



Alternative Care for Children of Working Women in Nuclear Families: A Study on Two Metropolitan Cities of Bangladesh

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ABSTRACT

As a result of women development and empowerment, women are playing a bold role in the workplace and are leaving a significant mark on the progress of the nation. But while making this contribution, various women role-deficiencies are observed in the proper socialization and provision of care to their children in the family, which is the main scope of this research. The main objective of the present study is to know nature, types and sources of alternative care for children as a substitute for working women. Beside that is to investigate the impact of socialization process, purpose, effectiveness, challenges of alternative care and proposing recommendations for setting up appropriate policies in this regard. One hundred eighty (180) sample and fifteen (15) cases have been selected from study population randomly by following purposive sampling technique from 2 main Metropolitan cities named Dhaka and Chattogram for execute sample survey and in-depth case interviews methods. Near about 100% care givers provide services for preparing meals, feeding, cleaning, supervising during playing games or other activities. 39% care-givers works for sleeping the baby and 42% for strolling. In maximum households Thais works have to done by per work basis. Respondents said that they have to pay 700-1000 BDT for per work for part-time workers and 10000-12000 to permanent care-givers. 180 respondents (100%) face in very high scale about phobia for accident of child, longing not to see the child, insecurity, less moral and religious guide, high demand of care-givers, more cost of money. On the other hand, 170 working women feel in very high level and 10 women in moderate level that they cannot take care of her child. 48% of the respondents felt that the alternative care-givers in terms of feeding to the child was fairly good and 93 of the respondents (52%) felt that the service in terms of cleanliness of the child was fairly good. 167 respondents (93%) felt that alternative care play a very poor role and the effectiveness of this service is very low in regard to religious and moral education. One of the reasons behind the ineffectiveness of alternative services in proper socialization of children is lack of adequate educational qualifications and training of service providers. Two specific recommendations of this study are to develop and modernize alternative services, to institutionalize these services and to have arrangements such as workplace day care or baby homes for working women.

Keyword: *alternative, care, children, women, family etc.*

1. Introduction

The definition, scope, dimension and functions of marriage and family system have transformed to new sort from old for socio-cultural changes. Changes in family structure, marriage system and economic and social structure are currently creating various social problems in Bangladesh as well as whole world. Due to social problems centered on family structure and marriage, people often fail to play their proper role. Failure of a family member to play their role has the greatest impact on children, hence alternative care is very important in the family system nowadays, a phenomenon that has been analyzed in this study. The care and protection of children have always been considered the primary responsibility of the family throughout the centuries. When families did not or cannot pay attention to their prime responsibility and role, substitute or alternative forms of care become necessary. After the emergence of the nuclear family on a large scale, the nurture of children becomes a social issue in developed, developing, and under-develop countries. In the context of Bangladesh, this tradition of the nuclear family has been established so caring for children is a concerning problem now. On the other hand, the number of working women in families is also increasing day by day that's why it becomes like a blister on death for children. Children constitute nearly half of the population in Bangladesh but they are now in a vulnerable situation in nuclear families. Traditionally Women play the central role of caretaking children and elders in families of Bangladesh but nowadays a large portion of economic activities are carried out by women creating problems in nurturing their children. The employment of mothers has exploded over the past few decades and it becomes an obstruction to the proper maternal care of children, especially in nuclear families.

Over the last century, women's participation in the labor force has increased significantly. Women's labor force participation has risen from 4 percent in 1974 to 34.87 percent in 2021 (World Bank, 2022). In recent times, one of the most difficult issues for a working woman is balancing her personal and professional life (Tomazevic, Kozjek, and Stare, 2014). In traditional society, it is believed that women are responsible for doing household and family work such as child care and managing the family. But as the employment of mothers has exploded over the past few decades, it has become an obstruction

