Experiences of Mothers on Maternity Leave Policies in the UAE: A Research Study in the UAE

تجارب الأمهات مع سياسات إجازة الأمومة في دولة الإمارات العربية المتحدة

by

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ABSTRACT

This research explores the experiences of mothers on maternity leave policies in the UAE, focusing on the effects of maternity leave length, financial support, and quality on mothers' well-being and general health. While extensive research on this topic has been conducted in Western countries, limited research has been carried out in the UAE, requiring further investigation. The study's participants encompassed 37 working mothers aged 25 to 44 who had recently returned from maternity leave. The research questions sought to determine the effect of maternity leave length, financial support, and quality on maternal well-being and general health. Hypotheses were formulated, suggesting positive associations between maternity leave length, financial support, and quality with well-being and general health. The results indicated no significant relationship between maternity leave length and financial support with well-being and general health. These findings contrast with previous studies conducted in other countries, indicating that there may be unique contextual factors in the UAE influencing these relationships. However, a notable finding emerged, revealing a significant positive correlation between the quality of maternity leave and well-being. The results provide valuable insights into the complex dynamics of maternity leave policies and their impact on maternal outcomes. Research highlights the need for further research in the UAE to better understand the specific factors influencing mothers' well-being and general health during the maternity leave period.

خلاصة

يستكشف هذا البحث تجارب الأمهات في سياسات إجازة الأمومة في دولة الإمارات العربية المتحد ة، مع التركيز على آثار طول إجازة الأمومة، والدعم المالي، والجودة على رفاهية الأمهات وصحتهن العامة. وبينما تم إجراء بحث مكثف حول هذا الموضو ع في الدول الغربية، تم إجراء بحث محدود في الإمارات العربية المتحدة ، ما يتطلب مزيدًا من البحث. وقد شمل المشاركون في الدارسة 37

من الأمهات العاملات اللتي تتراوح أعمارهن بين 25 و 44 سنة ممن عدن مؤخراً من إجاز ت الأمومة

وهدفت أسئلة البحث إلى تحديد تأثير طول إجازة الأمومة، والدعم المالي، والجودة على رفاهية الأم وصحتها العامة.

وقد تمت صياغة فرضيات تشير إلى ترا بط إيجابي بين طول إجازة الأمومة والدعم المالي والجود ة مع الرفاه والصحة العامة. وأشارت النتائج إلى عدم وجود علاقة وثيقة بين طول إجازة الأمومة والدعم المالي مع الرفاه والصحة العامة. إلا أن هذه النتائج تتناقض مع الدراسا ت السابقة التي أجريت في بلدان أخرى ، ما يشير إلى احتمالية وجود عوامل سياقية فريدة في الإماارت العربية.

المتحدة تؤثر على هذ ه العلاقات. ومع ذلك، كشفت إحدى النتائج الواضحة عن علاقة إيجابية متينة بين نوعية إجازة الأمومة والرفاهية. تقدم هذه النتائج رؤى قيمة حول الديناميات المعقد ة لسياسات إجاز ة الأمومة وتأثيرها على نتائج الأمهات. هذا وتسلط الأبحاث الضوء على الحاجة إلى مزيد من البحث في دولة الإمارات العربية المتحدة للوصول إلى فهم أفضل لعوامل المحدد ة التي تؤثر على رفاهية الأمهات وصحتهن العامة بشكل أفضل خلال فترة إجازة الأمومة

DEDICATION

Writing this thesis has been an incredible experience, allowing me to delve deep into maternity leave and gain extensive knowledge and practical experience. The countless hours spent studying and researching have enriched my understanding and broadened my horizons in ways I never thought possible.

I dedicate this thesis to my beloved family and husband. Without their unwavering support, and encouragement, this achievement would not have been possible. To my siblings, who have been my pillars of strength throughout this journey, thank you for always believing in me and pushing me to reach my fullest potential.

I am immensely grateful to the individuals who have supported me along the way, whether through their guidance, advice, or simply lending an empathic ear. Your wisdom and encouragement have been invaluable, and I am deeply appreciative of your contributions to my academic pursuits.

A special dedication to my daughter Ayla, she has been one of my biggest motivation and strength in this journey.

