

# **AN APPROACH TOWARDS ISSUES OF WORKING MOTHER: SPECIAL REFERENCE TO MATERNITY BENEFIT ACT, 2017 IN HIMALAYAN STATE OF HIMACHAL PRADESH.**

**Ankita Verma**

Faculty of Management Sciences & Liberal Arts, Shoolini University, Solan, India.  
Email id: 1993ankitaverma@gmail.com

## **Abstract**

This study focuses on examination of the level of awareness, and satisfaction status of MBA in Indian western Himalayan state of Himachal Pradesh. The present study throws light on factors affecting mental health of the problems faced in implementation of the Act in the organized and unorganized educational sectors in the study area. The results would be of help in implementation of similar programmes in other regions with similar socio-cultural and administrative environments. For the study 313 females have been approached in Himachal Pradesh to study factor of interest regression analysis and chi-square analysis has been considered. The finding of study made it clear that the Act is been molded by the employer and it is directly affecting the return to work. The study has also found that welfare measures provided by the organization are not sufficient and it is causing health issues like depression, anxiety and stress. The study suggested that Suitable remedial measures to implement the provisions are needed; and the organizations or businesses failing on this account should be educated and also made responsible for it.

**Keywords:** Working mother, mental stress, returning from leave, maternal schemes, maternity leave

**Abbreviations:** MBA, Maternity Benefit Act; MAA Programme, Mother's Absolute Affection Programme; JSY, Jannani Suraksha Yojana; JSSK, Janani Shishu Suraksha Karyakaram; ASHA, Accredited social health activist; ICDS, Integrated Child Development Services; PMMVY, Pradhan Mantri Matru Vandana Yojana; PMSMA, Pradhan Mantri Surakshit Matritva Abhiyan

## **I. INTRODUCTION**

Women's contribution to society can be better judged by appreciating the varied roles that women play as a mother, a sister, a daughter, a wife, or other social relations. Valuing this contribution is a formidable task, and no wonder women's contribution is often underestimated. Working women face many additional constraints in performing their official duties, particularly when they embrace motherhood. They worry about the loss of job, the possibility of physical deforming of body, and several other physical and mental stresses. Given their contribution to society and also acknowledging the potential contribution of female labour force towards socio-economic development, formulating women-friendly policies that allow them the opportunities for their contribution to the development process is essential. India is in the league of many developed nations in formulating women-friendly policies, and one of such important initiatives is the Maternity Benefits Act 1961. It was later amended from time-to-time with the latest being the amended Act of 2017. As pointed out above the need to protect the rights of working women at the time of her pregnancy and after that maternity benefit Act was needed, Kumar, 2014 [1]. The Act aimed at protecting the dignity of 'motherhood' by providing health care and monetary benefits to the working woman and the child. It aims at allowing woman to enjoy her motherhood without any tensions regarding her source of income at the time when she is not in a position to perform her work with same spirit and energy (www.medIndia.com ) [2].

Maternity Benefits Act has its roots in Germany where it became a part of insurance programme. After Germany other developed countries also adopted this scheme but before adopting the scheme, most of the countries took time to acknowledge the concept of women rights. While countries were taking the issue of maternity benefit seriously International Labour Organization (ILO) made immense efforts to make this path easier. ILO considers the health of woman and her child a top priority for a nation as well as for an organization (Bala, 2012) [3]. Like developed countries, developing countries were also adopting this scheme. Firstly, the Constitution of India does embody the French idea of equality through part III, but due to some reasons this ideology could not come into

reality. The initial Indian labour law only define ‘workmen’ and that too in factories Act only. To change this, a general clause has been added that defines the term ‘man’ and also included ‘female’ (Kumar, 2014).