to the proper maternal care of children (S. Islam & Khan, 2015). At present, family structures are changing. It is becoming difficult to run joint families in cities. As a result, a new circumstance has developed; working women who are becoming mothers have no one else to take care of the children. Working mothers prefer using relative and non-relative care as alternative childcare arrangements (Kumatia & Quartey, 2021). In a developed country, some of the basic child care that is available for working mothers are informal arrangements, family day care, in-home paid care, and institutional daycare (Heyman, 2016). But there is very little information about the daycare options that are available for the developing country (Mehra et al., 1992). The necessity of the healthy day care centers is increasing day by day with the increasing of the working mothers. There are various studies focusing on alternative care relating to working mothers but no studies were made on alternative care that is available for nuclear family. In Bangladesh perspective no comprehensive studies were done on alternative care. In our paper we will focus on the reason and causes of the alternative care and the types of alternative care that is being offered here. Beside these, the effectiveness and impact of alternative care will be analyzed in this study.

This study is beneficial so far, it may contribute some convenience to the working women in Bangladesh. This study may help to know the cause of alternative care in the nuclear family as well as their types and source. And finally, the study might find out the challenges and recommendations for alternatives care. By reviewing available kinds of literature, we can identify the knowledge gap. This hiatus may be fill-up by research. This research obviously will ensure significance for the children living with alternative care. The study may also inform the government or policymakers to develop the facilities of the child care center. We mentioned the immediate and long-run policy implications of this research. It will also change the outlook of families about working women. The result or theory that build up by the research will be useful for working women living in nuclear families.

The aim of the study is investigated on alternative care for children of working women in nuclear families at two representative metropolitan area of Bangladesh. The specific objectives of this study are to explore the information of types, nature and sources of alternative care for child; to identify the reasons for taking alternative care; to know the background of alternative care givers; to access the impact and effectiveness of alternative care and to identify the challenges in alternative care for children.

In this study alternative care as, operational definition means the services provided to infants or children from 1-12 years at family environment by hired care-givers known as *bua*, *khala*, *kajer beti*, *chuta kajer beti* etc. Working women in this study stand for who are in any kind of permanent private or government job as well as have to go work station regularly. In this study, the term nuclear family refers to the family that consists of parents and children only and where the mother of the family is a working-women and their children have no other option take care in the family except their parents.

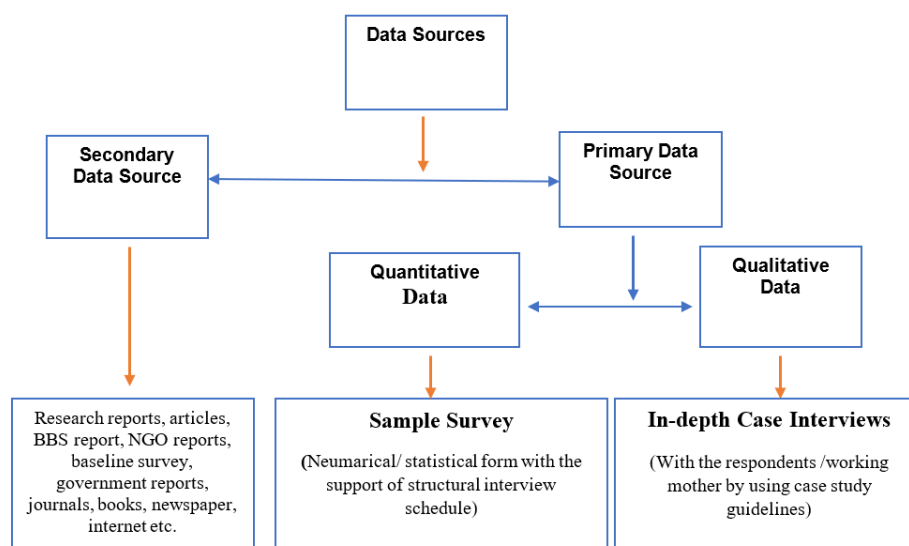
2. Materials and methods

Main methods: For conducting a scientific action research in the field of Social Science both qualitative and quantitative methods of research is very essential. For study mix-method approach has been applied. Sample survey method has been applied for collecting statistical/numerical data and case study method has been applied for collecting qualitative or textual data.