May this dedication serve as a small token of my immense gratitude for the unwavering support and love you have showered upon me.

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Chapter 1: Introduction

Maternity leave is essential for mothers to recover from pregnancy and delivery, to form bonds with their newborns, and to ensure their own and their children's health (Gault et al., 2014). Safeguarding the maternity leave policy is critical to protect the mother's well-being and general health during the transition to parenthood (Bullinger, 2019). Maternity leave length, financial support, and quality have all been identified as important factors that can impact mothers' overall health and well-being (Avendano, 2015). Therefore, understanding mothers' maternity leave experiences and the effects of these policies is important to enhance and develop effective strategies that promote women's well-being and create a healthy work-life balance.

This thesis investigates mothers' perspectives on maternity leave policies in the United Arab Emirates (UAE). The study explores the impact of various aspects of maternity leave, such as its length, financial support, and quality, on mothers' well-being and general health. The research aims to provide valuable insights into the effectiveness of current maternity leave policies in the UAE and around the world alongside informing potential improvements by examining these factors.

This study's research questions and hypotheses are aimed at better understanding the relationship between maternity leave policies and mothers' well-being and general health. This research specifically seeks to investigate the effects of maternity leave length, financial support received during leave, and the effects of the quality of leave on mothers' well-being and general health. This investigation aims to contribute to the existing body of knowledge on the impact of maternity leave policies by addressing these research questions, as well as

provide practical recommendations for policymakers and organizations. To accomplish these goals, a sample of 37 women who had recently returned from maternity leave in the UAE volunteered to participate in the study. Participants were chosen based on their age, employment status as mothers, length of maternity leave, payment type, and childcare arrangements. These participants' data includes demographic information as well as scores from scales measuring perceptions of maternity leave, general health, quality of maternity leave, and overall well-being.

To analyze the collected data, statistical analyses such as descriptive statistics and inferential statistics were used. Inferential statistics, such as one-way ANOVA and Pearson's correlation coefficients, were used to investigate relationships between maternity leave variables and their impact on well-being and general health. These analyses enabled the interpretation of research findings and the development of conclusions.

1.1 Background of the Knowledge

Maternity leave is a period of absence granted to a woman who has recently given birth or adopted a child. It is a policy aimed at allowing mothers to recover physically and emotionally from childbirth and adjust to their new roles as caregivers (Gault et al.,2014). Maternity leave enables mothers to take time away from their regular jobs without fear of losing their employment or suffering negative consequences (Andres, 2015). The duration of the leave varies by country and organization, which can range from a few weeks to several months, and may be accompanied by financial support in the form of paid leave or government benefits (Sterling, 2022).

1.2 Factors of Maternity Leave

Maternity leave is a multifaceted concept that includes a number of factors, each of which plays an important role in assisting new mothers and their families. Exploring these factors in greater depth helps us understand the significance of maternity leave policies and their impact on mothers' well-being and general health (Shahraki, 2022). In this study, the factors of maternity leave that are being studied are the length, financing, quality, well-being and general health.

First, the length of maternity leave is critical. Longer maternity leave has numerous benefits for both mothers and their infants, according to research (Bullinger, 2019). A longer maternity leave allows mothers to physically recover from childbirth, which can be a demanding and transformative experience (Van Niel et al., 2020). It allows them to rest, heal, and regain strength, allowing them to more easily transition into their new roles as parents (Heshmati, Honkaniemi, & Juárez, 2023). Furthermore, an extended maternity leave allows mothers to form strong bonds with their newborns (Le & Nguyen, 2022). The first few weeks and months of a child's life are critical for developing secure attachments, and having enough time to focus on their infant allows mothers to foster these vital connections (Andres, 2015). It also allows them to learn and adapt to their baby's needs, boosting their confidence and competence as parents. Longer maternity leaves have also been linked to better mental health outcomes for mothers, including a lower risk of postpartum depression and anxiety (Vargas-Prada S, 2018). The postpartum period can be emotionally taxing, and having more time to adjust to new responsibilities and changes in their lives can help to reduce stress and promote overall well-being (McGovern, 1997).

