



Balancing work and family life, by the midwives of Porto Novo

Taouema B*, Akerebourou F L

Social and Human Sciences Laboratory, National Institute of Youth, Physical Education and Sports (INJEPS), University of Abomey-Calavi (UAC), Benin

Abstract

African culture gives men and women different complementary roles, so that the tasks of the house are rather taken in hand and carried out by the woman. Currently, in addition to their tasks as women in the family, like men, they are on the job market to earn additional financial resources from the family or their own autonomy and emancipation. How do they reconcile the successful completion of the activities of their lives: family and professional?

The reflection on "the reconciliation of family life activities and professional life", if it is in vogue in the West is recent in French-speaking black Africa and especially in Benin. For our study we have chosen a population of women from the city of Porto Novo, having a very active profession: midwives, and who have a family life.

Data was obtained and analyzed through: a questionnaire administered to a sample of thirty (30) subjects; of six (06) interviews. Then an analysis model obtained from theories: of conflict, maximization and overflow, in relation to the reconciliation of professional and family activities.

The very interesting results of this study, which sufficiently shows its usefulness, share the tips of these ladies to properly assume their responsibilities.

Keywords: reconciliation, professional life, family life, conflict, time, stress, strategy

Introduction

Modern society is upsetting the traditional vision of the family and of women, notorious changes are taking place in the social and cultural fabric, the secular values of yesterday, mentalities and attitudes. The entry of women into the job market has become a reality and an unavoidable necessity, although this situation prevents them in some cases from responding optimally to the demands of family life. In this regard, many active women are torn between the domestic sphere and the professional sphere.

Africa and particularly Benin has not remained on the sidelines of modernity. We also observe this social change with more and more women carrying out income-generating professional activities in the same way as men in order to participate in family expenses or at least ensure financial independence. This novelty explains the increase in the number of biactive couples. However, the organization of family life and in particular the question of the education of young children remains mainly the responsibility of women who combine more than they reconcile family life and professional life.

The work-family relationship is a major social problem for families, companies, institutions and States (Kanter, 1977)

^[13]; and studies have looked at the difficulties of articulating the private sphere with that of work, through reconciliation models. This study contributes to this concern.

1. Context

Porto Novo, the political capital of Benin, hosted this study. It is one of the 03 big cities of Benin, the country nicknamed the Latin Quarter of Africa, and located in its western part. Benin borders: Nigeria to the east; from Togo to the West and from Niger to the North. Porto-Novo is 31 km from the largest and most emblematic city of the country: Cotonou.

Although the city does not specialize in a specific economic activity, it remains the metropolis of major Beninese traders with relatively high turnover (Hounga *et al*, 2015) ^[12].

Porto-Novo is part of the PAS, an associative health zone of 03 municipalities: Porto-Novo, Aguégué and Sèmè podji, of which it is the capital. There are 14 public health facilities in the PAS, including the Porto Novo reference hospital: the Ouémé Plateau Departmental University Hospital Center (CHUD-OP), which is one of the largest in the Country and sub-region and which is our field of study. Among the public health agents of the city of Porto-Novo we have the midwives.

Table 1: Presentation of public health agents in the city of Porto-Novo

Professions	Doctors Generalists	Doctors specialists	Nurses state graduates	Nurses specialized	Sages-femmes d'Etat	Techniciens de laboratoire	Aides soignants
Effective	25	40	71	74	69	25	231

Source: statistical database, DDS-OP (2015)

To become a midwife, you must hold the state midwifery diploma, which is obtained on a university course of 05 years as far as Benin is concerned. Midwifery is a regulated medical profession. They have a power of diagnosis and a right of prescription. The midwife (or midwife or male

midwife, but men are very rare) is a specialist in normal pregnancies. She follows the pregnant women in her care, from the diagnosis of pregnancy to the day of delivery.

Over the months, she leads birth preparation sessions (relaxation exercises, sophrology, yoga, etc.), prescribes and

performs all the necessary examinations, provides psychological support to future mothers. Responsible for the progress of childbirth, it is she who makes the diagnosis of the beginning of labor, of which she follows the evolution.