Maternity benefit act is one of the legislations which exclusively talks and secures the interests of women and protects their rights. In India, the first maternity benefit Act was enacted in 1961. It had a provision of leave for 12 weeks (either before or after the date of delivery), along with average pay for the period of absence. As time passed, there was feeling that there should be some change to the MBA for the betterment of working women during pregnancy and after that. So the 1988 amendment was made which says a women employee can claim benefit, under the section 5 of the act, for the period of 6 weeks before delivery date (which was not mentioned in the 1961 Act) and 6 weeks after delivery (Rawat, 2015) [4]. After the major change other small changes were made from time to time but the landmark decision in maternity benefit act was announced in 2017. Before this landmark amendment MBA was amended in the year 2007, 2008 and 2014. In the latest amended MBA, the female workers have been granted “26 weeks” leave along with “work from home” option (this work from home option is given to women workers if the nature of their work allows it and with the mutual consent of the employer), (Bhide and Prakash, 2017) [5]. The new Maternity Benefit Act, 2017 also made it compulsory for every employer to provide information regarding the Act to its female workers at the time of their joining the organization. Further, if the organization have 30 female workers or 50 employees it should provide the facility of crèche to its women workers (deRidder and Hutchings, 2017) [6]. But it’s a belief that paid maternity leaves are a burden on an organization, these leaves contribute towards working mothers’ wellbeing and are also good for businesses (Hideg et.al, 2018) [7]. These leaves improve employee retention in the organization and also save expenditure on repetitive hiring processes, which adds to the expenses and also results in a waste of time in training a new person (Stroman et al., 2017) [8]. Thus, the paid leave would help employers to make good policies to retain capable women employees in the organization to achieve organizational goals in a better way (Frank et al., 2004) [9]. It has been observed that organizations who consider to retain talented working mothers have more flexible policies and have relatively more efficient staff (Samuel and Chipunza, 2008) [10].

## **II. REVIEW OF LITERATURE**

Earlier employers used to exploit the female workers by not giving leave to them for more than two children but women (indiankanon, 2008) who used to work in beedi factory and applied for maternity leave for the third child. But her organization refused the leave on the plea that there is no provision of leave for third child. She was given half of her salary and unpaid leave. She even complained against this to Appellate Authority but they rejected the petition on the ground that petitioner is late by 205 days (as per law petitioner has to file within 30 days). So the petitioner, as a last resort, filed the case in the Supreme Court. The Apex court after hearing both the parties made it clear that there is no provision under the Act regarding fixing the number of deliveries of children. Female workers can avail leave without any ceiling on the number of children. In another case the petitioner (who was working as block resource teacher educator in maths in Thootkudi district) was denied of maternity leave for her second delivery as in her first delivery she gives birth to twins and by now she had given birth to her third child. As per the order of the School Education Department she will not be paid wages for her leave. The question that was that whether a female married government servant is entitled to get full payment toward maternity leave and another benefit as she already has two surviving children [11]. Janjanam and Subhalakshmi (2018) in their study observe the maternity benefit act of different countries of the world and found that mortality rate of infant has been decreased by 10% along with this long leave has helped to build a strong relationship between mother and child. It is also good for the economy of the country and company turnover also decrease. It will also help increasing women participation in workforce. It was suggested from the study that HRD ministry needs to look after on entitlement of benefits under the act and women needs to be aware about the maternity law and there should be improvement in implementation with regard to access for nursing breaks and medical bonus [12]. Dhinakaran and Rajarajan (2013) investigated employee satisfaction towards labour welfare in Tamil Nadu State Transport Corporation Limited, Kumbakonam. The study was conducted among 150 respondents and analysis of the data was done by Chi-Square method. The conclusions of the study revealed that fifty percent of the respondents were satisfied with their rate of food and less than fifty percent of the employees are satisfied with the provision of the welfare facility and free family bus pass card facility. Thirty-eight percent of the respondents were found to be satisfied with the medical facility and thirty-five percent noted dis-satisfied with the medical and first aid facility. However, majority of the respondents were dis-satisfied or have neutral opinion about recreational facility. [13]. One of the important provisions of Maternity Benefit Act is to provide antenatal and postnatal services to mothers, different schemes have been initiated to promote these services and import among them JSY, JSSK, Madilu Yojana and Prasuti Yojana were analyzed by Manjula et al. (2016) [14]. It is not easy for women when it comes to play both the role (professional and mother). She faces lots of criticism, stress, depression etc. Govern et.al (2006) and Ogbuanu et.al (2011) studied mother health and return to work after childbirth. Govern et.al (2007) in their study of 817 mothers at 5 and 11 weeks postpartum found that there are 5 postpartum symptoms and they are fatigue, breast discomfort, decreased desire for sex, mental health, physical

health and authors found that caesarean deliveries were associated with significantly worse physical function, role limitation and utility, whereas breastfeeding was associated with increased frequency of postpartum symptoms [15]. Ogbuanu et.al (2011) found that 69.4% women initiated breastfeeding with positive variation by paid maternity leave length and time of return to work and neither total nor paid maternity leave have impact on breastfeeding initiation or duration. The studies suggested that new mothers must delay their time of return to work so that duration of breastfeeding among US mothers will strengthen and medical community needs to support the women for growing practices of caesarean deliveries. It was also suggested that there is a need for on-going rest and recovery for working mothers [16].