Another important aspect of maternity leave is financing. Maternity leave can be partially or fully paid in many countries, but it may be unpaid or reliant on social security benefits in others (International Labor Law, 2012). Adequate financial support during maternity leave is critical to ensuring that new mothers and their families are able to meet their basic needs without financial strain. This assistance allows mothers to concentrate on their recovery, baby care, and family adjustments rather than the financial implications of taking time off work (Andres, 2015). Maternity leave policies that are both accessible and well-funded can also help to reduce gender inequalities in the workplace (Rossin, 2013). These policies help women maintain their careers and return to work after childbirth by providing paid leave and job security. This, in turn, promotes gender equality because women can continue to advance professionally and contribute to the workforce while also caring for their children (Baker, 2008).

Maternity leave quality encompasses a variety of factors that improve the overall experience for new mothers. Job security is critical in allowing women to take maternity leave without fear of repercussions or losing their jobs. This peace of mind allows mothers to focus on their own well-being and the care of their newborns (Sterling, 2022).

It is also necessary to be flexible in terms of the timing and duration of maternity leave. Every mother's situation is unique, and the ability to tailor their leave to their specific circumstances and needs is priceless. Some women may need more time due to medical complications or personal factors, whereas others may prefer a shorter leave. Flexibility makes it possible to take a more inclusive approach to maternity leave, taking into account the various needs and experiences of new mothers. Supportive resources during maternity leave improve its overall quality (Vargas-Prada S, 2018). Providing lactation rooms and

breastfeeding support, for example, assists mothers in establishing and maintaining breastfeeding routines, which have numerous health benefits for both mother and child (van Dellen et al., 2022). Counseling services or access to mental health professionals can be beneficial for mothers who require extra assistance during the postpartum period (Hulcombe, 2022). Furthermore, help with childcare arrangements or information about available resources assists mothers in navigating the challenges of parenting while also ensuring the well-being of their infants.

Maternity leave is also directly related to new mothers' well-being and general health (Avendano, 2015). During maternity leave, new mothers' well-being and general health are essential. Maternity leave allows mothers to prioritize their physical recovery and engage in self-care practices that directly contribute to their well-being (Le & Nguyen, 2022). Physical recovery from childbirth can be taxing, and having enough time off work allows mothers to prioritize their own healing and self-care. It allows them to rest, exercise lightly, and adopt healthy lifestyle practices that benefit their overall well-being (Bullinger, 2019). Furthermore, having enough time off work allows mothers to attend necessary healthcare appointments and receive any necessary postnatal care, which contributes to their overall well-being (Andres, 2015). During the postpartum period, mental and emotional well-being are equally important. General health and well-being during maternity leave are inextricably linked. The postpartum period presents unique challenges, and taking adequate time off from work facilitates the adoption of practices that promote mothers' physical and mental health. Maternity leave allows new mothers to establish routines that prioritize their health, such as eating a balanced diet, exercising lightly, and sleeping enough. These practices help them with their physical recovery, energy restoration, and overall resilience (Bullinger, 2019). Furthermore, mental and

emotional well-being are critical during this time. Maternity leave allows mothers to bond with their newborns, adjust to the emotional changes that come with motherhood, and seek help for any postpartum mental health issues. It presents a chance to lower stress, develop healthy coping strategies, and promote a positive emotional state—all of which are essential for maintaining general health during the postpartum period (Avendano, 2015). These considerations are critical because neglecting new mothers' well-being and general health during maternity leave can have far-reaching consequences. Inadequate time off work, a lack of support, and inadequate self-care can result in increased physical exhaustion, increased stress, weakened immune function, and an increased risk of postpartum mood disorders. Mothers' well-being and general health have an impact not only on their own quality of life, but also on the care they provide to their infants and their ability to successfully return to work. As a result, identifying and addressing the factors that contribute to well-being and general health during maternity leave is critical to ensuring the best outcomes for both mothers and their families.

1.3 Research Problem

There has been a growing body of research in recent years highlighting the numerous benefits of maternity leave for both mothers and infants. Many countries, particularly Nordic and European countries, have recognized the importance of providing generous maternity leave policies that support new mothers' well-being and promote positive family outcomes (OECD, 2021). Extensive research in these Western countries have shown that maternity leave improves maternal physical and mental health, infant development, breastfeeding rates, and women's long-term career prospects (Moss et al., 2011).

