Teaching Staff	Office Staff	Medical Staff	Total	
1	57 (36.1)	42 (26.6)	59 (37.3)	158 (100)	(35.1)
2	79 (31.3)	90 (35.7)	83 (33.0)	252 (100)	(56.0)
3	14 (35.0)	18 (45.0)	08 (20.0)	40 (100)	(8.9)
Total	150	150	150	450 (100)	(100)
Mean	1.7	1.6	1.4	1.7	

(Figures within parenthesis indicate percentage)

**CHART – 3.4: NUMBER OF CHILDREN**



It has been found from the table 3.6 that more than half (56%) of the working mothers under study had 2 children each. More than one third of the mothers had only one child each. But less than one tenth of them had 3 children individually. It is

to be noted here that while collecting data the researcher was told that they preferred having two children. But in most of the cases birth of third child was an accident for them.

Only a few of them reported that they had two daughters and they tried for the last time to have a son. Since the mothers were working and were busy with their twofold duties, they were disfavoured of more children. Sinha in her study with female teachers found that working women with average three children were facing great conflict in meeting conflicting expectations and demands of family and job roles. The working group in her study reported to have fewer children. (Sinha, 1988). The present study also found that among the mothers who had three children each, faced both job related problems and career limitations.

Among the mothers with 2 children each, the office staff was the highest in percentage. From the findings, it is evident that the percentage of medical persons with only one child each was the highest among all the three groups but this percentage was the lowest among the office staff. Conversely, the percentage of mothers having 3 children each was the highest among the office staff and this percentage was the lowest among the medical staff.

The present study clearly demonstrates that the percentages of mothers who had two children each were the highest among all three groups of professionals under study. Since they were working, their family size was small. Hence their Mean Number of children was found to be only 1.7. In this respect Srivastava stated that once women are already in the labour force, it appears that they want to continue in it. Presence of young children in the family may create a condition which may force



them to withdraw from work. Hence, such women have a strong motivation to limit the size of their families (1978:84).

### **3.7: AGE GAPS BETWEEN THE CHILDREN OF THE WORKING MOTHERS**

It was tried to find out the age gaps between the children of the working mothers. Earlier it has been already shown that out of 450 working mothers under study, 158 had only one child each (35%), 252 had two children each (56%) and only 40 mothers (9%) had three children each.

It is observed from the table 3.7 that the highest number of working mothers (39%) had 3 – 6 years gap between their first and second child births. The number of mothers who had more than 6 years gap between their first and second child was also high (35%). Among the mothers who had 3 – 6 years spacing between their first and second child births, the percentages of the teaching staff (34%) and that of the office staff (39%) were high.

But among those who had more than 6 years gap between their first and second child births, the percentage of medical staff (38%) was the highest which was followed the percentage of office staff (33.3%). Dr. Akter of HFRCMCH told the researcher, “When in the MBBS 2<sup>nd</sup> class, I married and my first child was born in my student life. I completed my MBBS degree with much difficulty because of the birth of my first child. My second child was born 14 years after the birth of the first, and this posed a problem to me. I had faced so many problems with my first child that I could not think of having a second child. Extra time had to be given to the caring and bringing up of my next child. Because of the time that has to be given to my child on

the one hand and owing to no support from anybody except my husband on the other, I am facing more problems about continuing my higher studies.”

**TABLE – 3.7: AGE GAPS BETWEEN THE CHILDREN OF THE WORKING MOTHERS**

Gaps between first and second child					
Gaps in years	Teaching Staff	Office Staff	Medical Staff	Total	
≤ 3	21 (31.4)	23 (34.3)	23 (34.3)	67 (100)	(26.6)
3 - 6	33 (33.7)	38 (38.8)	27 (27.5)	98 (100)	(38.9)
6+	25 (28.7)	29 (33.3)	33 (38.0)	87 (100)	(34.5)
Grand Total	79	90	83	252	(100)
Average gap between First & Second child = 5.4 years					
Gaps between second and third children					
≤ 3	03 (27.3)	03 (27.3)	05 (45.4)	11 (100)	27.5
3 - 6	05 (41.7)	06 (50.0)	01 (8.3)	12 (100)	30.0
6+	06 (35.3)	09 (53.0)	02 (11.7)	17 (100)	42.5
Grand Total	14	18	08	40	(100)
Average gap between second and third children = 6.0 years					

On the other hands, among the mothers who had 3 children each, the highest number (42.5%) had more than 6 years gaps between their second and third child births. The percentage of mothers whose second and third children had the age gap of more than 6 years were high among the teaching staff and the office staff. But it is interesting to note that the medical staff, though they were very busy with their professional duties and studies and although due to their comparatively tough jobs they were facing more career limitations, had less than 3 years gaps between their second and third births. Based on the present findings it may be concluded that because of the problems of child caring the majority of the working mothers preferred a longer gap between their child births.

In the **Focus Group Discussions**, mothers were told that because of the problems about child caring, working mothers delay having a second child. Mothers from each profession told of its negative impact. If the age gap between the two children is not big, they both grow up almost equally and the mothers become free enough to think of their own career development again. It is also clear from the table that having 3 children was not preferred by the working mothers. It can also be assumed that in most cases the third child birth was accidental because the highest number of the mothers (42.5%) under study had their last child after more than six years.



## **CHAPTER 4**

### **THE SHARING OF CHILD CARING RESPONSIBILITIES**

#### **WITHIN THE FAMILY**

In Dhaka city the working mothers face much trouble in child caring. The trouble results from nuclear family system, non-cooperative neighbourly attitudes and lack of security for the children. When both parents go out for work and are absent from their homes for a long time a major thing about working mothers that raises concern was that how they adjust their working hours with their child caring duties. What kind of arrangements did they make to cope with their job and child caring duties? Was there any difference between the arrangements made for child caring within the three groups of professionals? Probably they had close relatives who were living with them to take care of their children or they had hired household assistant. It is possible that they went to work dropping their children to the house of their mothers or of some close relatives or they put their children in the day care centre or to the neighbours' house. Therefore, it was tried to find out the status of helpers in child caring of the working mothers and also to know the level of sharing of child caring responsibilities within the family. Since mothers are very sensitive about their children and in this society child caring is still considered to be the primary responsibility of the mothers, it was assumed that working mothers' career limitations depend on the quality of arrangements of their child caring. In this respect, Srivastava has pointed out that in case the arrangements made to look after the young children are not to the satisfaction of mothers, they may feel that due to their employment they are not being able to give proper care to their children and they are

neglecting them and therefore, such women may more often feel that working mother cannot pay full attention to their children (1978:25). So these types of mothers who were not satisfied with their child caring arrangements had a great possibility to face more career limitations. Sinha (1988) also found in her study that the working mothers experience more role conflict when they do not have satisfactory arrangement for looking after their children at home while they work. In a previous study, it was also observed that some respondents have the advantage of living in extended family where there are relatives to look after their children when they are absent from home for work. Some working women live with their in-laws and some in special circumstances live with their parents (Rani, 1976:94).

#### **4.1: HELPERS IN CHILD CARING**

Helpers were classified here into three categories. In this study the working mothers availed two types of help from their own relatives. Sometimes relatives were found to live in their families with them, sometimes they were living in joint families and in some cases the mothers went to their work dropping their children to the house of some close relatives. But when the working mothers had no close relatives to help them, they had to depend on only household assistants. Sometimes, the mothers were bound to depend on others. Others indicate here as day care centers, neighbours, elder siblings or none for child caring where the children stayed at mothers' offices.

From the table 4.1 it appears clearly that the highest number of working mothers (65.3%) under study had close relatives to help them in child caring.

**TABLE – 4.1: HELPERS IN CHILD CARING OF THE WORKING MOTHERS**

Helpers	Teaching Staff	Office Staff	Medical Staff	Total	
Close relative	81 (27.6)	112 (38.1)	101 (34.3)	294 (100)	(65.3)
Household Assistant	48 (40.0)	30 (25.0)	42 (35.0)	120 (100)	(26.7)
Others	21 (58.3)	08 (22.2)	07 (19.5)	36 (100)	(8.0)
Total	150	150	150	450	(100)

(Figures within parenthesis indicate percentage)

It was also found in another study of India that in quite a good proportion of the cases in the families of the working women, either one of the parent-in-law or some other relative was staying with them. The possible reason for living other adjuncts in the families of the working mothers were that in their absence from home while they were at work, they wanted somebody in their houses who could fill their gap (Srivastava, 1978).

But it was also found in this study that 27 per cent of the working mothers had no close relatives to help them. They had only household assistants to take care of their children. Ms. Rahman of Asia Pacific University said, "As I had no close relative to take care of my child, I suffered much in doing my job. I would keep my child with only the household assistant. But there were times when I would have no maid at home to look after my baby. I would then keep the baby either in the care of a neighbour or a relative living far from my residence. Occasionally, I would bring my child to my work. But this was liked neither by my boss, a male person, nor my other colleagues, although I had a room of my own and my baby was very quiet, never



disturbing me. I even went to take my class leaving the baby in my room locked so that no one got to know his presence at my work.” There is an increasing need today for domestic help, because more and more women are seeking paid employment outside their homes. Many middle-class women wish to hire private household workers to do their child-care and housekeeping tasks, so that they can develop their interests, do more creative tasks, or earn a living (Katzman,1978:385). It was assumed earlier that since the working mothers of Dhaka city face many problems about child caring, a good number of them keep their children in the day care centers. But the study reveals a different picture. It was found that in spite of many problems about child caring the percentage of working mothers who kept their children at the day care centres, took neighbours help or took babies to their workplaces was very negligible. The number of their children who stayed with their elder siblings at home was also very insignificant.

It is also evident from the study that among all the professionals the office staff receiving help from close relatives with child caring was the highest in percentage (38%) while the teaching staff was the lowest in percentage (about 28%). The percentage (34%) of the medical staff who got close relations help for child caring was also high.

Among those mothers who had only household assistants to take care of their children, the percentage of the teaching staff was the highest (40%) which was followed by the percentage of medical staff (35%). But the percentage of mothers taking help from others was the lowest among the medical staff (19.5%) and this percentage was the highest among the teaching staff (58%). This may be due to the

fact that the working hours of the teachers were less than those of office and medical staff.

#### **4.2: LEVEL OF SHARING CHILD CARING RESPONSIBILITIES WITHIN THE FAMILY**

A new child in the family is a joyful event, but it also brings stress – particularly to the mother especially during pregnancy and after birth (Huque, 2004:11).

According to Roy et al. (2010), with motherhood, working women face much more difficulties. Working mothers often suffer from various guilty complexes because they think that they are unable to spend sufficient time for their children. Dual responsibilities in office and home create a situation of maladjustment for the working women. The roles of mother, wife, daughter-in-law and official roles of working women are often conflicting and confusing. Women who are working frequently suffer from the problems of adjustment. Such problems of adjustment are more prominent when a working woman's children, husband and other family members do not cooperate with her (Roy et al. 2010: 190). Working women are doubly burdened. They attend to their official duties and after eight hours of labour come back home to a different kind of grind. It is a common sight to see women hurrying back from their offices in the evening and on reaching home at once enter the kitchen to cook for the family and attend to the other domestic chores. At the same time, they are also wracked with a guilty feeling of neglecting their children (Sharma and Kumari, 2009: 54). In this respect, Rowbotham (1992) also observed that married working women work longer hours than men. They work 2 to 5 hours more than men in developed countries, 5 to 6 hours more in Latin America and the Caribbean and as much as 12 to 13 hours more in Africa and Asia. When housework



and child care are taken into account, women on average have a 60 to 70 hours week.

The employment of women may be seen as a factor contributing to a decrease in the differentiation of sex roles in the family. Women's employment outside home may exert a pressure towards a re-arrangement of the household management and connected tasks due to their absence from home for fixed and long hours of time, resulting in a narrowing down of their roles at home. Sharing the household responsibility makes their employment more feasible by lessening the demands on her conventional home-making role (Devi, 1982:81). Here child caring responsibilities were included in household responsibilities.

Since both the husbands and wives were working under this study, it was tried to know whether the duties and responsibilities relating to child caring were still performed mainly by the wives. Because it is clear that changes in the female role toward greater career orientation can have only limited success unless changes also occur in the male role (Ireson, 1978:193). Sing also expressed the similar views that as long as domestic chores and child rearing chores are considered beneath the dignity of man, women cannot achieve equality (Sing, 1975:213). Kala Rani stated that as both husband and wife are working they have to share the household duties including looking after children. Unless they do so, the work would suffer. ... The extent to which the husband helps with household and child care tasks is also relevant to the ease with which the mother works outside the home. The helping husband not only lessens the mother's household workload but also provides a resource that can be called upon in emergencies (1976:87). For example, to quote Dr. Faruqi, a teacher of Architect at the BRAC University, I was married before my



Honours examinations. After my marriage I completed my Honours and Masters degrees and did my PhD from an American University. This was possible only because of my own strong will power and my husband's support. My mother-in-law played a great role towards my children."

In this study, important child caring responsibilities were classified into seven major types: (1) newborn care, (2) preparing meals for the babies, (3) feeding the babies, (4) other child caring chores including washing, helping with toilet and bathing, (5) nursing the children when sick, (6) taking/collecting children to/from school and (7) helping them with school homework. These responsibilities were considered very important for the children at their early stage of life.

Again, the sharing of child caring responsibilities was measured by three levels – low, medium and high. When the mothers did or could not share the responsibilities with anyone else, the level of sharing was considered as low; when the mothers got help from some close relatives or household assistants the level of sharing was considered medium and when the mothers were helped by their husbands in performing those duties, it was considered a high level of sharing.

#### **4.2.1: Newborn Care**

In case of newborn care, the highest number of working mothers (65.3 percent) had medium level of sharing. The number of mothers who were helped by their husbands in newborn care of their babies was the lowest (14.9 percent) among the three groups.

It is clear from the table 4.2.1 that the low level sharing was the highest among the teaching staff and it was the lowest among the office staff. Conversely, the teaching staff were least helped by their husbands in newborn care (28.4 percent) and this rate was the highest (38.8 percent) among the medical staff

**TABLE – 4.2.1: NEWBORN CARE**

Level of Sharing	Teaching Staff	Office staff	Medical Staff	Total	Percentage of mothers
Low	50 (56.2)	16 (18.0)	23 (25.8)	89 (100)	(19.8)
Medium	81 (27.6)	112 (38.1)	101 (34.3)	294 (100)	(65.3)
High	19 (28.4)	22 (32.8)	26 (38.8)	67 (100)	(14.9)
Grand Total	150	150	150	N=450	(100)

*(Figures within parenthesis indicate percentage)*

In other words, it can be said that the high level sharing was the lowest among the teaching staff and the highest among the medical staff.

#### **4.2.2: PREPARING MEALS FOR THE BABIES**

Looking at the table 4.2.2, we find that when preparing meals for the babies, the working mothers were least helped (only 6.6 percent) by their husbands. But among those who had high level of responsibility sharing, the percentage of medical staff was the highest and it was the lowest among the teaching staff.

Again almost equal i.e. about 46 percent and about 48 percent of the working mothers had low and medium level of sharing respectively in preparing meals for their babies. And the medical staff who, though very busy prepared meals for their babies themselves, were the highest in percentage (about 41%).

The present study reveals that the ratio of job discontinuation was the highest among the medical staff compared to the other professional groups which is shown in the next chapter. It may be one of the reasons why they could prepare meals for their children.