With the help of cutting-edge technologies (monitoring, ultrasounds, etc.), the midwife takes care of most deliveries alone (75% of cases). She performs episiotomy, sutures, neonatal resuscitation and intubation if necessary. If complications arise, she must act very quickly to call the gynecologist-obstetrician or the surgeon.

After delivery, she takes care of the newborn, checks that he is in good health and performs resuscitation if necessary. She also monitors the mother's recovery, advises her on breastfeeding and baby hygiene and practices perineal rehabilitation.

The activity of the midwife is not limited to technical gestures: she also has a very important relational role. She must know how to explain to the future mother how the successive stages will unfold, reassure her and associate the father with this important moment.

But the role of the midwife is not limited to pregnancy alone. A specialist in women's physiology, the midwife also has the necessary skills to provide daily preventive gynecological follow-up for women (contraception, diagnosis of pregnancy, medical abortion, treatment of menopause, regular check-ups, vaccination of women and newborn).

In case of problems or particular pathologies, she directs the patient to the gynecologist. She also participates in clinical activities of assisted procreation.

This profession involves heavy responsibilities and often difficult working conditions: irregular hours, night shifts, stress... Great resistance to physical and nervous fatigue is therefore necessary. Most midwives work in hospitals or private clinics (80%).

And when you spend a day alongside a midwife to live her daily life with her, you realize that only nature will be able to recognize the full extent of her sacrifice for the human cause.

2. State of the Problem

The good maintenance of the house, the education of children, taking care of her husband or spouse and children, are private and family activities of the midwife. Some would say normal activities of it. These activities are in confrontation or in cohabitation with the professional activities of the midwife. The 02 activity groups require time and produce stress to varying degrees, and must be performed with skill and responsibility. This is why the word conciliation finds its place in the problematic concerning the way in which these ladies endure this hectic and stressful life.

The popular opinion is that it is impossible for midwives to equitably reconcile a full family life with intense professional activity. Women who have an intense professional life pay for it with a weak family life, and those who keep a lively family life pay for it with a less brilliant professional performance than it could have been. And it is to verify this that we wanted to do this study.

In this regard, we have made the following two hypotheses:

- midwives devote more time to their profession;
- midwives bring stress from the workplace home and stress from home to the workplace.

And to test our hypotheses, the general objective was: to analyze the socio-professional life and the private and family life of midwives with regard to time and stress management. And we had two specific objectives:

- study how midwives share their time between the 02 groups of activities.;
- study how midwives manage stress between the 02 groups of activities.

3. Analysis Model

In the performance of 2 or more roles consecutively, several authors supporting conflict theory have revealed the presence of two forms of conflict (Duxbury and Higgins, 1991; Frone *et al.*, 1992; Kossek and Ozeki, 1998) ^[4, 7, 5, 14]: time conflict and tension (stress) conflict.

According to these authors,

- the time conflict is related to the time overload due to the different roles as well as the difficulty (lack of time) in managing the demands of one role and another;
- the conflict of tension (stress) is related to the tension experienced in the exercise of a role which interferes in another role.

In the satisfaction maximization theory, the relationship of 2 roles is perceived in a bidirectional way. This conflict of the two roles comes from the fact that the individual spends more time in the sphere which gives him the most satisfaction. This creates an imbalance since time is reduced for the other sphere (Frone *et al.*, 1992) ^[7].

The overflow theory postulates that satisfaction or dissatisfaction experienced in one role or another exerts a positive or negative effect on the other domain. In this case there can be conflict when a dissatisfaction associated with one role negatively affects the other or vice versa. Moreover, if the influence is positive in one role, it can have a positive impact on the other.

Reported to our research, midwives have on-call shifts and emergencies that take up a lot of their time which certainly doesn't leave them with satisfying family time. And if they devote themselves like that, it is up to the family, this time portion returned to the family would no longer leave enough to devote themselves effectively to the profession of midwife.