This study was done in the Gulf region and the research problem of maternity leave in the region, with a particular focus on the United Arab Emirates, is multifaceted and deserves to be addressed. For starters, there is a significant lack of research in the Gulf region, which limits our understanding of the challenges and needs of women in this context. While there is a wealth of global research on maternity leave, the experiences and perceptions of maternity leave in the UAE are largely unexplored.

The relatively short duration of maternity leave provided by law is an important aspect of the study's research problem. The UAE labor law currently mandates a relatively short period of paid leave for working mothers, ranging from 45 to 90 days depending on the sector and employment conditions (UAE Ministry of Labor, 2023). This short time frame may not be sufficient to address mothers' physical and emotional needs during the postpartum period, potentially affecting their well-being, ability to bond with their infants, and overall adjustment to motherhood. Furthermore, there is little to no understanding of how women in the UAE perceive maternity leave. Therefore, it is critical to investigate how working mothers perceive their maternity leave experiences, including their satisfaction with the length, financial implications, and support received during this time. Understanding these perceptions can highlight potential areas for improvement and provide policymakers, employers, and other key stakeholders with information about the particular needs and preferences of women in the UAE with regard to maternity leave.

Addressing these research gaps is critical in order to develop evidence-based policies and practices that effectively support working mothers in the UAE. By conducting research on maternity leave experiences and perceptions, particularly in the UAE, we can learn a lot about the unique challenges and needs of women in the Gulf region. This knowledge can aid in the

development of more comprehensive and supportive maternity leave policies that prioritize the well-being and health of mothers and their infants while promoting gender equality in the workplace.

The UAE throughout the years, since the reign of His Highness Sheikh Khalifa –may his soul rest in peace- in 2004 the UAE has advanced greatly in many areas like technology, healthcare, education, and female employment making women rank 50% of the federal National council in the country (The National news, 2022). The only area that the UAE has not yet fully advanced is in enhancing the maternity leave policy to a more suitable length where women can cater to their families and also advance in their careers.

1.4 Purpose of the Study and Research Questions

In order to investigate the impact of maternity leave on the well-being and general health of mothers in the UAE, this research aims to answer the following research questions. First, we hypothesize that the length of maternity leave has a positive effect on the well-being of mothers in the UAE (1.1), as a longer duration of leave allows for adequate rest, bonding time with the newborn, and reduced stress associated with the transition into motherhood. Additionally, we hypothesize that the length of maternity leave positively affects the general health of mothers (1.2), as it provides them with sufficient time to recover physically and emotionally after childbirth. Moving on to the second research question, we hypothesize that the degree of financial support during maternity leave affects the well-being of mothers (2.1), as higher financial support can alleviate financial burdens and reduce anxiety, leading to improved overall well-being. Furthermore, we hypothesize that the degree of financial support during maternity leave also impacts the general health of mothers (2.2), as financial stability

during this period can contribute to better access to healthcare and resources necessary for maintaining good health. Finally, in relation to the third research question, we hypothesize that the quality of maternity leave positively influences the well-being of mothers (3.1), as a supportive work environment, flexible schedules, and access to necessary resources can enhance their overall well-being. Moreover, we hypothesize that the quality of maternity leave positively affects the general health.

1.5 Rationale

The study on the experiences of mothers on maternity leave in the UAE holds significant importance for several reasons. First, examining mothers' experiences while on maternity leave adds to the ongoing debate about social and gender equality (Halley et al., 2018). Maternity leave policies reflect a society's commitment to supporting and recognizing working mothers' rights (International Labor Law, 2012). Understanding mothers' experiences during this time period can shed light on possible gender disparities, workplace dynamics, and societal attitudes toward working mothers (Bullinger, 2019). Additionally, The UAE has worked hard to promote workplace diversity and inclusion (The National news, 2022). Investigating the experiences of mothers on maternity leave can aid in identifying potential barriers or challenges they may face when they return to work. This knowledge can help to shape policies and practices that promote a supportive and inclusive work environment for working mothers, resulting in greater workforce diversity and representation (Baker & Milligan, 2008). Moreover, maternity leave is essential for the well-being of both mothers and their families. Employers and policymakers can better address the challenges that mothers face in balancing work and family responsibilities if they understand the experiences of mothers

during this period. This can help to shape policies and initiatives that encourage employee well-being, work-life balance, and family-friendly practices.