### III. RESEARCH METHODOLOGY

The present study was based on a sample size of 313 women employees selected from both public and private educational institutions in Himachal Pradesh. The study used both primary and the secondary data, and the primary data were collected through surveys, interviews and direct observations. The relevant secondary information was collected from the different published sources. Statistical analysis of the data was done using the following tools.

**Chi-square ( $\chi^2$ )** test was one of the significant non-parametric tests which were used to compare more than two variables for a randomly selected data. The estimated incidences were calculated based on the situations of null hypothesis (www.chegg.com).

$$\chi^2 = \sum_{i=1}^n \frac{(O_i - E_i)^2}{E_i}$$

Where,  $O_i$  : Observed frequency,  $E_i$  : Expected frequency

**Regression analysis** was used to analyze the effect of selected independent variables on dependent variable. Level of implementation of the Act, awareness, performance and mental well-being, etc. was the independent variables. The following form of regression equation was used:

$$Y = \beta_0 + \sum_{i=1}^n \beta_i x_i ; i = 1, 2, 3$$

Where, Y=Dependent variable,  $X_{is}$  =Independent variables and  $\beta_{is}$  are regression coefficients.

### IV. RESULTS AND DISCUSSIONS

#### Awareness, availing leave and implementation of provisions

Along with the awareness it is also important to see if the eligible persons are availing the benefits under different provisions which is their right. In his regard the response of the respondent working women were solicited during the surveys to ascertain the level to which they were exercising their rights and also if they were facing any problems in this regard. The results of the analysis in this regard, are presented in table 4.2.1. It is evident from the critical look at the data presented in the table that about 97% of women availed maternity leave. Only 3.2 percent of working women did not avail the provision of the maternity leave. The response about availing of the leave under some extraordinary situations like during miscarriage, premature birth, and still-birth tubectomy (*Mahila Nasbandi*) operation and during pregnancy related illness suggests that a very low percentage of women employees availed leave on account of these contingencies. This response ranges between 9 to 18.2 percent. This low response suggests that either the women feel shy of disclosing these conditions and manage these conditions at the family level only. Other reason for this could e that they have to face too much of queries at the work place that they may be feeling socially harassed and they thus do not go for availing these provisions.

So far as availing of the flexible working hours is concerned, it depends on the situation whether the organization has facilities for flexible working hours, or it has policy in this regard, and also whether the nature of the work in which the working mother is engaged can be completed in flexi-working hour framework. It is seen that only 16.6 percent of working mothers availed of this provision. However, it is the feeling from the field surveys that in most cases this provision is not workable in most organizations. Almost 56 per cent of the working women felt that organizations mould or manipulate the rules as per their convenience; almost 48 per cent of the respondents were of the opinion that their organizations are following the maternity benefits Act.

In conclusions, the table clearly suggests that so far as the level of awareness about the Act is concerned, working women respondents knew about the Act. However, it is also very clear that they were mostly taking the benefit of

maternity leave while for many other provisions; either they were ignorant or felt shy in availing these benefits. It is also possible that the organization were not way providing these benefits.

**Table 1: Respondents’ response regarding awareness, availing leave and implementation of provisions of MBA**

Particular	Response (%) N=313	
	Yes	No
Knowledge about MBA (1961 and 2017)	99.0	1.00
Availed maternity leave	96.8	3.2
Leave under the provision of miscarriage	18.2	81.2
Applied leave under premature/still-birth	10.2	89.8
Applied under pregnancy-related illness	11.2	88.2
Leave under the provision of tubectomy ( <i>Mahila Nasbandi</i> ) operation	9.6	90.4
Believe the organization is following all provisions of MBA	47.9	52.1
Employer molding the Act as per the organization requirement	55.6	44.4
Availed the provision of flexible working hours after returning to work (after maternal leave period)	16.6	83.4