Professional concerns interfere with the realization and fulfillment of family tasks. Stress conflict results from the fact that the stress experienced in one role influences the satisfactory performance of another role. Thus, a job could be incompatible with family life. The incompatibility of the roles would be perceptible insofar as the stress generated by the interference between these roles harms the capacities of an individual to manage them serenely. The symptoms that would indicate the presence of stress would be fatigue, irritability or even anxiety. The stress generated by the activities of the medical profession such as consultations, emergencies, can influence the ability of midwives to respond effectively to certain family obligations.

4. Methodological Approach

4.1. Method and nature of the investigation

To be able to analyze the socio-professional life and the private and family life of midwives with regard to time and stress management, it was essential to collect objective data.

This survey consisted in questioning midwives on the way in which they devote their time to both professional and private family activities, as well as the strategies they use to overcome their stress. The questionnaire was administered to 30 midwives and the interview only concerned 06 of them. The nature of our study is therefore qualitative (eg: strategy to be identified) and quantitative (eg: portion of time devoted).

4. 2. Investigative techniques

We did 04 types of surveys, including 02 main ones:

- survey by questionnaire and;
- interview survey;
- which we supplemented with good documentation and observations.

4. 3. Target population

The population studied is that of midwives, women in a special function. And since he works in Benin, in Porto-Novo and particularly at the CHUD-OP in the city of Porto-Novo, we obtained our survey samples from those of this health unit.

4. 4. Sample

With regard to the survey by questionnaire, we obtained our sample by the non-probability sampling technique by quotas and voluntary. The elements of the sample were chosen on a voluntary basis, and represent strata of the total population of CHDO midwives.

The survey was done on a sample of 30 subjects: the 30 midwives of this health service who agreed to answer our questionnaire on a voluntary basis. Among them we have:

Table 2

Marital status	Singles without children	Brides with less than 03 children	Brides with at least 03 children
Effective	02	21	07

Table 3

Seniority	Seniority Less than 5 years old	Seniority Between 5 and 10 years	Seniority more than 10 years old
Effective	08	13	09

The interview survey had a sample of 06 subjects: the 06 midwives of this health service who agreed to do interviews. Among them we have:

Table 4

Seniority	Seniority Less than 5 years old	Seniority Between 5 and 10 years	Seniority more than 10 years old
Effective	02	02	02

The main difficulty was the reluctance of hospital officials who saw in this study an additional loss of time when there is already a time pressure at the level of the concerned. In carrying out this research, the midwives' lack of time was also a hindrance.

4. 5. Tools

A questionnaire was produced and administered to the 30 midwives. An interview guide made it easier for us to administer our interviews with 06 midwives. A documentary research guide and an observation guide made it possible to seek and find documentation and to make effective observations. A recorder, note-taking notebooks, data processing and analysis software, are all tools that allowed us to obtain the following results.

5. Results

The results from the questionnaire and the interview guide teach us that it is very difficult to reconcile the two worlds (professional and family) equitably. Professional activities win out and the family is harmed.

1. Most of the time is spent at hospital
2. Midwives take the stress out of family delivery rooms

But if the situation is dire for those who have just started the job, we see that over time, probably from the seniority of the experience, they are doing better. They learn quite quickly to leave the stress of work at work and clear their heads of things concerning professional life before returning to their

families. They come in and don't bring work home too much or the stories from home to work.

It is the first constraint, that related to time, which is the real and big problem. The profession of midwife absorbs physical energy and time, which means that the midwife gives herself little physically in the family and is not very present. She then makes sure to fill this lapse of time with a lot of love and listening so that each member of her family feels loved. Better for all the tasks that she should be doing, but that time does not allow her to honor properly, she is replaced by responsible and efficient people whose services she pays for. Fortunately, this is currently possible, with the profession of "housekeeper" becoming more and more democratic.

Conclusion

By way of conclusion, we can say that the entry of women into the labor market is something that first takes its root from the economy. The insufficiency of the remuneration of the man, provider of resources, to be able to satisfy the needs of his wife and assume her responsibilities as head of the household has led women to think differently about how to make themselves useful for the man in order to reduce its expenses and financial charges.