Furthermore, employee retention and productivity can both benefit from a supportive maternity leave experience. The study of mothers on maternity leave can help identify factors that contribute to their job satisfaction, loyalty, and commitment to the organization (Addati et al., 2022). Employers can create a conducive environment that promotes employee retention and increases overall productivity by recognizing and addressing any issues or concerns that arise during this period. Lastly, the findings of a study on maternity leave experiences can help shape and improve policy in the UAE. Policymakers can make informed decisions to improve support for working mothers by identifying the strengths and weaknesses of existing maternity leave policies. Additionally, the study can point out areas where additional policies or interventions, such as childcare facilities, flexible work arrangements, or breastfeeding support, may be required.

1.6 Structure of Dissertation Chapters

First of all, in the first chapter, an overview of the study was presented including the background of the study, the research problems, purpose of the study and the rationale. In the following chapter 2, the the theoretical and conceptual frameworks of the study are presented, along with a critical review of the existing research and any gaps. Moreover, in chapter 3 the researcher will describe the methodology used as well as a comprehensive view of the participants, setting, and data collection tools. Following that, in the fourth chapter the findings from the data analysis will be presented. Finally, the researcher will conclude with a

discussion of the results as well as the strengths, limitations and future research recommendations.

Chapter 2: Literature Review

2.1 Conceptual Framework

Maternity leave is a critical policy that aims to support working mothers during the transition to motherhood by providing them with time off from work (Bullinger, 2019). The sections that follow will go over several concepts related to the topic: maternity leave policies, the effects of the length of maternity leave on the well-being of mothers, their general health, and how the policy can affect the family's financial support.

2.2 Maternity Leave Policy

A maternity leave policy is a set of guidelines and provisions established by an employer outlining the rights and benefits available to employees who are expecting a child or have just given birth (Le & Nguyen, 2022). The goal of the policy is to guarantee staff members can take time off of work to rest after giving birth and bond with their newborn, and take care of their family obligations without worrying that doing so will result in them losing their jobs or having to deal with other adverse effects (Scholar, 2016). This policy varies across different countries and even enterprises. However, there are some common elements found in maternity leave policies worldwide. According to research done, the policy should include the duration that the mothers can take off from work after childbirth, which can range from a few weeks to several months depending on the legal requirements and the country's policies (International Labor Law, 2012). Also, the policy outlines the criteria employees must meet to qualify for maternity leave benefits. This typically includes factors such as length of employment and hours worked (Baker & Milligan, 2008). The policy should also address

whether the leave is paid, partially paid, or unpaid. In some countries, there are legal requirements for employers to provide paid maternity leave, while in others, it may be unpaid or partially paid. Companies may also choose to offer additional benefits, such as top-up payments, to supplement government-provided maternity benefits (International Labor Law, 2012). Moreover, job protection is a very important factor in maternity leave policies. Securing the job and returning to the same or a similar position after the maternity leave period ends is crucial for mothers leaving for childbirth (Baker & Milligan, 2008).

2.3 Benefits of Maternity Leave

There has been extensive research showing how maternity leave is crucial for ensuring the well-being and support of mothers during the postpartum period (Le & Nguyen, 2022). It provides an opportunity for women to adapt to the demands of motherhood, heal from childbirth, and form a bond with their child (Heshmati, Honkaniemi, & Juárez, 2023). While the duration of maternity leave can vary across different countries and organizations, there is a growing body of research that highlights the benefits of longer maternity leave for mothers, infants, and their families (Avendano, 2015). In this part of the literature, the advantages of extending maternity leave shed light on the positive outcomes associated with this policy.