**Table 2: Respondents’ response regarding satisfaction about maternity leave and wages provided by the organization**

Questions	Satisfaction level (% response)				
	Highly dissatisfied	Dissatisfied	Satisfied	Highly Satisfied	Overall (weighted score)
The duration of leave provided by the organization (N=302)	34.8	15.0	18.8	27.8	2.41
The amount of medical bonus provided by the organization (N=306)	41.5	8.7	35.1	20.8	2.53
The leave with wages granted for miscarriage (N=303)	39	18.2	19.5	20.1	2.21
Wages paid during maternity leave (N=303)	31.6	16.3	24.5	24	2.43
Health and other medical facilities (N=300)	52.1	13.1	20.4	10.2	1.88

Table 2 shows the respondents’ satisfaction level regarding the maternity leave and wages paid during maternity period by the organization. The satisfaction level, as shown as percentage of the total respondents expressing their feelings about an issue, suggests that overall, the respondents are not much satisfied with the organizations providing maternity leave and wages to working mothers. The overall weighted score for different particulars or questions of concern in the study suggests that satisfaction level is somewhat on the boundary of dissatisfied and satisfied. In case of provision of health and medical facilities the overall score is just 1.88, which is below the weight assigned to dissatisfaction level; indicating thereby that respondents expect more in this regard and the organizations would need to make special efforts in this regard.

The response of the respondents clearly shows that majority of the respondents are highly dissatisfied with the implementation of different provisions of the Act by their organizations. The proportion of respondents who felt highly dissatisfied about provision of different provisions of the Act by their organizations ranged from about 32 percent in case of wages paid during pregnancy to 52.1% in case of the provision of health and medical facilities. If we take an overall view of those feeling highly dissatisfied and dissatisfied, it is clear that the situation is not very encouraging.

More than 57 percent of the respondents (39% and 18.2%) were not satisfied with the organizations in respect of their leave with wages policy in case of miscarriage. Same is the case with the provision of leave and medical

bonus provided by the organizations. The range of those who felt highly satisfied with the implementations of the provisions by their organizations is from 10.2 percent in case of medical facilities to 27.8 percent in case of duration of leave allowed by the organizations. A high proportion of respondents did not feel concerned about the provisions or were indifferent in expressing their response. It is believed that majority of them may not have given clear response for reasons of some fear or also for reasons of clear understanding of the provisions of the Act; although they felt they know the Act or have heard about it.

**Table-3 Mental wellbeing Regression Coefficients**

Model	Unstandardized Coefficients		Sig.
	B	Std. Error	
(Constant)	.729	.047	.000
Family	.010	.021	.621
Difficulties	.033	.011	.003
Type of employment	.014	.021	.495
Type of organization	-.014	.016	.391

$$Y = \beta_0 + \sum_{i=0}^8 \beta_i x_i \quad ; i = 1, 2, 3, \dots, 8$$

$$Y = \beta_0 + \sum_{i=1}^n \beta_i x_i \quad ; i = 1, 2, 3, \dots, n$$

Mental wellbeing = .729 +.010(Family) +.033(Difficulties) +.014(Type of employment) -.014(Type of organization)

Regression Table 3, presents the results of the regression analysis of mental wellbeing of the working mothers and the set of independent variables considered in the study. Here the unstandardized coefficients are considered because in real-life problems the data cannot be typical. All the regression coefficients represent the mean change in the dependent variable (mental wellbeing) for one unit of change in the independent variables, i.e. type of employment, type of organization, family and difficulties. Any change in levels of/ or the state of factors of interest is expected to influence the dependent variable.

The value of slope in regression coefficient shows that mental wellbeing of women is affected by the family size. Women who are living in nuclear family admit that as they have nobody to share the responsibility of new born. Which directly affect their mental health as they have to perform multitasks by taking care of new born and work at the same time. Women also admit that although she perform multitasks but a sense a guilt remains there as she juggle between work and new-born leads to depression and other postpartum problems. Study by Pandey and Srivastava (2000) found that women belonging to nuclear families experienced more role stress as compared to those from joint families. However family has no significance with mental wellbeing as it was expected that women of different family size face less stress level at personal level [17]. The Value of second regression coefficient in our table is .033 and significant for the effect of difficulties on working women’s mental wellbeing. Women working accept that it was easy for them to join the organization as their employers were happier to have the women back in the organization. Women admit that their interpersonal skills has also been enhanced which has made them more confident and efficient at workplace. Women also talked about how much it was difficult for them to make a balance on work-family conflict. Women said co-workers’ support was strongly and positively associated with physical health as work-family conflict was negatively associated with mental health.