**Table – 4.2.2: Preparing Meals for the Babies**

Level of Sharing	Teaching Staff	Office staff	Medical Staff	Total	Percentage of mothers
Low	80 (38.8)	42 (20.4)	84 (40.8)	206 (100)	(45.8)
Medium	64 (30.0)	100 (46.7)	50 (23.3)	214 (100)	(47.6)
High	06 (20.0)	08 (26.7)	16 (53.3)	30 (100)	(6.6)
Grand Total	150	150	150	N=450	(100)

(Figures within parenthesis indicate percentage)

It is to be noted here that while collecting data the researcher observed that the medical staff were more aware of hygienic and nutrition requirements of the baby than the two other groups. And hence they thought it proper to perform this responsibility by themselves, though majority of them had some close relatives to take care of their children and to help them in child caring responsibilities. The office staff who prepares meals by themselves were the lowest in percentage (20.4%). In the later chapter we will find that the rate of job discontinuation was the lowest among the office staff, which, maybe, enabled them to perform this chore.

#### **4.2.3: FEEDING THE BABIES**

In feeding the babies, the highest numbers of mothers (58 percent) were helped by some relatives or housekeepers. Table 4.2.3 clearly shows that, among the mothers who had medium level of sharing, the office staff was the highest in number and next



to it was the teaching staff. Though the percentage of mothers who had medium level of sharing in feeding the babies was the highest, the medium level of sharing was the lowest among the medical staff mothers (only 13 percent of all).

**TABLE – 4.2.3: FEEDING THE BABIES**

Level of Sharing	Teaching Staff	Office staff	Medical Staff	Total	Percentage of mothers
Low	43 (29.5)	17 (11.6)	86 (58.9)	146 (100)	(32.4)
Medium	102 (39.1)	125 (47.9)	34 (13.0)	261 (100)	(58.0)
High	05 (11.6)	08 (18.6)	30 (69.8)	43 (100)	(9.6)
Grand Total	150	150	150	N=450	(100)

(Figures within parenthesis indicate percentage)

Among the mothers who were lucky enough to get high level of sharing, the medical staff was again the highest in percentage.

Though feeding the babies is a much time consuming task for working mothers, the percentage of these mothers was also not insignificant (32.4 percent). Among these mothers, the office staff was the lowest in percentage while the medical staff was the highest (about 59%). It can again be concluded that for being medical persons they were more conscious about health and hygiene and eagerly did the responsibility themselves. Thanks to this reality that about half of them had job discontinuation during their children's early childhood age.

#### 4.2.4: OTHER CHILD CARING CHORES (WASHING, HELPING WITH TOILET, BATHING)

In this section, other child caring chores mean washing babies and helping them with toilet and bathing. The results support that the highest number of working mothers had medium level of sharing these responsibilities (67%)

In this group of mothers the office staff was the highest in percentage which was followed by the teaching staff. And the medical staff were again least helped in this respect.

**TABLE-4.2.4: OTHER CHILD CARING CHORES (WASHING, HELPING WITH TOILET, BATHING)**

Level of Sharing	Teaching Staff	Office staff	Medical Staff	Total	Percentage of mothers
Low	46 (36.5)	24 (19.0)	56 (44.5)	126 (100)	(28.0)
Medium	104 (34.3)	122 (40.3)	77 (25.4)	303 (100)	(67.3)
High	-	04 (19.0)	17 (81.0)	21 (100)	(4.7)
Grand Total	150	150	150	N=450	(100)

(Figures within parenthesis indicate percentage)

Among the mothers who had low level of sharing, the medical staff was the highest (44.5 percent) which was followed by the teaching staff (36.5 percent) in ratio and the office staff was the lowest (19 percent). The percentage of working mothers, who had high level of sharing in respect of this responsibility, was very insignificant but again in this group the medical staff was the highest in percentage. There was none of the teaching staff who got help from their husbands in this respect. Another study which was conducted in a village of Dhaka on the emigrant women showed that the husbands of emigrant respondents never performed cleaning, cooking,

washing, children feeding and bathing, etc. Most of the respondents do these by themselves. The remaining accomplished them with the help of mothers-in-law, sisters-in-law, daughters, domestic assistant, etc ... (Akter, 2011:83).

#### 4.2.5: NURSING THE BABY WHEN SICK

The data from the table 4.2.5 reveals that the highest number of working mothers was helped by some close relatives when the child was sick. In other words, more than half of the mothers (53%) had the medium level of sharing in respect of nursing the sick babies. More than one-fourth of the mothers did the nursing on their own. Again, among the mothers who had low level of sharing in this respect the medical staff was also the highest in percentage and this percentage was followed by that of the teaching staff and the office staff was the lowest in that respect.

**TABLE – 4.2.5: NURSING THE BABY WHEN SICK**

Level of Sharing	Teaching Staff	Office staff	Medical Staff	Total	Percentage of mothers
Low	42 (35.6)	21 (17.8)	55 (46.6)	118 (100)	(26.2)
Medium	81 (33.9)	112 (46.9)	46 (19.2)	239 (100)	(53.1)
High	27 (29.0)	17 (18.3)	49 (52.7)	93 (100)	(20.7)
Grand Total	150	150	150	N=450	(100)

(Figures within parenthesis indicate percentage)

On the other hand, the percentage of the mothers of high level of sharing in matters of nursing the sick babies was also not insignificant. More than one-fifth of the mothers were helped by their husbands in this matter, among whom the medical staff was again the highest in ratio. It is interesting to note that though the teaching staff got least help, among all the three groups, from their husbands in other areas of



child caring responsibility, their husband shared nursing duty with them when their babies were sick and the percentage of these mothers was not so insignificant. The doctor parents, though a good number of them had close relatives to take care of their children and to help them in other respects, took comparatively less help from their relatives. It must be noted here that many doctors in the medical staff under this study, had doctor husbands. It may be due to the fact that they were doctors and skilled enough to nurse their sick babies.

#### **4.2.6: TAKING/COLLECTING CHILDREN TO/FROM SCHOOL**

The data relating to taking/collecting children to/from school, presents a different picture. Though the percentage of mothers who had medium level of sharing in this respect was the highest (about 46 percent) the percentage of mothers who had high level of sharing was also significant (30 percent). From the findings of table 4.2.6, it appears clearly that the husbands of the working mothers shared the responsibility of taking or collecting their children to or from school in a comparatively significant way with their working wives.

**TABLE – 4.2.6: TAKING/COLLECTING CHILDREN TO/FROM SCHOOL**

Level of Sharing	Teaching Staff	Office staff	Medical Staff	Total	Percentage of mothers
Low	50 (45.5)	15 (13.6)	45 (40.9)	110 (100)	(24.4)
Medium	55 (26.9)	70 (34.1)	80 (39.0)	205 (100)	(45.6)
High	45 (33.3)	65 (48.1)	25 (18.6)	135 (100)	(30.0)
Grand Total	150	150	150	N=450	(100)

(Figures within parenthesis indicate percentage)

The result of this study thus contradicts the findings of a previous study by Sultana (2006) that in the matter of taking the children to or from school, mothers play a more important role than the fathers. According to that study a large number (48%) of the working mothers while only 14% of the working fathers drop their children on their way to work or collect their children from their schools/coaching centres on their way home. It can be assumed that in this regard the situation has improved a lot in recent years.

*Previously, it was found in this study that the percentage of working mothers getting help from their husbands in other child caring responsibilities was insignificant. So this is not a petty service of a mother to her family and children in the social context of Bangladesh. Moreover, a close look at the table reveals that among the mothers who were helped by their husbands in this regard, the medical staff was the lowest while the office staff was the highest in percentage. But among the mothers who had low level of sharing this responsibility, the teaching staff was the highest which was followed by the medical staff and the office staff was the lowest in percentage. It can be assumed that the office staff with long and fixed working hours was eager to shift this responsibility to someone else. On the other hand, though a sizable proportion of the medical staff had job discontinuation when their children were young, the highest number of them took close relatives or others help in this respect. This may be due to the fact that they were busy with their higher studies for the development of their careers.*



#### 4.2.7: HELPING WITH SCHOOL HOME WORK

The present findings suggest that the highest number of working mothers had medium level of sharing in helping their children with school homework (46 percent). Among these mothers, the percentage of the teaching staff was the lowest (14 percent). Among the mothers who had low level of sharing that is who did it by themselves, the teaching staff was the highest and the medical staff the lowest in percentage.

**TABLE – 4.2.7: HELPING WITH SCHOOL HOME WORK**

Level of Sharing	Teaching Staff	Office staff	Medical Staff	Total	Percentage of mothers
Low	85 (63.0)	30 (22.2)	20 (14.8)	135 (100)	(30.0)
Medium	30 (14.4)	65 (31.3)	113 (54.3)	208 (100)	(46.2)
High	35 (32.7)	55 (51.4)	17 (15.9)	107 (100)	(23.8)
Grand Total	150	150	150	N=450	(100)

*(Figures within parenthesis indicate percentage)*

The number of mothers who had high level of sharing was also not insignificant. About one-fourth of the working mothers were helped by their husbands with children's education or lessons. But among the three groups of mothers the proportional variations were high. Out of those mothers who had high level of sharing, more than 50 percent was the office staff and about 33 percent was the teaching staff while the percentage of the medical staff was only 16. Kala Rani in her study observed that working women carry the burden of housekeeping and young children's education. It seems that due to the growth of education the role of wife and mother has changed, but that of husband and father remains unchanged (1976:29). Sultana had a similar observation that in the case of teaching or supervising the



education of the children, working mothers also played vital roles. In her study, 76 percent of the mothers, though they were double-burdened, had the responsibility of teaching or supervising the education of the children while only 32 percent of the fathers perform the duties (Sultana, 2006). Comparing with those findings, it can be said that the level of sharing with children's education is much better in this study.

However, this research finding suggests that teaching staff had the time to help their children with school homework because of their less working hours, and hence their percentage was so high in this respect. On the other hand, neither the medical staff themselves nor their husbands took the responsibility of helping their children with preparing lessons. One of the reasons may be that the medical staff was very busy with their own higher studies which they considered to be difficult to complete. And they therefore, shifted this responsibility to their close relatives or to others.

The overall results of this chapter present a true picture of Bangladesh. The tables 4.2.1 to 4.2.7 and the chart below indicate that in spite of facing much trouble in child caring, high level of sharing in overall child caring responsibilities was not significant for the working professionals. Even where close relatives were not available and the mothers were bound to depend on only household assistants, the majority of them had low level of sharing. Ms. Kulsum of a design institute comments, "My husband is not at all inclined to help with my family and child. I guess he has not learned this from his family. If he had seen any woman in his family working in an office, my husband would have developed an attitude to help. He is a businessman; he does

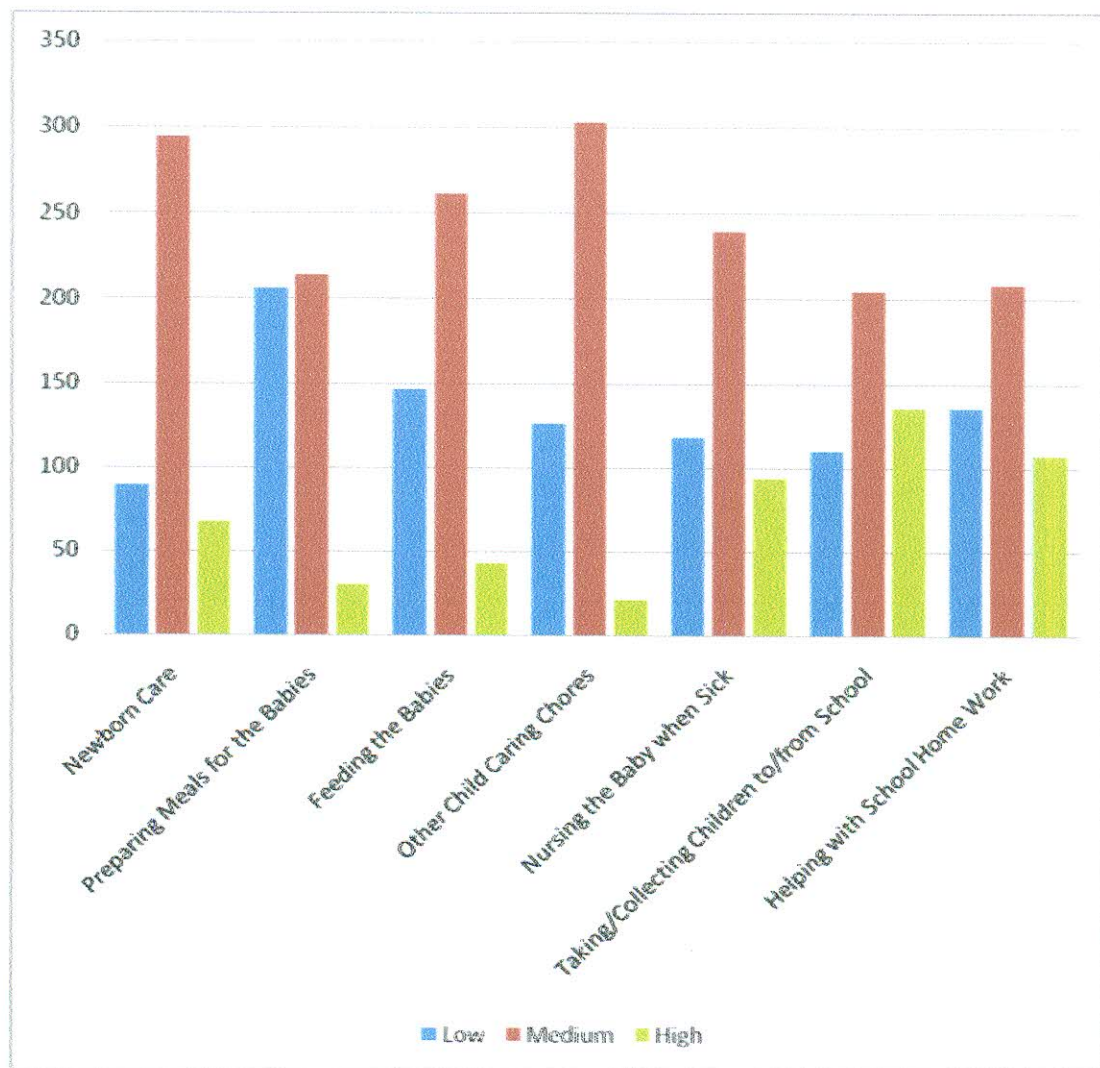
not think he should help. My mother-in-law and sister-in-law also lack the helping attitude.”

Traditionally, the woman's job commitment has been viewed as secondary to her domestic responsibilities. A child's illness or a family crisis interrupts the mother's day rather than the father's, a tendency that Joseph Pleck refers to as “the differential permeability of the boundaries between work and family roles for each sex” (Pleck, 1975:209). Customarily, man is the bread earner of the family and the woman is responsible to take care of the family and children. Domestic care and home making have attached great importance to the motherhood role. Constant attention of the mother is considered very important for the physical, psychological and overall healthy development of the children. But today, the educated working women have a changed life pattern and are playing an important role in the financial sector of the family as their husbands do. But the research findings indicate that the traditional attitude is still meted to the working women in the modern days. The women who are equally contributing to the family income are still treated as traditional housewives. Still the husbands feel that the household chores and child caring and rearing are exclusive duties of the wives, though the wives have equal amount of earning and the same level of education as their husbands have (Sultana, 2006: pp. 51-52).

The majority of the working mothers in all groups took close relatives' help in **the care of their newborn babies**. Nearly half of the teachers had no close relations to take care of their children and so one-third of them were bound to do this duty on their own.