According to Avendano (2015), extended maternity leave allows mothers to physically recover from childbirth and adapt to the demands of breastfeeding and childcare. Research has shown that longer leave periods are associated with reduced postpartum depression, increased overall wellbeing, and improved mental health outcomes for mothers (Heshmati, Honkaniemi, & Juárez, 2023). Additionally, women who have access to longer maternity leave are more likely to establish successful breastfeeding practices, promoting both mothers' and infants'

health (Bullinger, 2019). According to Whitehouse et al. (2012), extended leave provided mothers with additional time to recover from childbirth, both physically and emotionally. This period of leave promotes overall maternal well-being by reducing stress, enabling mothers to prioritize self-care, and supporting a smoother transition into motherhood (Whitehouse, 2012).

According to a University of California, Berkeley study, mothers are more likely to exclusively breastfeed their infants if they receive one more paid month of maternity leave. Longer breastfeeding sessions may result in better child health outcomes and lower medical expenses (Yang, 2009). In addition, longer maternity leave policies contribute to higher rates of job retention and employee loyalty. When new mothers have sufficient time to recover, adjust to their new roles, and establish caregiving routines, they have a higher propensity to stay committed to their jobs and return to the workplace (Vargas-Prada S., 2018).

The Institute for the Study of Labor's research indicates a positive correlation between high maternity leave payments and female employment retention rates. Extended leave and assistance with the return to work are two ways that employers can lessen the likelihood that skilled workers will leave the work place permanently (Low, 2015). Contrary to popular belief, studies have demonstrated that extended maternity leave policies can have favorable long-term economic effects on economies and employers alike (Nandi et al., 2018). Longer maternity leave policies increase female workforce participation and lower turnover costs for employers, according to a report by the Center for Women and Work at Rutgers University. It also emphasized the possibility of long-term cost savings for healthcare systems due to better maternal and child health outcomes associated with extended leaves (Brunswick, 2012).

2.4 Negative Association with Longer Maternity Leave

While longer maternity leave has several advantages, it is critical to recognize and comprehend the potential drawbacks associated with extending the duration of leave. Some key points supported by research and studies are: financial burden on employers; workforce disruption and skills gap; career setbacks and gender inequality; and reduced work-life balance for mothers. Employers, particularly small businesses or those with limited resources, may face financial difficulties as a result of extended maternity leave. Hiring temporary replacements or redistributing workload among existing employees can put a strain on an organization's finances and productivity. A study published by the National Bureau of Economic Research discovered that longer maternity leaves were associated with higher employer costs, particularly when the leave duration exceeded six months (Rossin-Slatter, 2017). These costs have the potential to stifle business growth and competitiveness, particularly in industries with thin profit margins.

Moreover, longer maternity leaves may harm women's careers, especially in terms of progression. Long-term absences from work can hinder professional growth, limit opportunities for promotions and pay increases, and maintain gender inequality in the workplace (Jones, 2019). Longer maternity leaves may have adverse long-term effects on women's career paths and lead to lower wages. According to research reported in the European Sociological Review, this may lead to a persistent pay gap between men and women and a low representation of women in leadership roles (Combet & Oesch, 2019).

Longer maternity leaves give mothers more time to bond with their children, but in the long run, they may find it difficult to maintain a healthy work-life balance (Hideg, 2018).

Mothers may experience increased workloads, higher stress levels, and difficulties reintegrating into their professional roles when they return to work after a prolonged absence. According to a research study published in the Journal of the National Library of Medicine, returning to work after a longer maternity leave led to higher levels of work-family conflict (Kelly, 2015). Working mothers may experience increased stress and burnout as a result of juggling caregiving duties and professional demands. Lastly, extended maternity leaves occasionally lead to prejudices and adverse opinions from employers and coworkers. Longer leaves could be interpreted as a lack of commitment or dedication to one's career, which could result in unfair judgments and fewer career opportunities. In the workplace, women who take longer maternity leaves are viewed as less competent, less committed, and more discriminated against, according to Cheung (2022).

These prejudices may lead to discrimination against mothers, diminished career opportunities, and constrained professional development. In summary, longer maternity leave can present challenges for employers, disrupt workforce dynamics, contribute to career setbacks and gender inequality, potentially impact work-life balance, and subject mothers to biases and stigmas in the workplace. Yet, there has been no evidence found that taking longer maternity leave can hinder anything but work life.