The value in regression coefficient is .014 and no significance is visible between type of employment and mental wellbeing. Women in regular and contractual framework face mental harassment at workplace. This mental harassment is related to the pressure that has been put on working mother to prove her at work and home. Women said that they are often criticized for not giving enough time to childcare, while males get praise even for a small time spent with their children; which causes more guilt in women. Working mothers also accept the fact that discrimination faced by them is due to the unavoidable characteristics of motherhood.

Interestingly the type of organization has no association with mental wellbeing as it was expected that women working in public sector face less stress as compared to private sector. But our study has found that whether a women is working in government or non-government sector she face mental health issues. Women in both the sector admit that their employer does not provide necessary welfare and crèche services to new mother and child. Women felt that there is a need for health education in the workplace focusing on both work and private life to

enhance balance wellbeing among female employees. The regression coefficient (-.014) is negative because women knows that it is not easy to make a balance between work and family. But forcing oneself to work harder than before affecting poorer postpartum mental health. In support of our finding study by Lucia et.al (2018) suggested that there is a need to understand the relationship of work to wellbeing of women and methods of preventing or referring adverse effects on overburdened workers and gendered work life balance should be encouraged and stress the relevance of the human factor over human resource practice in addressing the difficulties that women returning to work face after childbirth [18].

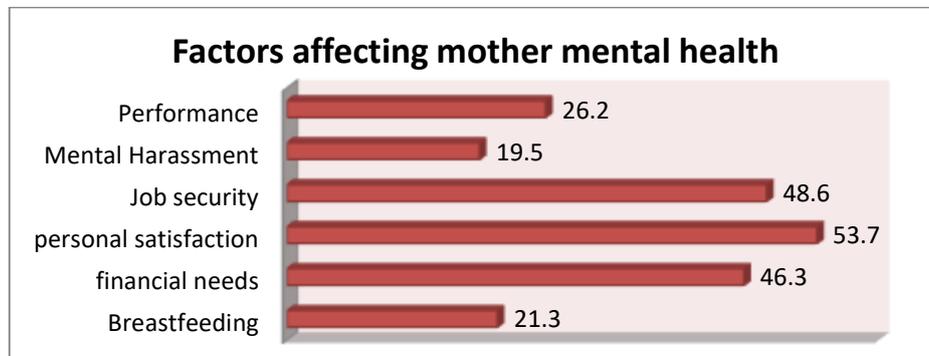


Figure 1: Factors affecting mental health of working mother

In the figure 1, it can be concluded that 21.3% women believe that breastfeeding in the organization help them feel less stressed at workplace as they are able to take a good care of new born and will be able to concentrate more on work (even the MAA scheme launched in Himachal Pradesh has also urged the new mother to breastfeed the child as it very essential to safeguard the new born from various diseases (<https://www.nhp.gov.in/>) [19]. But women said due to breastfeeding at workplace they have been subjected to pestering around 19.5% women said they have faced mental harassment because of breastfeeding. Women said there is no proper room where they can feed their child because of which people in the organization feel annoyed and offended while seeing women feeding. This is directly affecting the health of mother and the child as breastfeeding help to provide necessary nutrients and helps in growth of baby.

It is not easy for women when it comes to play the twin roles of a professional and that of a mother. It puts stress on their mental and physical health. 37.1% women admit that factors which forced them to go back to work before they were ready are job security (48.6%), financial needs (46.3%) and personal satisfaction (53.7%), as these factors directly or indirectly affect the mental wellbeing of a working new mothers.

Job security and financial need are the factors which are also associated with women exploitation at workplace, as due to these factors women does not complaint about the employer and prefer to remain silent. However 26.2% women feel that often their performance influences their position in an organization and women have been demoted from their current position, and have not being considered for any duty by creating maternal excuses by employer. Studies like Hakulinen et.al (1997) ,Goodman J.M et.al (2017) , Kimbro (2006) has also said that there are various complications a working mother face but she manages to overcome all the difficulties but it affect their mental health and causing depression and anxiety [20, 21, 22].