CHART – 4.1: LEVEL OF SHARING OF CHILD CARING RESPONSIBILITIES WITHIN THE FAMILY



In the case of **preparing meals** for the babies, the percentage of mothers was almost equal in respect of low and medium level of sharing. Regarding the **feeding of the children** the majority of the teaching and office staff had medium level of sharing while the medical staff, though 67 percent of them had close relation to get help from, did it by themselves. In **performing other child caring chores** a significant number of medical and teaching staff had low level of sharing while the majority of the working mothers in three groups had medium level of sharing. When



the children were sick, the highest numbers of working mothers were helped by their close relatives in **nursing** them. One-fourth and one-fifth of the mothers had low and high level of sharing respectively in this respect.

About **taking or collecting children to or from school**, the finding gives an interesting picture. While the working professionals except the doctors in the medical staff were not lucky enough to have high level of sharing in all other areas of child caring responsibility, they had a significantly high level of sharing in this matter. The busy working mothers except the teachers took relations' or house tutors' help with **children's school home work**.

A close look at the research findings shows that the majority of the medical staff performed all the health and hygiene related child caring responsibilities themselves, though they were very busy with their professional duties. As the teaching staff had fewer working hours than others, the majority of them performed most of all the child caring duties themselves. Conversely, since the office staff had longer working hours than others most of them took relations' help in all child caring responsibilities.

## **CHAPTER 5**

### **EXISTING SITUATION OF CAREER LIMITATIONS OF THE WORKING MOTHERS: A COMPARISON AMONG DIFFERENT PROFESSIONAL GROUPS**

Problems of working mothers were classified here into two categories: Job related problems and Career limitations of the mothers. Those problems were considered to be job related problems for which the mothers faced or felt difficulty in doing their jobs. These mothers had to be accountable to their direct boss for those problems. Sometimes those mothers asked the authority concerned for some relaxation in their duties when their young children need more of their attention and care. Though the office did not like the relaxation thus requested, sometimes it was bound to consider the request on humanitarian ground. Besides this, most of those mothers with very young children were naturally submissive to the authority. Again, since those problem-ridden mothers with young children usually thought that they have lost the right to claim any opportunity for higher training, foreign trips, salary increases or sometimes even promotions, the office suffered minimum loss for providing some such facilities to those mothers. It was probably the reason why their office authorities specially considered those mothers' cases a bit liberally and accepted their job related problems temporarily.

#### **5.1: JOB RELATED PROBLEMS OF THE WORKING MOTHERS**

The study identified four major job related problems faced by the mothers when their children were small. These were: Was unable to maintain office time, Relaxed office timing for her, Performed no extra duties and Cancelled field trips.

**TABLE 5.1: JOB RELATED PROBLEMS OF THE WORKING MOTHERS**

Problems	Teaching Staff	Office Staff	Medical Staff	Total	
Was unable to maintain office time	60 (33.7)	84 (47.2)	34 (19.1)	178 (100)	(39.6)
Relaxed office timing for her	102 (67.1)	50 (32.9)	00	152 (100)	(33.8)
Performed no extra duties	75 (32.9)	54 (23.7)	99 (43.4)	228 (100)	(50.7)
Cancelled field Trips	34 (18.8)	55 (30.4)	92 (50.8)	181 (100)	(40.2)
Grand Total	150	150	150	450	(100)

More than one answer

(Figures within parenthesis indicate percentage)

#### **5.1.1: UNABLE TO MAINTAIN OFFICE TIME**

Among the mothers who were unable to maintain office time properly during their children's early childhood, the office staff was the highest (47 percent) and the medical staff was the lowest (19 percent). About 34 percent of the teachers who were mainly working in schools and in private colleges belong to this group.

#### **5.1.2: RELAXED OFFICE TIMING FOR HER**

About 34 percent of the working mothers had relaxed office timing. It was a special consideration for them from their office authorities. None of the medical staff was in this group. But the highest number of the teachers (67 percent) who were mainly working in government colleges and public universities was in this group. These teachers would come back from work just after taking their scheduled classes and doing only urgent things there. Ms. Jahan of BUET said, "My children are most important than anything else. I therefore did not join any private university with a



higher pay offer, as I would have been required to work long and fixed hours there. But as I am a teacher at a non-engineering department now, my working hours are much less here.” Kala Rani in her study found that women seek types of employment which are best adjusted to the possible strain of combining their home duties with those of any paid activities. That is the reason why a teaching career appeals so strongly to women. No other profession is so clearly adapted to their domestic duties (1976:19). In the Focus Group Discussions, the office staff and the medical staff thought that teachers were at an advantageous position. Teachers themselves agreed that their job related problems were less severe. But it is for the convenience of child caring responsibilities that they had chosen this profession. They further added, it was not right to think that their working time was less lengthy. They had to examine scripts, prepare result sheets and lecture sheets far into night at home for classes.

In this study, a sizable office staff (33 percent) also enjoyed some relaxation in their office timing. Those officers were mainly from government offices, public banks or some international NGOs’. For example, Ms. Nesa of Agrani Bank who was a mother of three children availed this type of opportunity. She said, “As my husband was a DGM at a prominent bank I enjoyed some concession as his wife. During the infancy of my children, my office timing was relaxed to some extent.”

### **5.1.3: PERFORMED NO EXTRA DUTIES**

Findings of the present study indicate that half of the working mothers performed no extra duties when their children were very young (0-5 years). Of them, the medical staff was the highest in percentage (43 percent) which was followed by the teaching

staff (33 percent). Most of the teachers in this group belonged to government colleges and public universities. They stated that when their children were young, they refused invigilation duties in examination halls, did not avail themselves of the opportunity to be a member of any examination committee, avoided students' examination for related work, not performed admission related responsibilities and all these were related to extra money. On the other hand, the medical staff belonged to this group who performed no extra duties, they were mainly the doctors. They mentioned that during their children's early childhood years, they did not do private practices, avoided contractual assignments and did not earn any extra money from their extra duties.

#### **5.1.4: CANCELLED FIELD TRIPS**

It appears clearly that the percentage of mothers who were unable to maintain office time and that those mothers who had cancelled their field trips were almost equal i.e. 39.6 percent and 40.2 percent respectively. Among the mothers who cancelled field trips, the medical staff was the highest in percentage (51 percent of this group) which was followed by the office staff (30 percent). About 19 percent of the teaching staff also cancelled going outside Dhaka at their children's early childhood.

Among the teachers who were included in this group, were mainly senior teachers of government colleges and of public universities. The researcher was told that the teachers avoided doing examination related duties in other institutions outside Dhaka, or refused to be a member of teachers' recruitment board or avoided inspection related work outside Dhaka when their children were very young. In the **Focus Group Discussions**, the teachers complained that their male colleagues had



gone in different institutions out of Dhaka as honourable experts in the examination committee or as guest teachers in different colleges and private universities and established themselves professionally and financially with the experience and money they earned. They also worked in different kinds of research projects as consultants and earned a handsome amount of money. But the women teachers could do none of these on account of becoming mothers. Although they had brighter previous records or results than their male colleagues, they were now much out-distanced professionally. Now that their children are grown up, they are trying to overcome their problems in some measure.

On the other hand, the office staff in this group was mainly the NGO officials, officers of some private offices and a small number of government officials. They cancelled or avoided their field trips during their children's childhood years. Ms. Nahar, an NGO official who was a mother of two children stated, 'When I had my first child, I would work in a DANIDA project outside Dhaka and had two household assistants then. WE lived a rented house near my office. My boss was a foreigner who would not ask me to visit any distant field. Foreigners are better as bosses than Bangladeshis.'

The medical staff who was mainly doctors here, avoided going outside Dhaka to visit patients, to do surgical operations of the female patients there or to perform special contractual job there. They again said that since there is scarcity of specialists outside Dhaka, they had a great demand there. They further added that their doctor husbands or male colleagues could frequently avail themselves of that chance and earned more income and gathered more experiences. But as they were mothers of



very young children, it was quite impossible for them to go outside Dhaka on special duties and to earn money.

Since the working mothers had to carry out their twofold duties, they were bound to face these job related problems when their children were at very young age. But these problems that were associated with their jobs would negatively affect their careers in the long run. Hence, the next section deals with the career limitations of the working mothers under study.

## **5.2: CAREER LIMITATIONS OF THE WORKING MOTHERS**

This section deals with the major career related problems faced by the working mothers. Seven problems were identified as career related problems here: Break of Study; Short break of job; Discontinuation of job; Late-entry into the job; Refusal of more prestigious or more remunerative jobs; Non-participation in national training or workshops and Non-participation in foreign seminar, training, workshop or international missions.

These problems were considered to be very important for the mothers. The mothers who faced these problems faced much difficulty in developing their careers. It is to be noted here that those mothers who faced job related problems earlier, a good number of them had career related problems later in their professional life. Because those job related problems also affected their later career lives. And hence, these problems were considered here in this study not only as career related problems but

also career limitations of the working mothers. Kala Rani rightly pointed out that whenever there is any conflict between domestic and work responsibilities it is consistent with this ideology as well as with the overall emphasis of women on obtaining their prime satisfaction from home, that the career will always take the second place (Rani, 1976:19).

**TABLE 5.2: CAREER LIMITATIONS OF THE WORKING MOTHERS**

Problems	Teaching Staff	Office Staff	Medical Staff	Total	
Break of Study	78 (45.3)	40 (23.3)	54 (31.4)	172 (100)	(38.2)
Short Break of Job	55 (37.4)	38 (25.9)	54 (36.7)	147 (100)	(32.7)
Late entry into the job	44 (26.8)	67 (40.9)	53 (32.3)	164 (100)	(36.4)
Discontinuation of job	54 (30.9)	50 (28.6)	71 (40.5)	175 (100)	(38.9)
Refused more Prestigious/ Remunerative Job	87 (33.3)	61 (23.4)	113 (43.3)	261 (100)	(58.0)
Non-participation in National Training/ Workshops	60 (23.3)	90 (34.9)	108 (41.8)	258 (100)	(57.3)
Non-participation in Foreign Seminar/ Training/Workshop/ International Mission	20 (16.0)	65 (52.0)	40 (32.0)	125 (100)	(27.8)
Grand Total	150	150	150	450	(100)

More than one answer

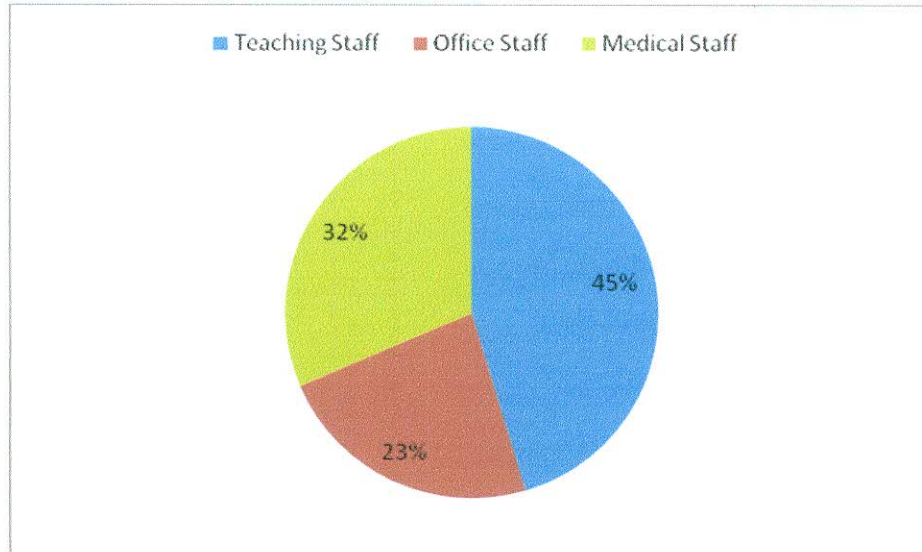
(Figures within parenthesis indicate percentage)

### **5.2.1: BREAK OF STUDY**

The findings point out that among the mothers who had break of study due to having children (38 percent), the teaching staff constituted the highest percentage (45 percent of them), which was followed by the medical staff (31 percent). It is found earlier that 47 percent of the teaching staff, 41 percent of the office staff and 43

percent of the medical staff gave birth to their first child when they were below 26 years of age.

CHART-5.2.1: BREAK OF STUDY



Since, for the majority, it was their student life it can be assumed that most of them were in this group. It is evident when Ms. Jahan of IPGMR says, When an MBBS 2<sup>nd</sup> year student, I married and my first baby was born the next year, at the age of 22. I had much trouble completing my MBBS degree. Because of child birth and child caring responsibilities, I had break of study.”

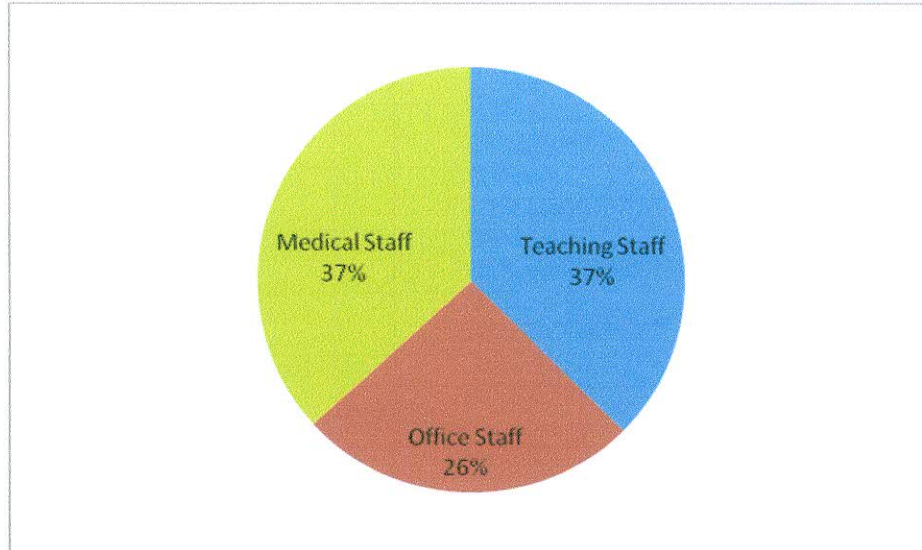
### 5.2.2: SHORT BREAK OF JOB

Women whose absence from employment (associated with childbearing) was relatively brief tended to be more successful at improving on earlier wage levels, as shown by the fact that fewer months between “last” and “first” jobs is generally associated with better wage retention. This is consistent with the notion that a shorter period of absence not only is associated with a smaller depreciation of



specific and general skills acquired on earlier jobs, but in addition, probably reflects closer continuing ties with the job market (Sandell and Shapiro, 1978).

CHART-5.2.2: SHORT BREAK OF JOB



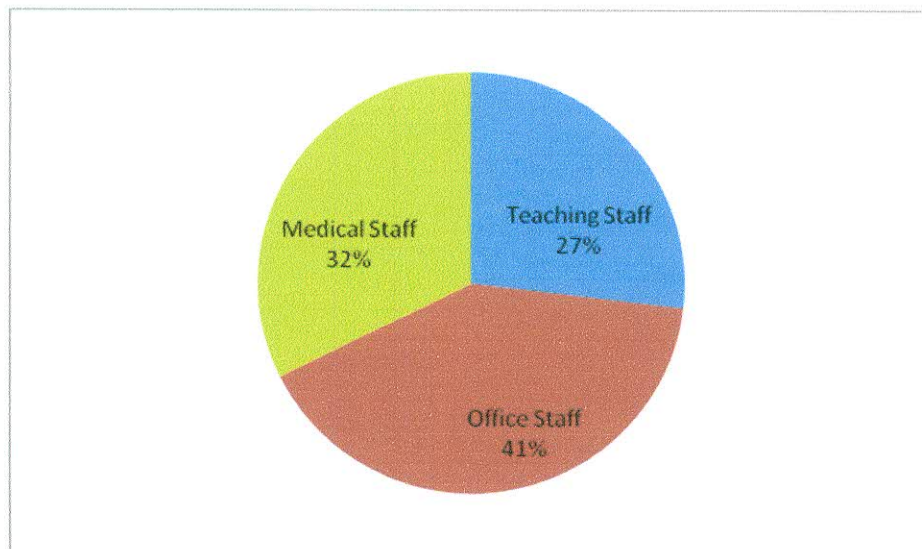
In this study, 33 percent of the mothers had short breaks (not more than three months) in their jobs due to their maternity related issues. The proportions of teaching staff and medical staff were almost equal in this group i.e. 37.4 percent and 36.7 percent respectively. Ms. Mahtab, a teacher of BUET said, "As per government rules and policies, there should be a provision for maternity leave in each agency and institution. My baby was born at a famous hospital at Baridhara in Dhaka city where a nurse helped me with breast feeding my new-born baby, but the nurse herself could not breast-feed her own child because of inadequate maternity leave. I wonder why this should happen. Each and every mother, no matter what her professional status is, should have equal rights. The government as well as the women's organizations should monitor the maternity leave status at all agencies."