2.5 Cost of Maternity Leave

The price of maternity leave varies depending on the nation, the particular policies in place, and the person's employment situation. Employers, governments, or a combination of both may be responsible for covering the costs of maternity leave (Bernoe, 2021). Paid

maternity leave benefits, the length of the leave, and return-to-work support are a few important factors that influence the cost of the leave (ILO, 2011).

First of all, the benefits of paid leave imply that the employer might be required to pay a portion of the employee's salary during the leave period, typically based on a percentage of the employee's regular earnings (Davison 2023). The government may provide financial assistance in some cases. Additionally, the length of the leave has an impact on the price; governments with longer leave terms typically have higher overall costs. Longer leaves require paying replacement wages for a longer period of time, which may increase business expenses. In some cases, employers may also be forced to hire temporary or replacement staff while an employee is on maternity leave (ILO, 2016). Finally, there is return to work support, which refers to how employers help women who are returning by offering flexible work schedules for nursing mothers and workplace accommodations (Davison 2023).

2.6 Policy Norms Globally

The primary purpose of this section of the literature is to review and analyze maternity leave norms around the globe, exploring the range of policies and expectations set for working mothers. Despite the fact that more people are becoming aware of the value of maternity leave, different countries may have very different requirements and laws. Working mothers may have a variety of experiences depending on such variables as duration, payment structures, job protection, and eligibility requirements. While some nations offer generous maternity leave policies that offer lengthy paid leaves and job security, others may have sparse provisions that leave women without enough support during this critical time.

2.6.1 EU Countries

In this section of the literature, the researcher aims to explore the maternity leave policies in the EU countries and women's perceptions. Women's perceptions of maternity leave vary across EU countries due to differences in policies, leave duration, and financial compensation (Chai, 2021). According to a study done by Avedano (2015), the results show that longer maternity leave in EU countries does lead to better mental health and less risk to the mothers' general health and wellbeing in the long run.

Maternity leave policies in European Union countries are designed to support and protect working mothers throughout and following childbirth (European Commission, 2019). EU legislation sets minimum standards, and individual member states may offer more generous provisions. The duration of maternity leaves across countries typically ranges from 14 to 26 weeks of fully paid leave (European Commission, 2019). Some countries, such as Sweden and Croatia, offer longer periods. The amount of pay during maternity leave also varies, but many countries provide a percentage of the employee's regular salary during this period (Robin, 2015). In addition to paid leaves, EU countries generally offer job protection, ensuring that mothers can return to their previous equivalent position after their leave (European Commission, 2019). Moreover, some countries provide additional benefits, such as health insurance coverage and the option for fathers to take paternity leave (Robin, 2015).

	Maternity leave		Parental leave	
	Period (weeks)	*Average replacement rate (%)*	*Total leave duration (months)*	*Paid per (% of the leave)*
Austria	16	100	36	100
Belgium	15	77	6	100
Denmark	18	62	11	70
Finland	18	66	36	100
France	16	100	36	100
Germany	14	100	36	67
Greece	17	50	7	0
Ireland	18	70	7	0
Italy	22	80	12	55
Luxemburg	16	100	12	100
Netherlands	16	100	6	0
Portugal	17	100	6	8
Spain	16	100	36	0
Sweden	14	80	18	79
U.K.	18	43	8	0

Source: De Henau J. *et al.* (2006)

Figure 1: Maternity Leave vs Parternity leave

"Boca, Daniela & Pasqua, Silvia & Pronzato, Chiara. (2006). The Impact of Institutions on Motherhood and Work. Institute for Social and Economic Research, ISER working papers."

2.6.2 United States

According to the United States Department of Labor, the Family and Medical Leave Act (FMLA) primarily regulates maternity leave policies in the United States (2020). Family and Medical Leave Act (FMLA): The FMLA allows for up to 12 weeks of unpaid, job-protected leave for eligible employees to give birth to a child, adopt a child, or care for a seriously ill family member (Department of Labor, 2020.). An employee must meet certain requirements in order to qualify, including working for a covered employer for at least a year, accruing 1,250 hours of service in the previous year, and working at a location where the

employer employs at least 50 people within a 75-mile radius (Department of Labor, 2020.). On the other hand, during FMLA leave, the employee is still entitled to coverage for group health insurance under the same terms as if they were still employed. Employees might have to use any accrued vacation or sick time, if they have any, to make up for the unpaid time off (U.S. Department of Labor, 2020).