In a woman's life, the domestic sphere and the public sphere are linked and exert a reciprocal influence on each other. No woman will be able to succeed in the public sphere without harmony in the domestic sphere. Since their entry into the world of work, they have been faced with the problem of reconciling the two spheres. But none of them manages to

put paid work before the education of children even if they do not say so openly because they seek to be efficient in both spheres. They have developed individual strategies to adapt and survive their reality as mothers and workers. They rely above all on their personal resources and on the arrangement of their working hours to deal with the problems of reconciliation. If necessary, they call on third parties such as servants and grandparents to take care of the children and perform certain household tasks.

They always find time for their children even if it is little compared to the time they devote to their professional activities. Aware of their importance in the family as well as at work, they find the right balance so as not to fail and to be able to reconcile the two exhausting functions.

References

1. Anand A. A feminist perspective on development. *Women and development: tools for organization and action*. The Harmattan, 1998.
2. Bastid F. Beyond gender, the balance between professional life and private life is a factor in the diversity of the careers of women and men executives. *Proceedings of the AGRH congress*, 2003.
3. Bugain J. The issue of the role of women in development in Africa: the involvement of CIFAD, 1988.
4. Duxbury LE, Higgins CA. Gender differences in work-family conflict. *Journal of Applied Psychology*,1991;76(1):60-74.
<https://doi.org/10.1037/0021-9010.76.1.60>
5. Ernst Kossek E, Ozeki C. Work-family conflict, politics, and the work-personal satisfaction relationship: A review and directions for research on organizational behavior and human resources. *Journal of Applied Psychology*,1998;83(2):139-149.
<https://doi.org/10.1037/0021-9010.83.2.139>
6. Fourn E, Hounhanou BA. Reconciliation of professional activity and family life: challenges and prospects for improving the performance of Beninese women. *Labrys, Estudos femininos*, 2008, 12.
7. Frone M, Rice R. Work-family conflict: the effect of work and family involvement, *Journal of Occupational Behavior*,1987;8:45-53.
8. Gratton V. Advising mothers on the education of their children during the interwar period: The chronicles of Odette Oligny, Master of Arts (M.A.) dissertation in History, research option, Faculty of Arts and Science, University of Montreal, Canada, 2015.
9. Greenhaus J, Beutell J. Sources of conflict between work and family roles. *Journal of the Academy of Management*,1985;10(1):76-88.
10. Haavio Mannila E. The Influence of Gender Segregation in the Workplace on Family Life. *Review of Marriage and Family*,1989;14(1-2):107-126. Published online October 22, 2010.
11. Hanquet H. The professional activity of women: Means of participation in global development. *Working life*, Brussels, 1972.
12. Houna A, Tito A, Akouété D, Gnonhoué A. Work-family balance and its impact on children's education: the case of women in the health sector of the city of Porto-Novo in Benin, *International Journal of Innovation and Applied Studies*,2016;18(4):1149-1158.
13. Kanter R. *Businessman and Women*, Harvard, Boston, 1977.
14. Kossek E, Ozeki C. Work-family conflict, politics, and work relationship personal satisfaction: A review and directions for research on organizational behavior and human resources. *Journal of Applied Psychology*,1998;83(2):139-149.
<https://doi.org/10.1037/0021-9010.83.2.139>
15. Laufer J. The construction of the glass ceiling: the case of women executives with potential. *Labor and Employment No*,2005;102:31-44.
16. Liff S, Ward K. Distorted views through the glass ceiling: the construction of female conceptions of promotions and management positions. *Gender, work and organization*,2001;8(1):19-36.
17. Oligny O. *Feminine Chronicle*. Canada, 1931-1936.
18. Saracelo C. Displacements of public and private frontiers: women as mothers and service workers in child care centres. *Etudes féministes*,1984;X(1):17-30.
19. Savi GD. Women civil servants and the education of children in Cotonou. Master's thesis, University of Abomey-Calavi, 2009.
20. Scheibl F, Dex S. Should we have more family-friendly policies? *European Journal of Management*,1998;16(5):586-599
21. Simkin C, Hillage J. Family-friendly work: new hope or old hype. *Manpower Studies*, 1992, 32.