It is interesting to note that among the mothers who had short breaks in their professional career or life, a few of them were working in the government institutions also. Most of these mothers were carrying when they joined in the government jobs. Since they gave birth before the specified length of service is over, they failed availing maternity leave.

### 5.2.3: LATE ENTRY INTO THE JOB

36 percent of the working mothers under study had late entry into jobs. Among them the office staff constituted the highest percentage (41 percent), which was followed by the medical staff (32 percent). But about 27 percent of the teaching staff had also late entry into their jobs. A close look at the table also reveals that 29 percent of the teaching staff, 45 percent of the office staff and 35 percent of the medical staff were bound to enter later in their professional life due to their child caring responsibilities.

CHART-5.2.3: LATE ENTRY INTO THE JOB



Earlier it was observed that 57 of the teaching staff, 57 of the office staff and 59 of the medical staff had their first child between 26 and 30 years of age. While

collecting data the researcher observed that majority of these mothers who had their first child births after their 25<sup>th</sup> year, that is, after completion of their student life, had entered later in their professional life.

Mrs. Choudhuri, a teacher of BRAC University earned her MS degree from abroad and got married at the age of 26. She had her child at her 27<sup>th</sup> year of age. She said, I had none to share my child caring responsibility which is why I could not take any job for more than four years. At last, “I had my child admitted to a school where I joined as a teacher myself without trying for a job elsewhere despite my high educational qualifications. All this I done for my child only but now I am a teacher of BRAC University.”

Earlier findings of this study point out that 38 percent of the teaching staff, 38 percent of the office staff and 39 percent of the medical staff had their first babies between their 26<sup>th</sup> and 30<sup>th</sup> year. It can be assumed that the majority of those mothers who had their first babies within 26-30 years of age compose this group.

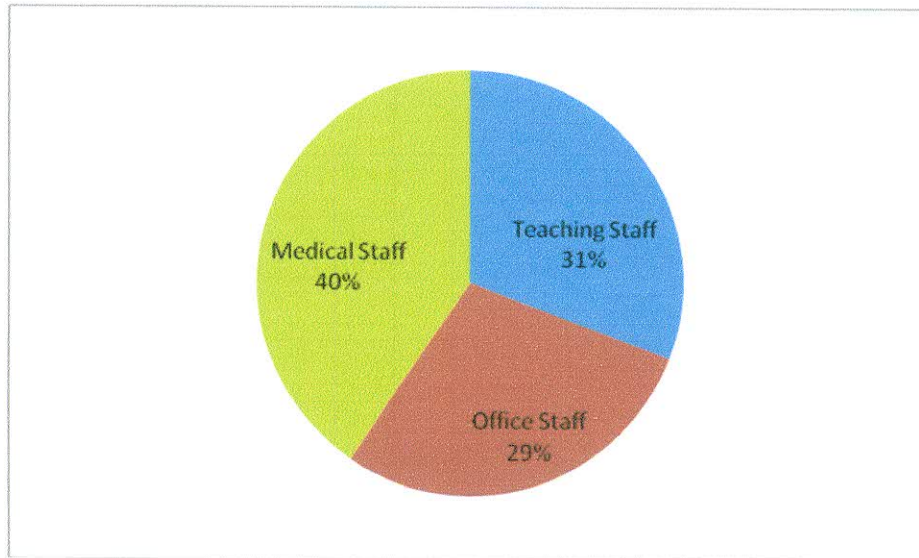
#### **5.2.4: DISCONTINUATION OF JOB**

Traditionally, women tended to work primarily in the years immediately after leaving school. They then withdrew from the labor force either when they married or as they approached the birth of their first child. Some women would subsequently return to the work force when their last child reached school age; others would remain out of the labor force (Mott and Shapiro, 1978:29). The same truth is reflected in the present study. Among all the professional groups, the percentage of mothers of discontinuing their jobs due to children was significant. 36 percent of the total



number of the teaching staff (TS = 150), 33 percent of the office staff (OS =150) and 47 percent of the medical staff (MS =150) had discontinued their jobs which indicate an alarming situation.

CHART- 5.2.4: DISCONTINUATION OF JOB



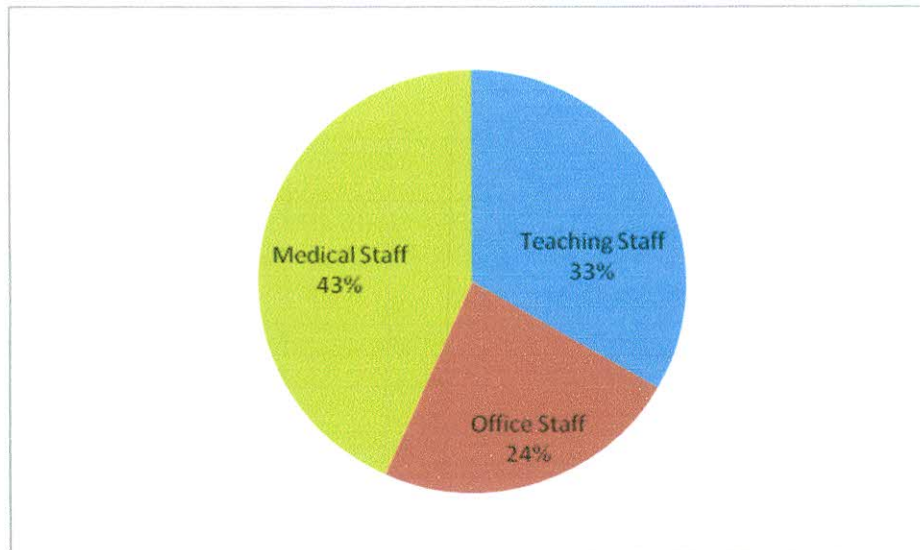
Among the mothers who discontinued their jobs (39 percent), the medical staff was the highest in percentage (40.5 percent). The teaching staff and the office staff were almost equal in proportions i.e. 31 percent and 29 percent respectively. Earlier it has been found that the medical staff, due to their nature of jobs had no opportunity to have their office timing relaxed when their children were at early childhood. It was possibly one of the main reasons that nearly half of them discontinued their jobs in those very early years of their children.

#### **5.2.5: REFUSED MORE PRESTIGIOUS OR MORE REMUNERATIVE JOB**

The percentage of mothers who had refused more prestigious or more remunerative jobs was very high (58 percent). Among them the medical staff was the highest in number (43 percent), which was followed by the teaching staff (33 percent). The

percentage of the office staff (23 percent) in this group was also not insignificant. Moreover, a close look at the table reveals that 58 percent of the teaching staff, 41 percent of the office staff and 75 percent of the medical staff were bound to refuse more prestigious or more remunerative jobs due to their children.

CHART-5.2.5: REFUSED MORE PRESTIGIOUS OR MORE REMUNERATIVE JOB



The teachers in this group refused administrative posts in teaching, did not try for more remunerative jobs in any office or even sometimes refused government jobs in teaching because of transfers. In this respect Umme Amara Sathi, a teacher of Eden Govt. Girl's College, Dhaka said, "All my previous academic results were very bright. I had a strong desire to enter administration cadre competing in the BCS and was allowed in the tough general BCS also. But against my will, I opted for teaching cadre rather than administration, only for the convenience of caring for my child. Before my present job, I was in an NGO, but the job required frequent field trips. So, I abandoned that job in favour of teaching post at college." Another similar case was found. Ms. Rokeya Khatun of MDC Model Institute reported, Before my marriage, I earned the degree of BSc, B. Ed and MEd from Dhaka University. But after marriage



I had to go to Pabna with my husband, as his posting was there. My two children were born there. I was at Pabna for five years. All that I was busy with all those years was raising my children. I did not do any job then. When I entered professional life first, my elder child was 4 years old and the younger one 1 year. I decided in favour of teaching post at a school, considering the shorter length of working time there.”

A significant number of teachers with higher education even with doctoral degrees were in this group. Those teachers, though they had the required qualifications, did not try for or even sometimes refused jobs with higher salaries at prominent private universities. Khalifa has pointed out that, accounts of women teachers' careers have tended to be couched in terms of a preoccupation with motherhood accompanied by a low level of professional commitment (Khalifa, 1988:81). The teachers with higher degrees under this study also reported that since their male colleagues and their husbands had no responsibility related to child caring, they could easily avail themselves of this opportunity. But despite equivalent qualifications and track records, they ironically fare worse, in terms of the share of professional jobs, in those disciplines with higher numbers of women students (Blackstone and Fulton, 1975). For the greater responsibility of child caring, the teachers in the universities still lag behind their male colleagues in respect of holding higher posts and positions and it was also found by Webb that women in the academic-career grades still found it harder than men to apply successfully for tenure or promotion to professor: they published less, presumably they still had a greater share of child-care, ... and possibly they were not 'taken up' by senior staff as readily as their male colleagues (Webb, 1988:117).



Again the office staff in this group refused jobs with a higher salary, which required frequent field trips. The high officials in any office had to stay late hours in the offices, undertake field visits frequently, participate in seminars, workshops outside the offices and sometimes had foreign trips and they always had to take risks. All of these require a higher degree of devotions and longer hours at work. For these reasons, the majority of the mothers did not compete for those posts. Though they sometimes get lucrative offers thanks to their skills, educational background or good performance record at work, the working mothers refused them easily because of their child caring at home. Ms. Kulsum who is working in a design institute and who has only one child, states, "I would work for a buying house. But I quit it and joined this Institute of Design to take better care of my only child. At my present workplace, the office timing is fixed but my salary has decreased a lot." In this respect Baker rightly pointed out that a woman's "second" career (motherhood) simply comes first in her long work life, but this is used as a reason to deny her access to higher-quality manual jobs (Baker, 1978:363). An office employee also agrees when she says, 'I began to face problems after coming to Dhaka with my husband from Mymensingh where he was posted previously. We rented a house near my mother's residence. I could not accept many job offers with a much better salary. My previous salary was Tk. 26000/- monthly and now I am getting half this figure in Dhaka. I was once very active and career conscious, being involved with BNCC, Girls' Guide, Red Cross, etc. I had a lot of dreams. But after the birth of my children and for my family, I have had to sacrifice all of them. Now the only dream that I nourish is that I will be building my career up again when my children grow up.'

In the previous section, it was found that 66 percent of the medical staff who was mainly doctors did not practise privately, avoided contractual assignments with remunerations or did not earn any extra money with their extra duties when their children were young. John Kosa found that women physicians are far more likely than men to be salaried and less likely to be in private practice (particularly as sole practitioners) than their male counterparts (Kosa, 1971:pp. 709-19). The data in this study also reveal that the doctors with higher degrees refused remunerative jobs in famous private hospitals for their child caring responsibility at home. If they had accepted those assignments they would have been required to stay longer time there and their long absence from home would affect their children negatively. Ruben has pointed out that another method of career management that allows women to deal with competing family and societal demands is simply restriction of their professional involvement. Thus, women physicians work fewer hours per year on the average, see fewer patients on the average, and spend fewer total hours in professional activities than do men (Ruben, 1972:pp.251-59).

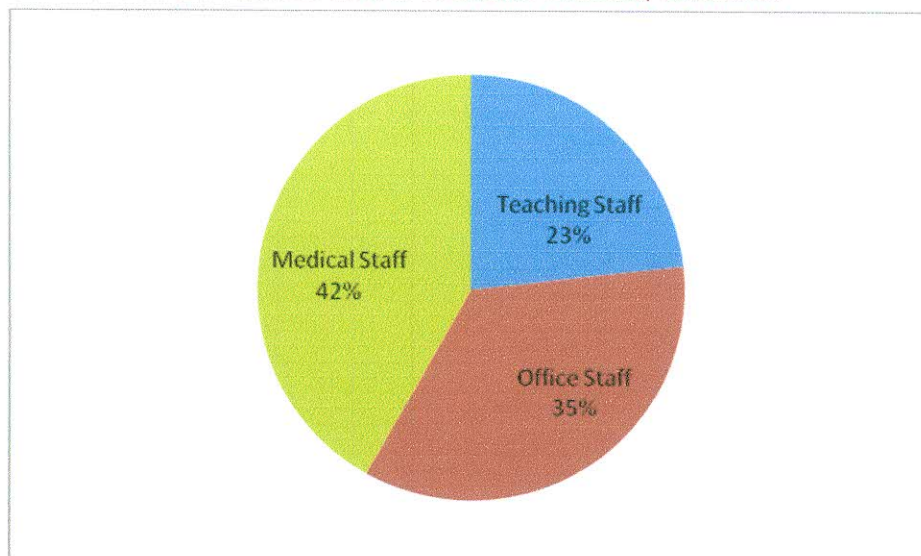
#### **5.2.6: NON-PARTICIPATION IN NATIONAL TRAINING/WORKSHOP**

Skill and knowledge, acquired chiefly through training and education, are the pre-requisites for a large number of jobs. Women, given the opportunity, have shown that they can equal or excel men in acquiring the necessary skills and knowledge (Myrdal and Klein, 1956:1). But in this study, the majority of the mothers could not avail themselves of these professional training. The data reveal that 57percent of the mothers could not participate in national training or in workshops outside their offices when their children were young. Among this group, the medical staff made up the



highest percentage (42 percent), which was followed by the office staff (35 percent). The proportion of the teachers in this group was not so insignificant.

CHART-5.2.6:NON-PARTICIPATION IN NATIONAL TRAINING/WORKSHOP



Since participation in training or workshops demanded staying beyond normal office hours, they could not avail themselves of this opportunity. On the other hand, their male colleagues always tried to get a chance to take all such opportunities and were able to develop their careers. The working mothers also reported that their male colleagues could take part in the training in evening hours or even at the weekend, but they being mothers of very young children were not in a position to do so. A quite similar study from London showed why women were less likely than men to take professional qualifications. It was found that the great majority of younger full-time female staff wanted a career but of the main factors which made them reluctant to invest too much time in training and qualifications was the fear that should they have children this would all be 'wasted', since the industry makes it very difficult for women to combine managerial work and having children (Ashburner, 1988:139).