Table 4- Cross tab analysis for association of demographic variables and factors of interest

Factors of interest	Demographic variables					
	Age	Type of employment	Type of organization	Family	Occupation	Area
Implementation	*	*	*	ns	ns	ns
Satisfaction	*	ns	*	*	*	*
Awareness	*	*	*	ns	ns	*

ns = non-significant, \*= significant at 5 % level of significance (p ≤ 0.05)

From the table 4, suggests that age has association with implementation, satisfaction, area and awareness. 87.5% women of age group 26-31 admit that their organization had placed various posters regarding maternity and other woman related issues but despite that employer does not follow all the rules mentioned in the posters. However, these posters helped 63.2% women to have knowledge about various provisions of women protection Act. About 72% of women in regular and 30% women in contractual jobs stated that their organizations do not follow all the provision of the Act. On the other hand, 72.9% regular 27.1% contractual employees said that their employers though do not mold the Act according to their convenience, but the two statements are contradicting each other and reason for it is the fear of losing job or criticism by the employer.

70% regular women said that they were given six months leave whereas only 30% contractual women were given such leaves, a clear difference because of the type of employment can be noted. 77.6% regular and 36.6% contractual women workers know about free ante-natal checkup in JSK scheme. Further, 68.3% regular and 31.7% contractual women workers were having knowledge regarding information on child health in VHND scheme and health issues and disease under PMSMA schemes. Further, 64.5% regular and 35.5% contractual employees were having knowledge on ICDS, JSSK and PMMVY schemes. It is because government is continuously putting efforts so that every woman benefits from these schemes.

However, occupation has certain relationship with satisfaction, as 44% women with different occupation were highly satisfied with the sanitation provided by the organization. This is of utmost important for a new mother to safeguard her from various transmittable diseases. Whereas 56% women were dissatisfied with the rest interval provided to them as they felt that the time given to them was not sufficient, as with only half an hour of rest a women cannot recuperate productivity in work. 54.5% women said that because of their occupation, their organization increase their working hours due to which the father of the newborn mostly take care of the newborn. Thirty-seven percent of women in higher ranks (assistant professors) feel that there was minor effect in their personal life as women were ready to embrace the motherhood.

Type of organization has association with implementation as 68.3% public and 26.5% private and 5% semi government women employees said that their organizations follow all the provisions mentioned under maternity leave because women are not aware about the act. However, they do know that employer is molding the Act as per the convenience. Women of various sectors were not satisfied with welfare measures. For example, 56% women in public sector were dissatisfied with the medical bonus and duration of leave provided to them as they felt that while they are on leave employer still make them work indirectly. Whereas 26.9% private sector women employees were highly satisfied with the leave as they enjoy more than 6-month leave due to personal relation with employer indicating thereby the lack of system in this regard.

Women in rural areas (75%) were highly dissatisfied with the drinking water facility provided by the organization, as there was no apparatus for clean drinking water. About 77% women employees in rural areas were not ready to go back to work as they felt that they were not physically as well as emotionally ready to work due to lack of rest after maternity. 50.9% women in rural area were aware about JSSK scheme, free diagnostic of newborn and felt it was only because of continuous effort of anganbadi and ASHA workers. Study by Escriba et.al (1997), Maspons et.al (1994), Berg et.al (2007) also talked about maternity time and return of the mother to workforce from maternity leave [23, 24, 25].

**Table 5- Cross tab analysis for association of demographic variables and factors of interest**

Factors of interest	Demographic variables					
	Age	Type of employment	Type of organization	Family	Occupation	Area
Difficulties	ns	ns	ns	ns	ns	ns
Returning to work	ns	ns	ns	ns	ns	ns
Performance	ns	ns	ns	ns	ns	ns
Mental wellbeing	*	ns	ns	*	ns	ns

**ns = non-significant, \*= significant at 5% level of significance (p ≤ 0.05)**

On the one hand, it can be concluded from the table 5, that age has no association with other factors of interest. Women age cannot decide the leave period. Every woman faces difficulties pre as well as post-delivery because of biological and emotional change. The Act safeguards the employment of women. But on the other side age has association with mental wellbeing as 35.1% of women between the age group of 26-34 had rarely faced mental harassment at the work place. This is due to awareness regarding various women protection acts and rights and women feel that with the advance technique like CCTV women feel safer at work place. Similar study like Adhikari (2012) in his study found that age play an important role when it comes to mental harassment as with growing age women become more cognizant about women protection act. Both women of nuclear (46.2%) and joint family (53.8%) feel that breastfeeding in the organization does not help them feel less stressed as there is no crèche facility in their respective organization and it is not possible to take care of newborn along with work.