Study locations: Two (2) main Metropolitan cities named Dhaka and Chattogram has been selected as study location. The justification of selecting to Metropolitan cities is collecting maximum representative data. Dhaka and Chattogram are very important city of Bangladesh because Dhaka is administrative capital city and Chattogram is commercial capital city of Bangladesh have significant impact on job placement, industrial localization, pulling factors of educational institutions and both public and private organizations.

Sources of data: Data for the study has been collected from both primary and secondary sources. The primary data has been collected from case interviews and sample survey. The secondary data for this study has been collected from relevant journals/ articles, books, Government and non-government reports, academic study and project reports. Data from three sources has been incorporated properly. For data triangulation the study discussion part have been designed separately. The following figure has shown the data triangulation:

Figure 01: Data Triangulation



Population, sample and sampling techniques: All working women in Dhaka and Chattogram are the population of this study. One hundred eithty1(80) sample and fifteen (15) cases have been selected from study population randomly. From 180, 90 sample has been collected from Dhaka and 90 from Chattogram.8 cases has been selected from Dhaka and 7 cases from Chattogram Purposive sampling techniques have been selected because there was no comprehensive working women database in that cities.

Data collection technique and tools: Structural interview schedule has been used as data collection techniques where's face to face interview and observation techniques has been applied in collecting quantitative data by using sample survey method. Case study guideline has been used for collection descriptive data and face to face interview and researchers' observation techniques has also been applied in collection data.

Data Processing and analysis: Quantitative data was processed and analyzed by using SPSS. In contrast, qualitative data (non-numerical) was analyzed by applying thematic analysis approach and interpretive approach as well. The data was generated and analyzed by a personal computer following the planned analysis strategy. This plan was largely followed the predetermined objectives of the study. Besides this, a thematic analysis was applied to the study and the important quotes of the respondents were noted for further analysis.

Ethical consideration: The study procedures were carried out following the Declaration of Helsinki. For example, all participants were informed about the purpose of the study. Participants were informed that all of their information would be kept anonymous and confidential, and they would be provided the right to withdraw their data at any time.

3. Results and Discussion

The present study has found numerical data by using structural interview schedule form 180 respondent. Data has been classified on the basis of study objectives. Textual data also has found from in-depth case interviews. The following part has presented the findings of both quantitative and qualitative data.

Socio-demographic information: 165 women provide information about their age and 15 women did not say about their age. Total 180 respondent provide information about their religion. The following table shows the information about age and religion of working women.

Table 01: Age and religions of respondents

Age (Years)	Frequency (F)	Parentage (F*100/N)	Religion	Frequency (F)	Parentage (F*100/N)
20-25	18	10.9	Islam	134	74.4
25-30	72	43.6	Hinduism	33	18.3
30-35	46	27.8	Christianity	13	7.2
35-40	17	10.3	Buddhism	0	0
40+	12	7.2	Sikhism	0	0
Total	N= 165	100	Total	N= 180	100

Table 01 shows that highest 72 women are in the range of 25-30 years old and have to work at office for long period of time. The percentage of these women is 43. Only 12 women has found in the range of 40 to above and consist 7.2%. Second highest 27.8% women are in the age range of 30-35. On

the other hand, this study found that 74.4% women are Muslim, 18.3% are Hindu and 7.2% are Christian. This study did not find any working women from Buddhism and Sikhism.

Table 02: Education and households' members of respondents

Education	Frequency (F)	Parentage (F*100/N)	Household Member/s (H)	Frequency (F)	Total Members (H*F)	Parentage (F*100/N)
Primary	0	0	2	0	0	0
JSC	2	1.1	3	82	246	45.5
SSC	4	2.2	4	87	348	48.3
HSC	6	3.3	5	11	55	6.1
Bachelor	45	25	Total	N=180	649	100
Masters	110	61.1	Mean/Average = (H*F)/N	649/180 =3.60		
MPhil/ PhD.	13	7.2				
Total	N= 180	100				

Table 02 shows that maximum 110 working women have completed their Master's degree and second highest 45 women completed their Bachelor degree. In Bangladesh Bachelor, Master's degree is pre-requisite for any kind of official job. This is why this figure shows 61% and 25% percentage. SSC and HSC are very low degree for any job in this country. Only 2 women found who are working at garment industry and hired care-givers for their child. On the other hand, 87 (highest 48%) women responses on 4 members and 82 (second highest 45%) give response on 3 members. Only 11 responses have found on 5 members. General households' members combination from this study have found that father, mother and their one or two children. From 180 respondents the total household size was found 649 and average household size have found 3.60.