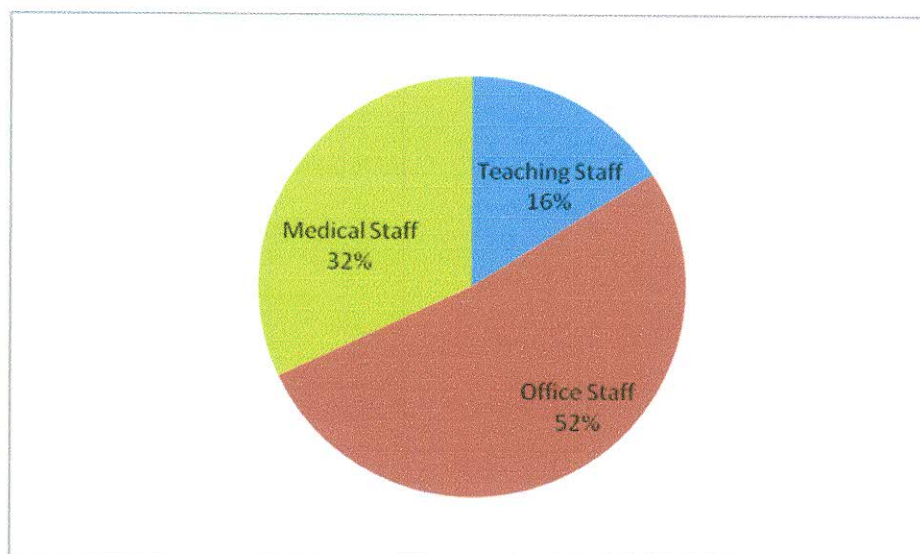


### 5.2.7: NON-PARTICIPATION IN FOREIGN SEMINAR/TRAINING/WORKSHOP/

#### INTERNATIONAL MISSION

The study reveals that more than one-fourth of the mothers did not participate in foreign seminars, training or workshops, though they had good educational backgrounds and financial abilities to take part in them. Among this group, the office staff constituted the highest percentage (52 percent), which was followed by the medical staff (32 percent). 16 percent of the teaching staff, who were mainly working at the universities, was also in this group.

**CHART-5.2.7: NON-PARTICIPATION IN FOREIGN SEMINAR/TRAINING/WORKSHOP/ INTERNATIONAL MISSION**



Some of those mothers, specially those who were in the police mentioned that they refused to accept hugely remunerative international peace missions since they had the greater responsibilities of child caring at home. Ms. Begum of CID office had similar situation. She states, "I did not avail myself of any training during babyhood

years of my child. I even refused a chance to join the UN peace mission. My husband was very cooperative; he would do everything for my child with me. He is working for an English paper. My husband is broad-minded and liberal. However, when my child grew up, I went on peace mission abroad.”

And it was found that the medical staff in this group had much scope to take part in foreign training or workshops, which they refused for their children. But who had child caring support, were able to avail the opportunity. A doctor of Nuclear Medicine & Ultrasound Centre in my study stated, “I have not forgone the foreign training either. When my child was under 4, I availed myself of international training twice, leaving him to the care of my mother. Whenever problems arose with regard to child caring, I sought my mother’s help, although I was not permanently resident in her house then. My husband was very cooperative, though my in-laws had a negative attitude. So I got much mental support from my husband.”

## CHAPTER 6

### CHILD CARING AND CAREER LIMITATIONS OF THE MOTHERS

In the previous chapter existing situation of career limitations faced by the working mothers was studied. Seven career limitations were identified by the working mothers under the study. But most of the respondents considered three career limitations to be very important for them namely, Break of Study, Late Entry into the Job and Discontinuation of Job. So, the researcher considered those limitations to be major limitations for the working mothers. And it was tried to find out if there was any relationship between child caring and those major career limitations faced by the mothers. Actually by the term child caring, child caring arrangements were indicated here. Two types of child caring arrangements were identified: Good arrangements and poor arrangements.

**Good arrangements:** Those mothers who had some close relatives with them to take care for their children; those who lived in a joint family and had the opportunity to take help from the family members for child caring; those mothers who had some close relatives' house in Dhaka city either to their house or to their office where everyday they dropped their children and came to work; and those who were in abroad and put their child in a good day care centre and were fully satisfied with that caring – all were considered here as good arrangements for child caring. In brief, when mothers were satisfied with the arrangements they made for their children, it was considered to be the good arrangements for child caring.



**Poor arrangement:** When the mothers had no close relative to live with them; had no close relation's house to drop the children; when the mothers were bound to leave their young children to only household assistants; when they took neighbour's help who was reluctant to take care of the baby or when the mothers at last bound to take their children at work with them – were considered here as poor arrangements for child caring.

It was assumed that those mothers, who had good arrangements for child caring, were in an advantageous position and they faced less career limitations. On the other hand, those mothers who had not the facilities to ensure good arrangements for the caring of their young children had faced more career limitations. Ms. Mitin of an NGO told the researcher, "I went to Moscow on scholarship. I married a classmate in my student life, and completed my Honours, Masters and Ms after my marriage. My husband was very cooperative. In my student life my first child was born. But I faced no problem about caring for my child for the availability of high quality day care centre in Moscow."

### **6.1: CHILD CARING AND BREAK OF STUDY**

It has been tried to find out whether there is any relationship between child caring and break of study of the working mothers under study.

Table 6.1.1 to Table 6.1.3 reveal that more than half of the teaching staff had good arrangements for child caring and less than half of them had poor child caring arrangements. On the other hand, about three-fourths of the office staff and two-thirds of the medical staff had good child caring supports in the family whereas one-

fourth of the office staff and about one-third of the medical staff were bound to do their jobs with dissatisfaction because of poor child care arrangements they had.

TABLE 6.1.1: CHILD CARING AND BREAK OF STUDY OF THE TEACHING STAFF

Child Caring	Break of Study	No Break of Study	Did not continue Study	Total
Had good arrangements	30 (37.0)	45 (55.6)	06 (7.4)	81 (54.0)
Had poor arrangements	48 (69.6)	07 (10.1)	14 (20.3)	69 (46.0)
Total	78 (52.0)	52 (34.7)	20 (13.3)	N=150 (100)

**Chi-square =34.38; d. f = 2 p. < 0.001**

**(Figures within parenthesis indicate percentage)**

TABLE 6.1.2: CHILD CARING AND BREAK OF STUDY OF THE OFFICE STAFF

Child Caring	Break of Study	No Break of Study	Did not continue Study	Total
Had good arrangements	16 (14.3)	84 (75.0)	12 (10.7)	112 (74.7)
Had poor arrangements	24 (63.2)	06 (15.8)	08 (21.0)	38 (25.3)
Total	40 (27.0)	90 (60.0)	20 (13.0)	N=150 (100)

**Chi-square =44.27; d. f = 2; p. < 0.001**

**(Figures within parenthesis indicate percentage)**

TABLE 6.1.3: CHILD CARING AND BREAK OF STUDY OF THE MEDICAL STAFF

Child Caring	Break of Study	No Break of Study	Did not continue Study	Total
Had good arrangements	32 (31.7)	56 (55.4)	13 (12.9)	101 (67.3)
Had poor arrangements	22 (44.9)	07 (14.3)	20 (40.8)	49 (32.7)
Total	54 (36.0)	63 (42.0)	33 (22.0)	N=150 (100)

**Chi-square =26.62; d. f = 2; p. < 0.001**

**(Figures within parenthesis indicate percentage)**

### **Mothers who had good arrangements for child caring:**

Among the mothers who had good arrangements for child caring, 37 percent of the teaching staff had break of study, 56 percent had no break but 7 percent did not continue their studies after the birth of their children. In this group 14 percent of the office staff had break of study, 75 percent had no break and about 11 percent did not continue their studies after having children. On the other hand, of the medical staff, about 32 percent had break of study and 55 percent had no break. But about 13 percent of them discontinued their studies after having children.

The findings reveal that among the mothers who had good child caring support, the highest number of office staff had no study break. This was the lowest for the teaching staff. Umme Amara Sathi of Eden Govt. Girl's College, Dhaka said, "I married after my HSC exam. After my marriage I earned my BSS and MSS degrees and also took the B. Ed degree. Six months after the birth of my child, I sent him to my mother in our village. Whenever I faced problems in caring for my child later, I sent him to my mother"

### **Mothers who had poor arrangements for child caring:**

Among the teaching staff, who had poor arrangements for child caring support, about 70 percent had break of study and only 10 percent had no break. 20 percent of them discontinued their studies mainly for lack of good arrangements for child caring. Ms. Hosne Jahan of BUET stated, "I had no close relative. But I felt no difficulty in doing my job as my residence is within the university campus. But I was not able to continue my PhD studies because about eight years after the birth of my first child



my second child was born. And the child caring responsibility then took up a lot of my time, bearing me almost no time to continue my higher studies.”

Out of the office staff, 63 percent had break of study and only 16 percent had no break. 21 percent of them did not continue their studies any further. Ms. Nesa of Agrani Bank suffered faced enormous problems relating to child caring. It is evident when she says, “I had no steady child caring arrangements. At first I was posted to Pirojpur, near my father’s home. Then I would some support from my school teacher father. My husband did not like my job at all; he would always ask me to give it up. Then my only hope was my household assistant. I had much difficulty keep on doing the job. I could not therefore undertake higher studies. If I had the MA degree now, I would be promoted. I am not being promoted for not having the required qualification.”

The data (Table 6.1.3) further indicates that among the medical staff who had poor arrangements for child caring, 45 percent had study break and 41 percent discontinued their studies after having children. Only 14 percent of them had no break of study though they faced many difficulties in child caring. It is evident from the statement of Dr. Sharmin of DMC, “When in MBBS 3<sup>rd</sup> year, I married, and I had much difficulty completing my MBBS degree. Going to MMC each week leaving my doctor husband was not acceptable to my mother-in-law. I would cook food and put it in the freeze each week before my departure for MMC. Thus, going against the traditional attitude of my mother-in-law, I completed medical graduation course. Right after the completion of my MBBS course, I had myself admitted to the MD course and after passing the part 2 of this course I had my first baby. Then I joined this job first. I preferred doing higher studies to doing any type of job.”

Moreover a close look at the tables reveals that about three-fourths of the office staff and two-thirds of the medical staff had good arrangements for child caring. But a little more than half of the teaching staff had this opportunity. Conversely, the medical staff had a better record in respect of break of study (only 36 percent) than the teaching staff (52 percent), whereas the office staff was in a better condition (only 27 percent) than the other two groups.

Another interpretation can be that among the mothers who had their break of study the majority of the teaching and office staff had inadequate child caring support for their children. But it is interesting to note here that most of the mothers among the medical staff who had their study break had good arrangements for child caring. So, it can be assumed that thanks to good child care arrangements, they may have again started their higher studies after a study break and took chance to develop their careers.

However, on the basis of the present findings (Table 6.1.1 to Table 6.1.3), it may be concluded that on the whole there is a negative correlation between child caring and break of study of the working mothers. The majority of these mothers who had good child caring arrangements had no break of study. But among the mothers who had poor arrangements for child caring, most of them had either the break of study or discontinuation of their study. The data were cross tabulated and it was found significant that the more the good arrangements for child caring, the lower the rate of break of study and the poorer the arrangements for child caring, the higher the rate of break or discontinuation of study of the working mothers.



## 6.2: CHILD CARING AND LATE ENTRY INTO THE JOB

It was tried to find out if there was any relation between child caring and late entry into the job for the working mothers. In this respect two types of entry were identified, namely, late entry and early entry.

TABLE 6.2.1: CHILD CARING AND LATE ENTRY INTO THE JOB (TS)

Child Caring	Late Entry	Early Entry	Total
Had Good Arrangements	14 (17.3)	67 (82.7)	81 (54.0)
Had Poor Arrangements	30 (43.5)	39 (56.5)	69 (46.0)
Total	44 (29.3)	106 (70.7)	N=150 (100)

**Chi-square =12.33; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 6.2.2: CHILD CARING AND LATE ENTRY INTO THE JOB (OS)

Child Caring	Late Entry	Early Entry	Total
Had Good Arrangements	35 (31.2)	77 (68.8)	112 (74.7)
Had Poor Arrangements	32 (84.2)	06 (15.8)	38 (25.3)
Total	67 (44.7)	83 (55.3)	N=150 (100)

**(Figures within parenthesis indicate percentage)**

TABLE 6.2.3: CHILD CARING AND LATE ENTRY INTO THE JOB (MS)

Child Caring	Late Entry	Early Entry	Total
Had Good Arrangements	18 (17.8)	83 (82.2)	101 (67.3)
Had Poor Arrangements	35 (71.4)	14 (28.6)	49 (32.7)
Total	53 (35.3)	97 (64.7)	N=150 (100)

**Chi-square =41.50; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

The findings from the tables (Table- 6.2.1 to Table -6.2.3) indicate that 29 percent of the teaching staff, 45 percent of the office staff and 35 percent of the medical staff



had late entry into jobs. On the other hand, more than 70 percent of the teaching staff, 55 percent of the office staff and 65 percent of the medical staff had early entry into jobs. A close look at the tables shows that the ratio of early entry was the highest among the teaching staff and the ratio was the lowest among the office staff.

### **Mothers who had good arrangements for child caring:**

It was mentioned earlier that 54 percent of the teaching staff, 75 percent of the office staff and 67 percent of the medical staff had good arrangements for child caring. Among the teaching staff who had good arrangements for child caring, about 83 percent mothers had early entry while 17 percent had late entry into jobs. Among this group of office staff with good arrangements for child caring, about 69 percent had early entry whereas 31 percent had late entry.

82 percent of the medical staff in this group had an early job entry while about 18 percent of them were late entering their jobs. In spite of good child caring arrangements, a good many mothers had late entry into their job. In this connection, Ms. Islam of Islamia Eye Hospital, Dhaka maintains, "When in the MBBS final year, I married. After completing my MBBS, I enrolled for FCPS course and my only child was born in the middle of my course. For 4 years I joined nowhere. My first job was at Ad-din Hospital. Now I am working at the Islamia Eye Hospital. My mother and the other members of my family made the highest contribution to my higher studies after my child birth. Now I am working at such a hospital where the office time is fixed and relatively short because of my young child, although I have already had earned the FCPS degree. I am not facing any difficulty doing my job, as my mother is there to do

the child caring for me. In future when my child grows up, I hope to join a more prominent hospital like Apollo or Square on a high salary. Now I have to sacrifice my career a little for my young child.”

The above findings indicate that the majority of the mothers, who had good child caring arrangements entered jobs early.

### **Mothers who had poor arrangements of child caring:**

It was found earlier that 46 percent of the teaching staff, 25 percent of the office staff and 33 percent of the medical staff had poor arrangements for child caring. Among the teaching staff who had poor child care arrangements, 44 percent mothers had late entry into jobs. But in spite of poor arrangements, about 56 percent of them had an early entry into jobs. The picture, however is opposite for the office staff. Among the office staff who had poor arrangements, 84 percent of mothers had late entry and only 16 percent had early entry into jobs. The similar situation was found in case of the medical staff. 71 percent of the medical staff who had poor arrangements for child caring, had a late start of their professional life while only about 29 percent of them was able to enter into jobs early.

It was further observed that while the office and medical staff had late entry into jobs because of their poor arrangements for child caring, the same was not true of the teaching staff who, because of the nature of their jobs, could start their professional life early. The teaching staff under study had fewer working hours than other groups and different kinds of vacations through the year.



However, on the basis of present findings (Table 6.2.1 to Table 6.2.3), it may be concluded that there is, on the whole, a positive relation between child caring and entry into the job for the working mothers. The majority of the mothers who had good child caring arrangements had early entry into jobs. But most of the mothers who had poor arrangements for child caring, had late entry into jobs.

The data were cross tabulated and it was found significant that the better the arrangements for child caring, the higher the rate of early entry and the poorer the arrangements for child caring, the higher the rate of late entry into jobs for the working mothers.