**V. CONCLUSION**

The journey of MBA in India suggests that there has been progress made in accommodating the concerns of the working women and that the government is aware of the importance of the issue of working women’s welfare. However, it is also felt after the review of literature and the court judgment’s that not is working well when it comes to implementation of the provisions of the Act. According to the fifth annual employment – unemployment

survey (2015-16), only 27.4% female workers are working and one of the reasons mentioned for this is the post maternity problems faced by women (Mathisekaran, 2016). Similarly, there are instances when women have been found to be discriminated against due to maternity related concerns. In this regard, it is felt that the present study would throw light on employee and employers' awareness of the Act, the problems in implementation of the Act in the organized and unorganized sector of the economy. The results of the study showed poor implementation of the Act in Himachal Pradesh, and its effect on mental and physical health of a new mother. The study also showed the lack of awareness regarding various maternal schemes among new age mother.

## **VI. FUTURE SCOPE**

The study focused on problems faced by working mother before and after maternity. However scope exists for the mental health and satisfaction level of women workers at workplace. Focus should be also on employers perspective as two parties are involved, moreover comparative study needs to be carried out for better understanding.

## **ACKNOWLEDGMENTS**

I want to acknowledge Mr. Neeraj Pizar, Assistant Director, Scientific Writing Cell, Shoolini University, for the proofread.

## **REFERENCES**

- [1]. Kumari, V. Problems and Challenges Faced by Urban Working Women in India. May, 2014. Available from: <http://ethesis.nitrkl.ac.in/6094/1/E-208.pdf>
- [2]. Maternity Benefit Act, 1961- Introduction. Available from: [https://www.medindia.net/indian\\_health\\_act/maternity-benefit-act-1961-introduction.htm](https://www.medindia.net/indian_health_act/maternity-benefit-act-1961-introduction.htm)
- [3]. Bala, S. Implementation of maternity benefit act: V.V. Giri National Labour Institute. 2012. Available from: <https://www.vvgnli.gov.in/sites/default/files/2012-099.pdf>
- [4]. Rawat, V. Law and the Mother: Maternity Benefit Act. 2015 April 15. Available from: <http://www.lex-warrier.in/2015/04/maternity-benefit-act/>
- [5]. Prakash, A. and Bhide, P. India: Maternity benefit (amendment) act, 2017 is effective from 1<sup>st</sup> April, 2017. 2017 April 4. Available from: <http://www.mondaq.com/india/x/582670/Employee+Benefits+Compensation/Maternity+Benefit+Amendment+Act+2017+Is+Effective+From+1+April+2017>
- [6]. deRidder, C. and Hutchings, J. Indian maternity benefit (amendment) act, 2017. 2018 February 22. Available from: <https://www.pillsburylaw.com/en/news-and-insights/indian-maternity-benefit-amendment-act-2017.html>
- [7]. Hideg, I., Krstic, A., Trau, R., and Zarina, T. Do Longer Maternity Leaves Hurt Women's Careers. 2018, 14 September Available from: <https://hbr.org/2018/09/do-longer-maternity-leaves-hurt-womens-careers>
- [8]. Stroman, T., Woods, W., Fitzgerald, G., Unnikrishnan, S. and Bird, L. (2017). Why paid leave is good businesses? Available from: <https://media-publications.bcg.com/BCG-Why-Paid-Family-Leave-Is-Good-Business-Feb-2017.pdf>
- [9]. Frank, F. D., Finnegan, R. P., Taylor, C. R. and Talent, K. The race for talent: Retaining and engaging workers in the 21st century. *Human Resource Planning*. 2004; 27: 12- 25.
- [10]. Samuel, M. O. and Chipunza, C. Employee retention and turnover: Using motivational variables as a panacea. *African J. Business Manage.* 2008; 3: 410-415.
- [11]. N. Mohammed Mohideen and Sahna Vs. The Deputy Commissioner of Labour (Inspection) (Beedi and Cigar Establishments Chief Inspector- Appellate Authority under the Maternity Benefit Act, 1961) and Inspector of Labour (Women) (Under the Maternity Benefit Act, 1961) ILLJ177Mad. June 09, 2008. Available from: <https://indiankanon.org/doc/1174047/>
- [12]. Janjanam, V. V. P. and Subbalakshmi, A. S. Maternity Benefit Act 1961-A study on history, scope and amendments in India. May, 2018. Available from: [https://www.researchgate.net/publication/324910243\\_Maternity\\_Benefit\\_Act\\_1961-A\\_study\\_on\\_history\\_scope\\_and\\_amendments\\_in\\_India](https://www.researchgate.net/publication/324910243_Maternity_Benefit_Act_1961-A_study_on_history_scope_and_amendments_in_India)
- [13]. Dhinakaran, D.P. and Rajarajan, M. Employees Satisfaction towards Labour Welfare Measures in Tamil Nadu State Transport Corporation Limited, Kumbakonam. *Asian Journal of Management*. February 2013; 3(3):163-168.