Nature and Educational background of alternative care-givers: According to the data obtained from 180 respondents, alternative service providers are not very educated and have no training in providing their services. Deficits in children's proper socialization and social learning are observed due to lack of appropriate educational qualifications and training of care-givers.

Table 03: Nature and educational background of care-givers

Educational background	Frequency (F)	Parentage (F*100/N)	Nature of Works/Job	Frequency (F)	Parentage (F*100/N)
No Education	60	33.3	Permanent	72	40
Primary	72	40	Part-time	108	60
JSC	23	12.7	Total	N=180	100
SSC	24	13.33			
HSC	1	.5			
Bachelor	0	0			
Total	N=180	100			
*No care-givers were found having any training on providing service to children					

Table 03 shows that highest 40% (72 in number) of care-givers who worked for children have only primary education and from economically poor background. Most dangerous fact is that 33.3% have no educational background. Only 13% and .5% care-givers have completed SSC and HSC level of education. No care-givers did not take any kind of training on this aspect or home management. 108 caregivers or 60% care-givers who worked at working women house on part-time basis and 40% on permanent basis.

On the educational qualification and training of care givers Rani Akhtar said,

"The (bua) maid who works in my house has studied up to Grade- 2, which means she can't read anything properly but recognize some letters by sight. How much care my child will get socially and psychologically by that bua is behind my imagine. But the(bua) maid at my home for child is very good at feeding, sleeping and cleaning even though she has no formal training."

In qualitative data analysis and presentation, 15 cases have been analyzed and through 15 cases an attempt has been made to highlight the various aspects of alternative care systems at nuclear family. The following table has shown the socio-demographic information of fifteen cases.

Table 04: Socio-demographic information of cases

Serial No	Name	Age	Religion	Education	Occupation	Monthly Income
1	Tasnim Ferdous	30	Islam	Post-graduate	Government Employee	37,000
2	Nishi	34	Christian	Post-graduate	Private Job Holder	40,000
3	Daisy Gomes	32	Christian	Post-graduate	Teacher	25,000
4	Rani Akhter	36	Islam	Graduate	Teacher	19,000
5	Afifa Anjum	35	Islam	HSC	Garments Workers	13,000
6	Resma Akhter	29	Islam	HSC	Small Business	22,000
7	Ayesha Khanam	28	Islam	Post-graduate	Government Employee	37,000
8	Afsana Akhter	32	Islam	Post-graduate	Teacher	24,000
9	Selina Begum	35	Islam	Graduate	NGO worker	34,000
10	Farjana Akhter	30	Islam	Post-graduate	Government Employee	28,000
11	Rama Roy	33	Hindu	Graduate	School Teacher	20,000
12	Falguni Bagchi	30	Hindu	Post-graduate	Government Employee	45,000
13	Amena Begum	38	Islam	HSC	NGO worker	28,000
14	Bilkis Khatun	33	Islam	Graduate	Government Employee	28,000
15	Rima Akter	31	Islam	SSC	Garments Worker	13,000

Types and sources of alternative care: This study has investigated on the various types, nature and sources of alternative care-givers. This study found that an alternative care giver provides various types of services to the children in absent of mother in household setting. A working mother's stay at work place requires her young child to be provided with all kinds of alternative care givers. A care giver helps in all the necessary activities of the baby in many cases it plays a very important role as a substitute for maternal care at nuclear family. In nuclear families, the role of a substitute service provider becomes very significant as both husband and wife are busy with work outside the home. The following figure shows the types of care provided by care-givers-