### **6. 3: CHILD CARING AND DISCONTINUATION OF JOB**

It has been tried to find out the relation between child caring and discontinuation of job of working mothers. The tables (6.3.1 –Table 6.3.3) indicate that 54 percent of the teaching staff, 75 percent of the office staff and 67 percent of the medical staff had good arrangements for child caring whereas 46 percent of the teaching staff, 25 percent of the office staff and 33 percent of the medical staff had inadequate caring support for their children. It has been found that 36 percent of the teaching staff, 33 percent of the office staff and 47 percent of the medical staff under study had discontinuation of job in their professional life. A close look at the tables reveals that the percentage of job discontinuation for the working mothers was the highest among the medical staff.



TABLE 6.3.1: CHILD CARING AND DISCONTINUATION OF JOB (TS)

Child Caring	Discontinuation of Job	No Discontinuation	Total
Had Good Arrangements	10 (12.3)	71 (87.7)	81 (54.0)
Had Poor Arrangements	44 (63.8)	25 (36.2)	69 (46.0)
Total	54 (36.0)	96 (64.0)	N=150 (100)

**Chi-square =42.76; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 6.3.2: CHILD CARING AND DISCONTINUATION OF JOB (OS)

Child Caring	Discontinuation of Job	No Discontinuation	Total
Had Good Arrangements	18 (16.1)	94 (83.9)	112 (74.7)
Had Poor Arrangements	32 (84.2)	06 (15.8)	38 (25.3)
Total	50 (33.3)	100 (66.7)	N=150 (100)

**Chi-square =59.28; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 6.3.3: CHILD CARING AND DISCONTINUATION OF JOB (MS)

Child Caring	Discontinuation of Job	No Discontinuation	Total
Had Good Arrangements	32 (31.7)	69 (68.3)	101 (67.3)
Had Poor Arrangements	39 (79.6)	10 (20.4)	49 (32.7)
Total	71 (47.3)	79 (52.7)	N=150 (100)

**Chi-square =30.38; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

Marry Eastwood clearly states that women often stay home from work for a far longer period than they are actually disabled from work, in order to care for their children themselves ... . Doctors are generally agreeable to approving such extended leave on “disability” grounds, particularly where maternity benefits are available from the employer, even though it is in fact “child care” leave (Eastwood, 1978:119). It is well known that extended leave is available for the working mothers

in the developed countries. But since there was no provision for the working mothers under this study, a significant number of them were bound to discontinue their jobs due to child caring.

On the other hand, 64 percent of the teaching staff, 67 percent of the office staff and 53 percent of the medical staff had no discontinuation in their jobs. A study of Srivastava indicates that married women's participation in the labour force is not geared to their family life cycle. In an overall majority of the cases women have entered that labour force prior to their marriage and out of these a very sizable proportion of them are working continuously without any break even when they have started bearing children. Those who have entered the paid work after marriage have not waited to do so till their children have grown enough not to need full-time care of the mother (Srivastava, 1978:154). Once the woman start their work life and enter into a job, they try to their best to continue that life. But sometimes they are bound to discontinue that for the poor arrangements of caring for their children.

#### **Mothers who had good arrangements for child caring:**

Among the teaching staff who had good arrangements for child caring, about 88 percent had no job discontinuation while only 12 percent of them had discontinued their jobs. In this group, about 84 percent of the office staff had no job discontinuation whereas 16 percent had discontinuation. Of the medical staff who belonged to this group, 68 percent had no discontinuation while 32 percent had discontinuation. It is clear from the findings that the majority of the mothers who had

good child caring arrangements had no discontinuation due to caring for their children after they entered jobs.

### **Mothers who had poor arrangements for child caring:**

Among the teaching staff who had poor arrangements for child caring support, about 64 percent had discontinued their jobs because of taking care of their young children whereas only 36 percent of them were able to continue their jobs without any discontinuation. Out of the office staff, 84 percent had discontinuations in their jobs. Only 16 percent of them had no discontinuation. The table 6.3.3 clearly shows that among the medical staff who had poor arrangements for child caring, about 80 percent had discontinued their jobs while 20 percent only had continued their jobs without any discontinuation. Kala Rani in her study also observed that It is very difficult for a married lady doctor to carry on her profession along with her household jobs and children. Only some of them had facilities at home and there was someone to look after the household and children with the result they were carrying on their profession successfully. But some lady doctors gave up their posts for fear of transfer and separation from home and husbands and resorted to private practice (Rani, 1976:41).

Findings of the tables conclude that the majority of the working mothers who could not ensure adequate child caring support for their children were bound to discontinue their jobs for the caring responsibilities to their children.



It can be concluded that there is a negative correlation between child caring and discontinuation of job for the working mothers. The data were cross tabulated and it was found significant that the better arrangements for child caring, the lower the rate of job discontinuation and the poorer the arrangements for child caring, the higher the rate of job discontinuation for the working mothers.

## CHAPTER 7

### MAJOR CAREER LIMITATIONS & DEVELOPMENT OF CAREER

The working mothers faced various kinds of career limitations in their working lives. Three major career limitations were identified in the previous chapter as main barriers to the development of careers for the working mothers under study. Hence an attempt was made to find out if the mothers were still able to develop their careers in spite of facing those career limitations. Those were:

Break of study

*Late entry into the job*

Discontinuation of job

The mothers who faced the above limitations were compared to those who did not face the limitations for their children. And it was tried to find out the linkage between working mothers' career limitations and the development of their careers.

#### 7.1: BREAK OF STUDY AND DEVELOPMENT OF CAREER

Break of study and development of career was negatively interlinked. From the findings of the tables (7.1.1 to 7.1.3), it can be observed that 52 percent of the teaching staff, about 27 percent of the office staff and 36 percent of the medical staff had break of study after the birth of their children. On the other hand, 48 percent of the teaching staff, 73 percent of the office staff and 64 percent of the medical staff

had no break. It is very important to note that the mothers who did not continue their studies after their child births were considered here as they had no break of study.

TABLE 7.1.1: BREAK OF STUDY AND DEVELOPMENT OF CAREER (TS)

	Developed Career	Could not Develop	Total
Break of Study	38 (48.7)	40 (51.3)	78 (52.0)
No Break of Study	57 (79.2)	15 (20.8)	72 (48.0)
Total	95 (63.3)	55 (36.7)	N=150 (100)

**Chi-square =14.95; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 7.1.2: BREAK OF STUDY AND DEVELOPMENT OF CAREER (OS)

	Developed Career	Could not Develop	Total
Break of Study	06 (15.0)	34 (85.0)	40 (26.7)
No Break of Study	83 (75.5)	27 (24.5)	110 (73.3)
Total	89 (59.3)	61 (40.7)	N=150 (100)

**Chi-square =44.43; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 7.1.3: BREAK OF STUDY AND DEVELOPMENT OF CAREER (MS)

	Developed Career	Could not Develop	Total
Break of Study	19 (35.2)	35 (64.8)	54 (36.0)
No Break of Study	66 (68.8)	30 (31.2)	96 (64.0)
Total	85 (56.7)	65 (43.3)	N=150 (100)

**Chi-square =15.86; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**



### **Mothers who faced break of study:**

It was found that among the teaching staff who had break of study, the percentages of mothers who could not develop careers and of the mothers who developed their careers were almost equal i.e. 51 percent and 49 percent respectively. In other words, among them, the percentage of those mothers who were able to develop their careers in spite of break of study was slightly lower than the percentage of those who were not able to develop their careers because of study break. 85 percent of the office staff in this group could not develop their careers because of break of study, whereas only 15 percent of them developed their careers, though they faced that career limitation. Similar trend was observed in case of the medical staff. Among the medical staff that had break of study, about 65 percent could not develop their careers due to the study break but 35 percent of them were able to develop careers. From the overall findings, it can be observed that the majority of the mothers under this study who had break of study for their children were unable to develop their careers. Only some of them in spite of study break could develop their careers again.

### **Mothers who had no study break:**

Among the teaching staff who had no break of study for their children, much more than three-fourths of them were successful in developing their careers. Only one-fifth of them failed to develop their careers. A similar picture was found in the case of the office staff. Among them, three-fourths could develop their careers whereas only one-fourth of them could not. Among the medical staff who had no break of study, far

more than two-thirds were able to develop their careers while less than one-third of them only failed to develop their careers.

The overall findings of these tables support the conclusion that the majority of the mothers who faced no break of study were more successful in developing their careers. A close look at the tables shows that, among all three groups of professionals under study, the teaching staff was in the highest position in developing their careers. The positions of the office staff and medical staff were almost the same in respect of career development. But it is interesting to note that the teaching staff had the highest number of study breaks among three groups. So it can easily be assumed that thanks to the nature of their job, in spite of facing break of study, they again started their studies and developed their careers.

However, the overall findings strongly support the conclusion that there is a negative association between the break of study for working mothers and their career development. The data were cross tabulated and it was found very significant that the more the study breaks due to children, the lower the chance to develop the careers of working mothers. And the fewer the study breaks on account of child caring, the higher the rate of career development for the working mothers.

## **7.2: LATE ENTRY INTO THE JOB AND DEVELOPMENT OF CAREER**

The tables (7.2.1 to 7.2.3) reveal that among the teaching staff, 29 percent of them had late entry into jobs. 45 percent of the office staff and 35 percent of the medical staff also had late entry into job because of the child caring responsibilities. On the other hand, 71 percent of the teaching staff, 55 percent of the office staff and 65

percent of the medical staff entered job early though they had also young children to care for. It was also observed that the ratio of mothers with late entry into job was the highest (45 percent) among the office staff, and this ratio was the lowest (29 percent) among the teaching staff.

TABLE 7.2.1: LATE ENTRY AND DEVELOPMENT OF CAREER (TS)

	Developed Career	Could not Develop	Total
Late Entry	09 (20.5)	35 (79.5)	44 (29.3)
Early Entry	86 (81.1)	20 (18.9)	106 (70.7)
Total	95 (63.3)	55 (36.7)	N=150 (100)

**Chi-square =49.30; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 7.2.2: LATE ENTRY AND DEVELOPMENT OF CAREER (OS)

	Developed Career	Could not Develop	Total
Late Entry	19 (28.4)	48 (71.6)	67 (44.7)
Early Entry	70 (84.3)	13 (15.7)	83 (55.3)
Total	89 (59.3)	61 (40.7)	N=150 (100)

**Chi-square =48.15; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 7.2.3: LATE ENTRY AND DEVELOPMENT OF CAREER (MS)

	Developed Career	Could not Develop	Total
Late Entry	13 (24.5)	40 (75.5)	53 (35.3)
Early Entry	72 (74.2)	25 (25.8)	97 (64.7)
Total	85 (56.7)	65 (43.3)	N=150 (100)

**Chi-square =34.47; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**



### **Mothers who had late entry into job:**

Among the teaching staff who had late entry into their jobs, 80 percent of them could not able to develop their careers whereas only 20 of them percent could. Out of the office staff who had late entry into job due to young children 72 percent of them failed to develop their careers while only 28 percent was able to develop theirs. In the case of medical staff, 76 percent of them could not develop their careers where only 24 percent of them were successful in developing careers.

From the findings of the tables, it can easily be concluded that the majority of the mothers who had late entry into job for child caring were unable to develop their careers. Only a few of them could develop their careers, though they had late entry into job.

While collecting data, the researcher observed that a significant number of the mothers in all groups who had their first baby between their 26 and 30 years of age had entered job late. Most of them waited for entry into the job until their children's early childhood is over. She again found that some of them, though they entered their professional life late, did start their higher studies or did receive different kinds of professional training, which in turn contributed to the development of their careers.

### **Mothers who had early entry into job:**

Among the teaching staff who had early entry into job, 81 had been able to develop their careers but 19 percent failed in this regard. 84 percent of the office staff who entered their professional life early was able to develop their careers. 16 percent of

them, though they had early entry into job, could not develop their careers. On the other hand, among the medical staff in this group, 74 percent could develop their careers whereas 26 percent of them failed.

The overall findings indicate that the majority of the mothers who had early entry into job were able to develop their careers. Only a few of them could not. Another interpretation can be that the majority of the mothers who were able to develop their careers had early entry into job.

The findings strongly support conclusion that there is a negative **association** between late entry into job by working mothers and the development of their careers. The data were cross-tabulated and it was found significant that the higher the rate of late entry into job for children, the lower the chance to develop the careers for working mothers. And the lower the rate of late entry into the job for the working mothers, the higher the rate of career development for them.

### **7.3: DISCONTINUATION OF JOB AND DEVELOPMENT OF CAREER**

From the tables (Table-7.3.1 to Table-7.3.3), it is found that 36 percent of the teaching staff, 33 percent of the office staff and 47 percent of the medical staff were bound to discontinue their jobs due to very young children. On the other hand, 64 percent of the teaching staff, 67 percent of the office staff and 53 of the medical staff continued their jobs after their child birth without any discontinuation. It is to be pointed out that among all three groups of mother the medical staff was the highest in number (47 percent) in discontinuing job. Another study revealed that although marriage and family have no noticeable effects on the career development of male

physicians, they have the effect of lessening or interrupting the practice of female physicians. It was also found in that study that 38 percent of women doctors removed themselves from professional activities for four year or more due to pregnancy and/or family responsibilities (Kaplan, 1970:pp.561–70). Kosa and Coker had the similar findings. They found that marriage and family have a significantly different impact on the careers of male and female physicians. An early marriage or engagement among male physicians is associated with a tendency to select private practice. Among women, on the other hand, marriage or engagement is associated with a tendency to take a salaried position (Kosa and Coker, 1965:296). In this study, the proportions of mothers in teaching and office staff were more or less similar in discontinuing their jobs.

TABLE 7.3.1: DISCONTINUATION OF JOB AND DEVELOPMENT OF CAREER (TS)

	Developed Career	Could not Develop	Total
Discontinuation of Job	19 (35.2)	35 (64.8)	54 (36.0)
No Discontinuation	76 (79.2)	20 (20.8)	96 (64.0)
Total	95 (63.3)	55 (36.7)	N=150 (100)

**Chi-square =28.79; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 7.3.2: DISCONTINUATION OF JOB AND DEVELOPMENT OF CAREER (OS)

	Developed Career	Could not Develop	Total
Discontinuation of Job	08 (16.0)	42 (84.0)	50 (33.3)
No Discontinuation	81 (81.0)	19 (19.0)	100 (66.7)
Total	89 (59.3)	61 (40.7)	N=150 (100)

**Chi-square =58.37; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**



TABLE 7.3.3: DISCONTINUATION OF JOB AND DEVELOPMENT OF CAREER (MS)

	Developed Career	Could not Develop	Total
Discontinuation of Job	27 (38.0)	44 (62.0)	71 (47.3)
No Discontinuation	58 (73.4)	21 (26.6)	79 (52.7)
Total	85 (56.7)	65 (43.3)	N=150 (100)

**Chi-square =19.07; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

### **Mothers who had discontinued their jobs:**

Among the teaching staff who had to discontinue their jobs due to the caring of their children, only 35 percent of them were able to develop their careers while 65 percent of them failed. In a study of London, it was also found that child rearing, the inevitable destination of the woman teacher, necessarily leads to a career break, which in turn results in women teachers holding lower paid, less responsible posts, clustering in ... sector. Women teachers are consequently thought to have a low commitment to teaching as a career and to career advancement (Byrne, 1978). When women take a career break, they are usually penalized by a reduction in status and pay and promotion opportunities. It is common for a woman returner to find re-entry to teaching possible only on the lowest salary scale, irrespective of previous levels of seniority and responsibility, or alternatively, if she takes part-time work, this is conventionally offered only at the bottom scale. Worse still, in many cases, women returners may only be offered temporary contracts or a supply teaching position, ensuring for the employer a readily disposable pool of labour, but an insecure situation for the woman and one which devalues her skills and

experience (Khalifa, 1988: 86). More or less the same situation prevails in Bangladesh till now.