- [14]. Manjula, K., Ravish, K. S. and Ranganath, T. S. The awareness and utilization of maternity benefit schemes among women receiving postnatal services in a tertiary care centre. *International Journal of Community Medicine and Public Health*.2016 June; 3(6):1660-1664.
- [15]. Govern, P., Dowd, B., Gjerdingen, D., Dagher, R., Ukestad, L., McCaffrey, D., & Lundberg, U. Mothers' health and work-related factors at 11 weeks postpartum. *Annals of family medicine*. November 2007; 5(6):519–527. doi:10.1370/afm.751.
- [16]. Ogbuanu, C., Glover, S., Probst, J., Liu, J., Hussey, J. The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics*. 2011 Jun;127(6):e1414-27. doi: 10.1542/peds.2010-0459. PubMed PMID: 21624878; PubMed Central PMCID: PMC3387873.
- [17]. Pandey, S. and Srivastava, S. (2000). Coping with work stress in career oriented females. *Journal of CommunityStudies*(17), 313-323.
- [18]. Lucia-Casademunt A.M., García-Cabrera, A.M., Padilla-Angulo, L., Cuéllar-Molina, D. Returning to Work after Childbirth in Europe: Well-Being, Work-Life Balance, and the Interplay of Supervisor Support. *Front Psychol*. 2018 Feb 6; 9:68. doi: 10.3389/fpsyg.2018.00068. PubMed PMID: 29467695; PubMed Central PMCID: PMC5808277.
- [19]. Report of the health and planning committee. 1961, October. Available from: [https://www.nhp.gov.in/sites/default/files/pdf/Mudalier\\_Vol.pdf](https://www.nhp.gov.in/sites/default/files/pdf/Mudalier_Vol.pdf)
- [20]. Hakulinen, T., Paunonen, M. and Laippala, P. Relationships between demographic variables and family dynamics of childbearing families. *Int J Nurs Pract*. 1997 Dec;3(4):247-54.
- [21]. Goodman, J.M., Guendelman, S. and Kjerulff, K.H. Antenatal Maternity Leave and Childbirth Using the First Baby Study: A Propensity Score Analysis. *Womens Health Issues*. 2017 Jan - Feb;27(1):50-59.
- [22]. Kimbro, R.T. On-the-job moms: work and breastfeeding initiation and duration for a sample of low-income women. *Matern Child Health J*. 2006 Jan;10(1):19-26.
- [23]. Escribà, A. V., Más Pons, R., Saurel-Cubizolles, M.J. The rejoining of the workforce of mothers during the first year of life of their child. *Gac Sanit*. 1997 Jul-Aug;11(4):157-163.
- [24]. MasPons, R., Escribà, A. V., Colomer, R.C. The expectations of a woman's return to work after childbirth. *Gac Sanit*. 1994 Nov-Dec;8(45):280-5.
- [25]. Stomp-van den Berg, S.G., van Poppel, M.N., Hendriksen, I.J., Bruinvels, D.J., Uegaki, K., de Bruijne, M.C., van Mechelen, W. Improving return-to-work after childbirth: design of the Mom@Work study, a randomised controlled trial and cohort study. *BMC Public Health*. Mar 2007.29; 7:43.
- [26]. Mathisekaran, M. Report on fifth annual employment-unemployment survey: Ministry of Labour and Employment, Labour Bureau Chandigarh; 2016 September. Sponsored by Government of India.