Table 05: Types of alternative care

S. N.	Types of Care	Frequency (F)	Parentage
1.	Preparing meals	170	94.4
2.	Feeding	175	97.2
3.	Taking medicine	40	22.2
4.	Bathing	120	66.6
5.	Cleaning	180	100
6.	Put to sleep	70	38.8
7.	Strolling	76	42.22
8.	Applying lotions and oils	128	71.11
9.	Supervising during playing games or other activities	180	100
10.	Washing clothes	80	44.4
11.	Teaching (social and cultural aspect)	30	16.6
12.	Guide to religious/moral aspect	20	11.11
13.	Others	40	22.2
	Total	N=180	N/A
	• Multipole Responses		

Table 05 shows that working women hired a care-givers for various types of activities. Near about 100% care givers provide services for preparing meals, feeding, cleaning, supervising during playing games or other activities. 39% care-givers works for sleeping the baby and 42% for strolling. In maximum

households Thais works have to done by per work basis. Respondents said that they have to pay 700-1000 BDT for per work for part-time workers and 10000-12000 to permanent care-givers. Beside looking after children care-givers also have to do other household work like cocking, washing etc.

Bilkis is a govt employee and a case of this study said about work nature,

“I appointed a maid (care-givers) for my three-year-old daughter. She is 45 and takes care of my daughter all the time. The main job of these this amid is to prepare food for my daughter and put her to sleep at bedtime and Stay alert during play. I have another younger maid who does cleaning and participates in plays with my daughter.”

Problem and Challenges of working women to alternative care: Working women face various barriers in arranging alternative services for their children. The main barriers are divided into three categories, firstly psychological, secondly social and thirdly economic. The table below gives a scaled representation of the problems and obstacles that a working woman faces despite using alternative services.

Table 06: Problem of respondents related to alternative care

S. N.	Socio-psychological and economic Problems and Challenges	Very High	High	Moderate	Low	Very Low	Total (N)
1)	Phobia for accident of child	180	0	0	0	0	180
2)	Longing not to see the child	180	0	0	0	0	180
3)	Fear of beating and torturing the child	102	20	0	58	0	180
4)	Absenteeism without notice	171	9	0	0	0	180
5)	Anxiety and depression	145	15	10	10		180
6)	Insecurity	180	0	0	0	0	180
7)	Lack of proper socialization	122	50	0	8	0	180
8)	Lack of proper care for sick child	170	0	10			180
9)	Not eating enough and nutritious food	105	55	20	0	0	180
10)	Lack of proper cleaning	86	14	68	12	0	180
11)	Less moral and religious guide	180	0	0	0	0	180
12)	Cheating at work	66	54	34	8	18	180
13)	High demand of care-givers	108	60	12	0	0	180
14)	More demand for honorarium	124	45	11	0	0	180
15)	Less understanding of scope of work	65	60	55	0	0	180
16)	Cost of money	180	0	0	0	0	180

Table 06 shows that all 180 respondents (100%) face in very high scale about phobia for accident of child, longing not to see the child, insecurity, less moral and religious guide, high demand of care-givers, more cost of money. On the other hand, 170 working women feel in very high level and 10 women in moderate level that they cannot take care of her child. Fear of beating and torturing the child is most important thinks in recent time. In recent time some mainstream media show some CCTV footage about this problem. DhakaTribune (2022) share a news on these issues and said that a domestic help has been arrested in a case filed over the beating and torture of a 14-month-old child in Purbo Mojompur area of Kushtia. On March 14, seeing the incident on CCTV camera, Sharmin rushed back to the house and caught Rekha red-handed. 102 respondents think that this challenge is in very high level and 20 in high level.

An important case of this study Rama Roy said about the barriers and problems alternative care,

“When I teach children at my school, I miss my little boy a lot. Especially about if he is getting proper socialization from maid. I also feel psychologically insecure for my child. When my child is sick it is most difficult to leave it. As a working woman the worst part of the situation of my life is to leave the child to maid at home even when sick.”