This picture of the office staff was even worse. The majority of the office staff in this group (84 percent) could not develop their careers due to their previous discontinuation of job whereas only 16 percent of them were able to develop.

The situation was much better for the medical staff. Among them who had to discontinue their jobs, 62 percent of the mothers were unable to develop their careers but in spite discontinuation even, 38 percent of them were successful to develop their careers. In this connection, Ms. Farhana expresses her feeling, “An engineer, my husband is a very busy man. Yet he helps me as far as possible for my son. My in-laws are all very supportive. It is thanks to their help and cooperation that I am studying for a FCPS degree with my 5-year boy to take care of. In a planned way, I am crossing the stage of my child’s young age. Now I am in a training post without salary but my dream is to join a prominent hospital on a high salary in the future when my child will grow up and FCPS be completed.”

#### **Mothers who had not to discontinue their job:**

Among the teaching staff who did not discontinue their jobs, 80 percent of them were successful to develop their careers while only 20 percent of them failed. The picture was quite the same for the office staff. Among them, 81 percent of mothers developed their careers while only 19 percent had failed. 73 percent of the medical staff in this group was able to develop their careers while 27 percent were not able.

The findings suggest that most of the mothers who did not have to discontinue their jobs were able to develop their careers. On the other hand, among the teaching staff most of the mothers who were able to develop their careers did not discontinue their jobs. The picture was more or less the same for both the office and medical staff.

It must be pointed out here that at the time of data collection the researcher observed that a significant number of mothers in all groups who had their first baby after their 30<sup>th</sup> year did discontinue their jobs. She further observed that some of them, though they had to discontinue their jobs, undertook higher studies or received different types of professional training, which in turn contributed to the development of their careers. Because of this, a small percentage of mothers developed their careers despite their job discontinuation.

The findings suggest that there is a negative association between discontinuation of job and development of career for working mothers. The findings were cross-tabulated and it was found significant that the more the discontinuation the less the career development for working mothers, and the less the job discontinuation, the more the career development for them.



## CHAPTER 8

### CHILD CARING AND DEVELOPMENT OF CAREER OF WORKING MOTHERS

#### 8.1. CHILD CARING AND DEVELOPMENT OF CAREER

Working mothers faced different kinds of job related problems and career limiting situations for the caring of their young children. Usually career development is assessed in terms of promotion to higher cadres, improvement in knowledge and specialization in the profession (Pillai, 1995:125). Earlier it was stated that the mothers who after their child birth continued their ongoing studies and who additionally (1) earned at least one more degree (2) whose salaries gradually increased even more (3) who got jobs of higher salaries or (4) who were promoted or upgraded at work or (5) who enhanced their total incomes by doing extra duty were viewed in this study as having developed their careers.

Since married women are neither expected to give nor rewarded for giving full commitment to professional life, their struggle to achieve full professional status is laden with additional difficulties (Kahn-Hut et al. 1982:121). Sinha (1988) observed that the main barrier of women's career development was that they gave priority to family demands. Kapur's study indicates that women had to accommodate to husbands careers and had to opt for positions compatible with their family roles (Kapur, 1978). Due to women's preoccupation with marriage, family and child care responsibilities, career development is affected. For these reasons role strain and role conflict arise between them and sometimes they sacrifice their career for their family (Lorber, 1984). Fogarty, Rapoport and Rapoport (1971) in their study showed

that even if women graduates do value their careers, they value them somewhat less than men do.

The working mothers under this study sometimes had study break, had to take short breaks from their jobs because of the unavailability of the maternity leave. They started their professional life rather late and sometimes had to discontinue their jobs on account of their child caring responsibilities. They did not avail themselves of offers for more remunerative or more prestigious jobs and sometimes even did not think of taking those opportunities when their children were very small. The working mothers did not participate in national as well as foreign training, workshops, seminars, UN peace mission, etc. because of their more significant role relating to child caring at home. In spite of the factors that were responsible for limiting their career progress, they tried to develop their careers.

It was assumed that those who were blessed with child caring support either from relatives or from their spouses managed to develop their careers. But on the other hand, it was not so with those mothers who had not this kind of support. For this reason it was sought to show whether there is any relation between child caring and career development for working mothers under study.

TABLE 8.1: CHILD CARING AND DEVELOPMENT OF CAREER (TS)

Child Caring	Developed Career	Could not Develop	Total
Had Good Arrangements	75 (92.6)	06 (7.4)	81 (54.0)
Had Poor Arrangements	20 (29.0)	49 (71.0)	69 (40.0)
Total	95 (63.3)	55 (36.7)	N=150 (100)

**Chi-square =64.92; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**



TABLE 8.2: CHILD CARING AND DEVELOPMENT OF CAREER (OS)

Child Caring	Developed Career	Could not Develop	Total
Had Good Arrangements	80 (71.4)	32 (28.6)	112 (74.7)
Had Poor Arrangements	09 (23.7)	29 (76.3)	38 (25.3)
Total	89 (59.3)	61 (40.7)	N=150 (100)

**Chi-square =26.81; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

TABLE 8.3: CHILD CARING AND DEVELOPMENT OF CAREER (MS)

Child Caring	Developed Career	Could not Develop	Total
Had Good Arrangements	71 (70.3)	30 (29.7)	101 (67.3)
Had Poor Arrangements	14 (28.6)	35 (71.4)	49 (32.7)
Total	85 (56.7)	65 (43.3)	N=150 (100)

**Chi-square = 23.39; d. f = 1; p. < 0.001 (Figures within parenthesis indicate percentage)**

The findings from the tables (Table 8.1 – Table 8.3) show that 63 percent of the teaching staff, nearly 60 percent of the office staff and 57 percent of the medical staff were able to develop their careers, though they also faced some career limitations. On the other hand, 37 percent of the teaching staff, 41 percent of the office staff and 43 percent of the medical staff was not able to develop their careers.

It was found earlier in this study that out of 150 teachers, 25 had more than 6 years gap between their first and second child births and 14 teachers had 3 children. It can be assumed that these 39 mothers had less possibility to develop their career. Into the teaching staff who could not develop their career (55 teachers), the above mentioned group is included.



On the other hand, 29 of the total office staff had more than 6 years gap between their first and second child births and 18 officers had 3 children. It can be assumed that these 47 mothers had less possibility to develop their career. So, these two groups were included into the office staff who could not develop their career (61 of the office staff).

Again, 33 mothers in the medical staff under the study had more than 6 years gap between their first and second child births and 8 of them had 3 children. We could assume that these 41 mothers in the medical staff belonged to that group who were unable to develop their career. Because of child caring problems, these mothers preferred a longer gap between their child births but the longer gap ultimately affected their career negatively.

## **8.2. MOTHERS WHO HAD GOOD ARRANGEMENTS FOR CHILD CARING**

It was found from the findings that among the teaching staff who had good arrangements for child caring, about 93 percent were able to develop their careers whereas only 7 percent failed to develop their careers. They only kept doing their jobs.

Of these mothers in the office staff, 71 percent were able to develop their careers while about 29 percent of them were not able to develop their careers.

Among the medical staff who had good child caring arrangements, 70 percent of them were able to develop their careers and 30 percent were not. It is evident when Ms. Easmin, a senior nurse of National Eye Hospital says, "I completed the staff

nursing course and took a job before my marriage. Though I married at the age of 18, I had my first baby after 5 years, but I did not sit idle all those years. I then did the diploma in midwifery. Since my mother and sister were with me, I had no problem about having my child cared for. After the birth of my first child I joined here, resigning my private job. The environment in this hospital is much better and I feel much less pressure of work here. There is an enormous gap of 7 years between my first child and the second. I have not therefore tried elsewhere. I have had many opportunities to work abroad on higher salaries and with promise of better facilities. But I have not gone there. I am satisfied with my present job because I am a mother also.”

### **8.3. MOTHERS WHO HAD POOR ARRANGEMENTS FOR CHILD CARING**

Among the teaching staff who had poor arrangements for child caring support, more than 70 percent failed to develop their careers where less than 30 percent were able to develop careers. Many women under Patterson’s study, who were struggling for jobs and advancement, have apparently concluded that the only way to manage the competing demands of an academic career and a family is to shun marriage (Patterson, 1971).

Of the office staff who had inadequate child caring support for their children, more than 75 percent were unable to develop careers. Less than 25 percent of them had succeeded in developing their careers. In this respect, Marchioni (1980) observed that women make sex role stereotypes implicit, inhibit their need for achievement



and seek to pursue only attainable feminine goals. Thus lower expectations affect their performances. When such stereotypes are internalized role conflict arise for any woman ambitious of a managerial position. There are conflicts between the images of females and those of managers among women who attempt to enter management. Again, Wallace (1982) uses the expression 'the five year scramble' to describe how the first five year is crucial to prove oneself and women starting a family during the above period of time which so often happens are in a serious problem as they have to spend a lot of time and energy managing the home front. Thus the demands of the family make up another reason for not having more women managers at the top. According to Ms. Nasrin Luna of NBR, "I entered job before my marriage and earned my Masters degree after joining the service. I have completed my Graduation with honours and Masters in Economics. But I could not prosecute my studies any farther after marriage due to the births of my two children. I had a desire to take a degree in Law and develop myself further by receiving different kinds of training. I had a long dream of the BCS job, and once sat for the exam also. As my children were very little then, I could not make further attempts at it. I was selected for a government post also – TEO, but did not join it because it was a transferable job. I am doing my present job because I have to."

The medical staff depicts the same picture that more than 70 percent of them with poor child caring arrangements could not develop careers and less than 30 percent of them were able to develop their careers. According to Wikler and Bourne (1982:115) ... a medical career and marriage are often viewed as mutually exclusive, it is expected that a woman will renounce the former in favor of the latter. Pillai observed in a study of India that women physicians who enter service either with



Government or quasi government institutions work full time and as there is salary scale, earn the same as men. But in private practice, they earn less due to their speciality, hours worked and the number of patients seen (Pillai, 1995:113). She further observed, for women physicians, in spite of all academic parameters such as academic performance, award of honours and prestigious residencies being equal, because of family responsibilities, their scholarly productivity is less than men. Women physicians publish fewer papers than men; they are less mobile which is necessary for succeeding in academia (1995:114).

Furthermore, the teaching staff was more successful in developing their careers than the other two groups of professionals. It is to be noted that the percentage of teaching staff, in developing their careers was the highest among all professionals, though the percentage of the mothers who had inadequate child caring arrangements was the high among them. This may be due to the fact that their nature of job was favourable.

Based on present data, it can be concluded that the majority of the mothers in all groups who had good child caring arrangements were successful in developing their careers. In other words, among those who could develop their careers, the majority had good arrangements for child caring support. A close look at the present findings reveals that among the mothers who were not able to develop their careers, the majority of the teaching and medical staff had poor arrangements for their child caring. But surprisingly, more than half of the mothers in office staff who failed to develop their careers had good arrangements for child caring. It can be assumed that the nature of their job was one of the main reasons that some of them with the help of their own relatives only kept doing their jobs.

However, the overall result in this section supports the view that there is a positive relation between child caring and development of careers for working mothers. The data were cross tabulated. It was found significant that the more the good arrangements for child caring, the higher the rate of development of career for the working mothers, and the poorer the arrangements for child caring, the lower the chance to develop the careers for working mothers.

## CHAPTER 9

### OPINION OF THE WORKING MOTHERS ABOUT HOW TO OVERCOME CAREER LIMITATIONS TO DEVELOP CAREERS

TABLE-9: OPINIONS OF THE RESPONDENTS

Opinions	Teaching staff	Office staff	Medical staff	Total	Percent
6 months maternity leave with full pay	68 (28.3)	110 (45.8)	62 (25.9)	240 (100)	(53.3)
Long duration leave without pay	56 (26.3)	52 (24.4)	105 (49.3)	213 (100)	(47.3)
Locality based day care centre	70 (28.7)	124 (50.8)	50 (20.5)	244 (100)	(54.2)
Special child care centre	34 (15.0)	65 (28.8)	127 (56.2)	226 (100)	(50.2)
Day care centre at work	120 (43.5)	134 (48.5)	22 (8.0)	276 (100)	(61.3)
School transports including vans	109 (31.8)	130 (37.9)	104 (30.3)	343 (100)	(76.2)
Strict maintenance of office closing time	65 (37.4)	109 (62.6)	-	174 (100)	(38.7)
Change in attitude of husband and society	150 (100)	150 (100)	150 (100)	450 (100)	(100)
Grand Total	150	150	150	450	

\*More than one answer (Figures within parenthesis indicate percentage)

#### 9.1: 6 MONTHS MATERNITY LEAVE IN EACH AND EVERY ORGANIZATION

More than half ( 53 percent) of the working mothers opined that to overcome career limitations of the working mothers, there should be a provision for 6 months maternity leave with full pay in each and every organization. Among them the office staff was the highest in number (46 percent). The ratios of the teaching and the medical staff were almost equal i.e. 28 percent and 26 percent respectively. And according to them, this leave should be unconditional, not requiring a specific length



of service. Since the office staff had the highest working hours among the three groups, the majority of them demanded this type of leave. Dr. Akter of HFRCMCH also expressed her view: "Maternity leave is usually split into two categories, namely, pre-natal and post-natal. Only post natal maternity leave is granted in case the child is born before EDT. This rule has to be changed. Maternity leave should be given as per government rule in every organization."

### **9.2: LONG DURATION LEAVE WITHOUT PAY**

It is evident that 47 percent of the mothers were in favour of long duration leave without pay on account of their children's very early age. The medical staff was the highest in percentage (49 percent) among them. The proportions of the teaching staff and the medical staff were almost equal i.e. 26 percent and 24 percent respectively. It may be pointed out here that the majority of the medical staff, due to the tough nature of their jobs, was bound to discontinue jobs and most of them did not join their previous organizations when they returned to work again. Hence, it was the reason that they demanded long duration leave without pay.

### **9.3: LOCALITY BASED DAY CARE CENTRE**

More than half (54 percent) of the mothers favoured locality based day care centre with adequate child care facilities. The office staff was the highest in number (51 percent) in this group, which was followed by the teaching staff (29 percent). In this connection, Ms. Shamsunnahar of an NGO maintains, "Many working mothers are very talented. But their talent is not developed many a time. If they are not worried

about their children, they will be able to work towards the development of their careers, and their children also will stay well. For this the nation will benefit ultimately.”

#### **9.4: SPECIAL CHILD CARE CENTRES**

Half of the working mothers said that there should be arrangements for child care centre in the localities. They also demanded special office timing system and a per hour payment system for the child care centre. In this group the medical staff was the highest in number (56 percent). The number of the office staff was also significant in this group (29 percent). Ms. Mitin, an NGO official expressed the same view, “Child care timing should be morning to evening. Besides, full-time schooling system like Oxford International School should be introduced so that working mothers do not have any difficulty attending seminars, workshops, office parties, etc. And these centres must ensure quality for the caring of children.”

Since the medical staff had to work till night the majority of them supported this opinion. On the other hand, the mothers who were holding high positions and who were often required to stay late hours at the office were also in favour of per hour payment system at the child care centre. In this group, the percentage of the office staff was nearly two times higher than the teaching staff.

### **9.5: DAY CARE CENTRE AT THE WORKPLACE**

Nearly half of the office staff (about 49 percent) and about 44 percent of the teaching staff supported day care centre at the workplace. Umme Amara Sathi said, "In spite of having strong will and qualifications, women have to sacrifice their career for their child caring responsibilities. Qualified working mothers could rise much in life if only the state and the society ensured good arrangements for child caring. If this could be done not only would those mothers gain, the entire nation would also profit."

Working mothers in this study said that they wanted to take their very young children along with them and if allowed, they could work without anxiety for their children. But it is to be noted here that the medical staff was less favourably inclined towards day care centre at work than the two other categories of working mothers. The percentage of medical staff in this group was very insignificant (only 8 percent). The study further observed that since they were more aware of hygiene, they wanted not to take their children to hospitals or clinics.

### **9.6: TRANSPORT FACILITIES AT SCHOOL**

More than three-fourths of the working mothers were in favour of transport facilities in all schools. They said that they had no time to take their children to school or to collect them from there. The majority of the working mothers were in favour of school vans than school buses. The office staff was the highest in number (38 percent) and the teaching and medical staff were almost equal i.e. 32 percent and 30 percent respectively in this group.



### **9.7: STRICT MAINTENANCE OF OFFICE CLOSING TIME**

39 percent of the working mothers were of the view that there should be strict maintenance of office time, specially the closing time in every office. Far more than two-thirds of the office staff and much more than one-third of the teaching staff belonged to this group. They further added that the office closing time should be strictly maintained. Ms. Rahman, a teacher of a private university at Dhanmondi, Dhaka reported that, “My weekly working time is 30 hours, but my male boss pretends ignorance of it. Very often goes out of the office to do other things elsewhere, asking me to attend the meetings that are held after the normal office hours. This is not my duty, but I have to go home late because of this responsibility.”

### **9.10: CHANGE IN ATTITUDE OF HUSBAND AND SOCIETY**

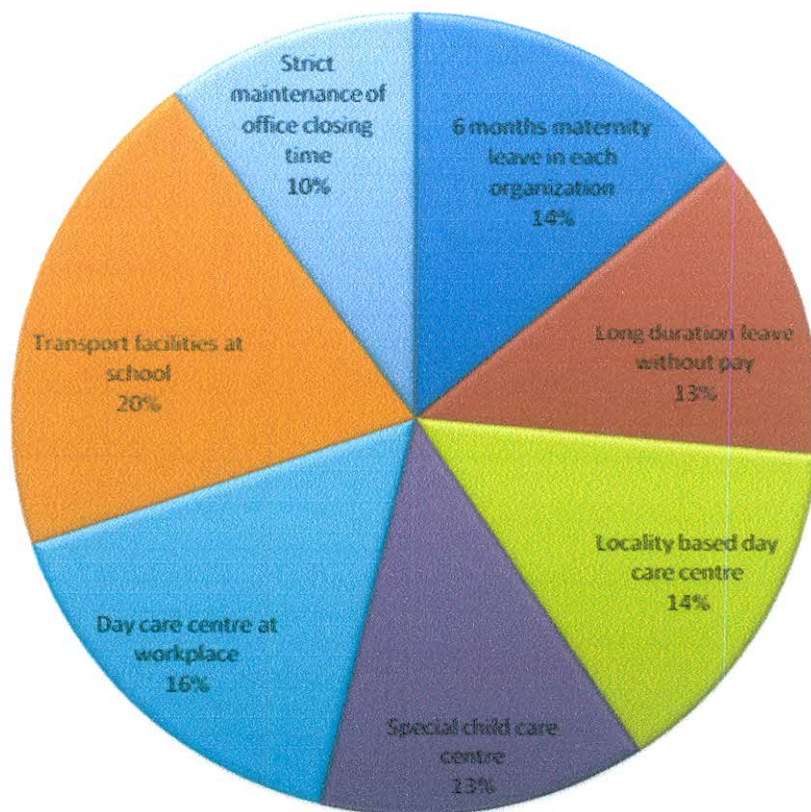
All of working mothers (100 percent) stressed that a positive change in the attitude of husband and society towards women’s career is necessary. But Ms Jahan of BUET, who is a teacher of the Department of Civil Engineering expressed a different view, “Before all else, women themselves must be conscious of their own careers. But family is also very important, and it is therefore necessary to maintain a good balance between the family and career. Otherwise, children in the family will be negatively affected.” Dr. Sharmin of DMC also stresses on women’s self determination. She expressed her view, “Before all else, there should be a strong determination on the part of women themselves. If there is a strong will or determination as indicated above, all problems of the working mother could be

overcome. A cooperative attitude in husband is essential. I think it is good for the husband and wife to be in the same profession.”

The working mothers under this study further added that doing a job by the woman itself is viewed in the society as the development of her career and that this has to be changed. To quote Coser and Rokoff, “Women tend to be deprived of the opportunity of obtaining achieved statuses for themselves. Another way of saying this is that men raise the family’s status by raising their own, while women share in the family’s status by denying their own (1982:51).” Dr. Jahan of IPGMR experienced a sort of negative attitude of her husband and in-laws and this is clearly reflected in her statement, “I was a bright student. Only the best of the students who study for the MBBS degree are accepted in Dhaka Medical College, and I was a student of there. But only because of the mentality of my businessman husband and my in-laws, I have no career. Many of my friends who were vastly inferior to me academically are now in much better position professionally.”

The following chart (chart 9) reflects the opinion of working mothers about how to overcome the career limitations and how to develop their careers.

CHART-9: OPINION OF THE MOTHERS ABOUT HOW TO OVERCOME CAREER LIMITATIONS





## CHAPTER 10

### SUMMARY & CONCLUSION

The dissertation entitled “Child Caring and Career Limitations among the Working Mothers in Dhaka City” is an original research work based on intensive field work. Due to an increase in educational facilities, the importance given by both government and non-govt. organizations to women’s empowerment there has been a welcome change within the society towards women’s employment. And the participation rate of working women as well as working mothers has vastly increased in recent years in Bangladesh. But the supportive arrangements for child caring, which is still considered to be the prime responsibility of working mothers, have not yet been made sufficiently well. So the professionals specially the working mothers are facing many problems at their jobs and about careers. But full development of potential of men and women is necessary for the overall human development of the country. Considering the role of working mothers for the development of the country, this subject was selected for study.

#### Socio-economic Background of the Working Mothers

*Socio-economic backgrounds of the working mothers were found in chapter 3. This chapter focuses on some important social characteristics of the working mothers also makes a comparison between the three groups of professionals. The characteristics of the mothers such as Ages of the working mothers, Level of education of the mothers, Income level of the working mothers, Ages at their first marriage, Mothers’ ages at the birth of their first child, Number of children and Age gaps between their children were looked at from different perspectives. These were*

considered to be related to their career, career limitations and also to their career development.

The **Median Ages** of the teaching staff, office staff and the medical staff were 43.1 years, 45.1 years and 42.0 respectively. The median age of all the working mothers under study was 43.1 years. Since one of the main objectives of the research was to investigate existing situation of career limitations for the working mothers, it was necessary for the researcher to collect information from those mothers who had experienced the career limitations. From this point of view, the researcher succeeded in identifying those experienced mothers. The Median Monthly Income of all working mothers under this study was only Tk. 19,505/- which was in fact low in view of their level of education. Obviously, their level of income was non-proportionate to their educational qualifications. The Median Ages at marriage of the teaching staff, office staff and the medical staff in this study were 25.0 years, 23.5 years and 24.1 years respectively. And the Median age at marriage of all working mothers was found to be 24.3 years. It is still higher than the national figure which is 18.7 years (BBS, 2012). It is because the mothers dealt with in this study were all professionals. It was observed that the highest percentage of working moms (38.4%) had their first child between 26 and 30 years of age, which was followed by the percentage of moms (about 32%) who had their first baby between 22 and 26 years of age. Their average age at the birth of their first child was found to be about 27 years. Again 12 per cent and 18 per cent of the working mothers had their first child under their 22<sup>nd</sup> year and above their 30<sup>th</sup> year respectively. It has been found in the study more than half (56%) of the working mothers under study had 2 children each.



More than one third of the mothers had only one child each. But less than one tenth of them had 3 children individually. Based on the present study it may be concluded that because of the problems of child caring the majority of the working mothers preferred a longer gap between their child births.

Chapter 4 shows the helpers' role in child caring and level of sharing of child caring responsibilities. Helpers were classified here into three categories. In this study the working mothers availed two types of help from their own relatives. Sometimes relatives were found to live in their families with them, sometimes they were living in joint families and in some cases the mothers went to their work dropping their children to the house of some close relatives. But when the working mothers had no close relatives to help them, they had to depend on only household assistants. Sometimes, the mothers were bound to depend on others. Others indicate here as day care centers, neighbours, elder siblings or none for child caring where the children stayed at mothers' offices. In this study, important child caring responsibilities were classified into seven major types: (1) newborn care, (2) preparing meals for the babies, (3) feeding them, (4) other child caring chores including washing, helping with toilet and bathing, (5) nursing the children when sick, (6) taking/collecting children to/from school and (7) helping them with school homework. These responsibilities were considered very important for the children at their early stage of life.



Again, the sharing of child caring responsibilities was measured by three levels – low, medium and high. When the mothers did or could not share the responsibilities with anyone else, the level of sharing was considered as low; when the mothers got help from some close relatives or household assistants the level of sharing was considered medium and when the mothers were helped by their husbands in performing those duties, it was considered a high level of sharing. This study reveals that although there is acute problem related to child caring in Dhaka city, husbands' sharing in child caring was insignificant.

Chapter 5 depicts job related problems faced by the working mothers and career limitations encountered by them because of child caring responsibilities. Those problems were considered to be job related problems for which the mothers faced or felt difficulty in doing their jobs.

The study mainly tried to link the relationship between child caring and career limitations for the working mothers. It also tried to find out the relationship between major career limitations and development of career of the working mothers. Break of Study, Late Entry into the Job and Discontinuation of Job by the working mothers have been considered to be the major career limitations for them. A relationship between child caring and those major career limitations faced by the mothers was established. A significant relationship was found between child caring and career limitations for all the working mothers. Again an association was also made between these major career limitations for mothers and their career development. A

significant correlation was again found between those variables. It was found that the more the career limitations for the working mothers, the less the career development for them and vice versa. It was evident from the study that working mothers' child caring roles and their career limitations were interlinked. Again, their major career limitations and the development of their career were negatively correlated. So it is necessary to take steps towards the removal of these limitations.

## RECOMMENDATIONS

1. Child caring is a serious issue in the urban areas of Bangladesh. Bangladesh government therefore should adopt effective plans side by side with creating employment opportunities for women in order to ensure proper child care facilities.
2. In order to ensure equal status for men and women, equal opportunities should be ensured. Within family, men must perform their duties equally with women.
3. Side by side with school buses, it is necessary to make arrangements for vans for transporting children to and from schools. In schools, the student–teacher ratio should be so as to make it possible for teachers to supervise and guide the studies of students properly. Schools must do their duties so that working parents do not have to help their children with their studies after returning from work at the end of the day.
4. Effective steps should be taken for the full development of potential of all citizens irrespective of gender. Government should see to it that women do not tend to any particular profession calculating work hours and that everyone should get a job based on his or her qualification.
5. In Bangladesh, shortage of female doctors is a great problem. The present study shows that of all three categories of professionals, the members of medical staff are the worst suffers so far as career limitations are concerned. Many of them cannot develop their career, although they have potential and scope. If such problems are left unchecked, the number of female doctors will go down in future, and a negative result might follow. For the removal of the problems faced by female doctors the



government has to come forward and measures must be taken that women do not stop having interest in medical profession.

6. Nursing is beyond doubt a noble profession. But those who join it are mostly the people who have failed to get jobs in other fields and who are neither skilled nor dedicated. But given the prospect of trained and dedicated nursing as a profession within Bangladesh as well as abroad, it is necessary to develop skill as well as ensuring adequate facilities for nurses. Prospect exists for export of trained and dedicated nurses to developed countries side by side with developing the nursing sector of the country.

7. It has to be ensured that women do not opt for teaching as profession considering work hours. Teaching is a noble and responsible profession. There has to be effective planning for it that only people genuinely interested in teaching choose this profession. The quality of education is one of the major issues in Bangladesh now. The government should pay careful attention to it that only qualified, skilled and meritorious people feel drawn to this profession.

8. In each area there should exist a standard and safe day care centre. A workplace should have such a day care centre attached to it for babies of 0 – 3 age range. Such arrangements are necessary so that working mothers do not feel worried about their babies leading to the neglect of their duties at work. Besides, the office timing of the day care centre everywhere should be from 7:00 a.m. to 10:00 p.m. The day care centre should have the shifting and hourly (taking the day care centre facility by the client for as many hours as needed) system so that all working women including

school teachers, female doctors as well as female office executives can perform their duties without anxiety.

**9.** Facilities should exist at the day care centre for the proper development of the child. The present study demonstrates that in spite of so many problems about child caring, a negligible number of children are kept at the day care centre. And this is due to lack of security and facilities. Investments therefore should be made in the day care centre at government and private levels on an extensive scale and, if needed, the government will have to provide subsidy to the project. If this is done, women will not have to sacrifice their careers on account of child caring. The arrangements recommended above are essential for the development of women's merit and the growth of a healthy future generation.

**10.** Additionally, supporting the day care centre with government and private patronage could go a long way in creating employment opportunities for women.

**11.** Electronic and print media have to come forward to change the attitude prevalent in the family and society and develop a positive attitude towards the career of women. If women who constitute half the population of the society cannot properly apply their merit and labor, it will leave a negative impact on the overall human development in Bangladesh. Sociologists and the civil society have a role to play in the matter. Chapters should be added to the textbooks of young children in order to familiarize them with responsibilities to families. Analytical gender related articles should be introduced in college textbooks. These topics should be incorporated into the syllabus so that the future generation do not consider child rearing and performing household chores to be the sole responsibilities of women.

**12.** Bangladesh government has undertaken extensive projects for the employment for women and taken various steps for the education and employment of women. But it will not mean much if women are only employed and educated: without removing the barriers and obstacles to women's proper career development, it is impossible to achieve the goal of women's empowerment. Husbands will dominate working wives, making them earn an income but pressurizing them to shoulder greater financial responsibilities in the family. But on the other hand, women who lag behind in career building will be dominated by their male colleagues who are relatively advanced down their career path. Thus the male members of the country will always exercise undue authority in all social and national decision-making processes. So although women appear to be empowered, in reality their empowerment is impossible in the above situation. That is why, side by side with women's education and employment, their professional career is also important.



## RECOMMENDATIONS FOR FURTHER RESEARCH

1. In the light of the present study, it is possible to go for a comparative analysis of the career problem or career limitations for working mothers and their husbands. Career Development after marriage could be a good subject for a research.

2. Similarly, there could be a high quality research on the career of working men and women with the same level of education and same length of service.

3. Many a time marriages take place between classmates. A research could also be carried out on such couples with either partner having the same age, same level of education or the same qualifications. Their decision making power, career development, career limitations, role in the family after marriage could be some of the principal features of the subject for such a research.

4. Non-availability of female doctors in Bangladesh is a major problem. In the present study, career limitations faced by them was to the highest extent. In future, an extensive research could be conducted exclusively on female doctors. A research on the career development for female doctors as well as their career related problems could immensely contribute to the development of the health sector of Bangladesh.

5. The present study reveals that in most cases the teachers were not interested in any other types of job. Whether they join this profession on account of direct or indirect pressure from within the family could be an interesting subject for research. Also, a research could be carried out into the causes for the lack of interest in teaching profession on the part of the qualified young people now.

6. Research is necessary on the day care centre at government as well as private sectors. It is equally necessary to conduct research on why working parents do not put their babies in the day care centre, although they have so many acute child caring problems. And effective programmes based on findings of such research will have a positive impact on women and child development.

7. Good research is possible on how far working mothers in women's rights agencies or NGOs are really enjoying women's rights.

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