Effectiveness of alternative care: Due to workplace competition, rush service provides, challenging job, modernity and working system, working women from nuclear family do not have enough time to look after her child. So alternative care has to be arranged and often forced to settle, despite various obstacles and problems of this services. Some information about the effectiveness of alternative care is presented in the table below-

Table 07: Effectiveness of alternative care

S. N.	Effectiveness	Very Good	Good	Fairly Good	Bad	Very Bad	Total (N)
1)	Feeding	40	33	87	10	10	180
2)	Cleaning	43	38	93	2	4	180
3)	Security	0	22	102	2	54	180
4)	Supervision	170	8	2	0	0	180
5)	Stalling	11	14	145	10	0	180
6)	Sleeping	18	19	65	75	3	180
7)	Socialization	43	54	78	5	0	180
8)	Roaming outside	8	13	92	67	0	180
9)	Washing	9	55	107	9	0	180
10)	Emotional Support	5	25	56	86	8	180
11)	Less moral and religious guide	0	0	6	7	167	180

Table 07 measures the effectiveness of the services provided by an alternative care-givers to children in the home. From this table it can be seen that out of 180 respondents 40 respondents' responses that the feeding services provided by alternative care givers to children are very good, 33 responses only good, 27 responses fairly good, 10 responses bad and rest of ten told very bad. In cleaning aspect out of 180 respondents, 43 respondents rated the cleaning performance as very good, 38 rated it as good, 93 rated it fairly good, two rated it as bad, and four rated it as very bad. None of the 180 working women said very good about safety/security in alternative child care systems, but 22 said only good, 102 said fairly good, two said bad and 54 said very bad about safety. Similarly, in emotional support, five working women rated the alternative service as very good, each only as good, 56 as fairly good, as bad as 86. Lastly, moral and religious guidance, none of the working women commented as good or very good, but as very bad. 167 respondents.

Falguni Bagchi, a case of this research said,

"We husband and wife are both government employees. We have to be very busy at work. As we are on duty from 9 am to 5 pm, I have to leave my two children at home with the maid as an alternative service option. While the working woman lacks precision in some social and psychological aspects, the working woman is effective in many areas such as feeding, sleeping, cleaning, and caring for children."

There is no substitute for proper training and institutionalization of service grandfathers in proving alternative care as relevant and safe. Unskilled and undereducated service providers often pose a threat to children. Both spouses of the nuclear family have an important role to play. An important recommendation of this study is that a working mother should come home after her official work and give her child enough love and time. In this case, the husband of the working woman will take care of the child by actively participating in all kinds of activities at home and outside. One of the most significant recommendations of this study is to sincerely support the working woman by husband in all kinds of works at home and outside of the home. However, the following part has presented the qualitative data of the study-

Conclusion

Nowadays women are engaging in different types of jobs in a great number. As a consequence, caring of the children become a major concern for the parents in nuclear families. Mostly mothers are the most responsible care taker of the children. So, parents have to think about taking alternative care where mother is a working woman. Alternative care can lessen the difficulties of working women (Badruddin and Rahayu, 2021). Such as- a woman of teaching profession can take classes properly if she feels safe and secured about her children or a woman who works as a home service provider don't have to tolerate the detraction of the house owner about the children. In Urban areas, almost all the working women take some kind of alternative care whether it be institutional or personal. Peoples prefer government institution for Child care as it is free of cost. Besides it provides all types of services that needed for a child. Services include -Food, Bathing, Sports, Teaching, Recreational activities and other socialization activities. Children may learn some unwanted behaviors or slangs. But caregivers take care of those issues. People also get their children admitted to private institutions for better service though they charge fees in distinct ranges according to the age of children. People demand to increase the number of government institutions because the fees of non-government institutions are beyond the capacity of poor people. People also recommend to enlarge the areas of the institutions where there will be a playground to play outdoor games. The specific recommendations of this study are to develop institutionalize baby care system at workplace. Develop alternative service care system and deliver expert baby setter at home like developed country. Baby home and day care system also need to expanded at every workplace.

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