Furthermore, the federal government of the United States does not mandate paid maternity leave. However, as part of their employee benefits package, some employers might provide paid maternity leave. Depending on the employer, the availability and duration of paid leave vary widely (International Labor Law, 2012). Alternatively, a number of states have passed their own legislation to add more benefits and protections for maternity leave. For instance, the states of California, New York, New Jersey, and Rhode Island have established paid family leave policies that offer eligible workers a portion of their wages during the leave. The specifics and eligibility criteria vary by state (U.S. Department of Labor, 2020).

2.6.3 Asia

Asia is a wide continent where maternity leave varies from country to country. Here are a few examples of some countries' maternity leave laws: For instance, women are granted 14 weeks of leave in Japan. This leave can begin up to six weeks before the expected delivery date. During maternity leave, employees are typically entitled to 60–67% of their daily average pay (International Labour Law, 2011). The length of the maternity leave in South Korea is up to 90 days. The initial 2 months of the leave are paid at 100% of the average wage, while the remaining month is paid partially (OECD, 2019). Additionally, maternity leave policies in China typically last 98 days. Under specific conditions, such as pregnancy

complications or giving birth to multiple children, the duration may be extended. Employees receive full payments of their salaries or a partial payment, depending on the employer (Fan Wu, 2019). According to the Maternity Benefit Act of the ILO, in India, women working in a company with ten employees or more are eligible for 26 weeks of maternity leave before and after giving birth. The employer has to provide their employee with paid leave that is equal to their daily wage (2012). According to the Ministry of Manpower in Singapore, working mothers are eligible for 16 weeks of maternity leave. The first eight weeks are covered by the employer, and the final eight weeks are covered by the government. Yet there is a cap on the amount that the government will pay (Ministry of Manpower, n.d.). Moreover, according to the Philippines Commission on Women, working mothers are eligible to one hundred five days of maternity leave if they have had a normal delivery, while they can take 120 days if they have had a cesarean section delivery, receiving full pay from all sectors. Women are also entitled to give their husbands one week off from their jobs. This law was amended and revised on March 11, 2019 (2020).

2.6.4 Gulf

The Gulf region encompasses several countries with diverse maternity leave policies. While specific provisions may vary, it is valuable to gain an overview of the maternity leave entitlements in this region (International Labor Law, 2012). Below, the researcher will delve into the intricacies of the maternity leave policies in various Gulf countries, shedding light on the duration, compensation, and additional considerations for expectant mothers in the workplace. Maternity leave in Saudi Arabia is governed by the Saudi Labor Law. The provisions surrounding maternity leave in the country are designed to offer comprehensive

support and necessary respite to expectant mothers within the realm of their professional responsibilities (The Embassy of the Kingdom of Saudi Arabia, 2019). Additionally, in Saudi Arabia, female employees have the right to an extended maternity leave period that lasts 10 weeks, or 70 calendar days. Women are guaranteed full compensation during this time if they have been in the company for over 3 years and half pay if they have been for under 1 year (OPS, 2021). Notably, the system's adaptability gives women the freedom to decide when to start their maternity leave, whether that be before or after giving birth, taking into account their unique preferences and circumstances. Recognizing that the initial stages of motherhood may warrant additional time for adjustment and caregiving, the Saudi Labor Law further acknowledges the provision of an unpaid leave extension for up to 60 days beyond the mandatory maternity leave (OPS, 2021). This provision offers working mothers the flexibility to extend their absence from the workplace, should they deem it necessary for the betterment of their own welfare and the care of their child (The Embassy of the Kingdom of Saudi Arabia, 2019). Moreover, maternity leave in Qatar is governed by the provisions outlined in the Qatar labor law (2005), which recognizes the importance of supporting and safeguarding the rights of working women during the significant period of motherhood. Female employees are granted fifty days of paid maternity leave, with the option of extending the leave for an additional fifty days with the approval of their company. (The GPS Team, 2021). In Kuwait, the maternity leaves ranges from 70 days of paid maternity leave, which women can take starting 30 days before the due date and up to 40 days after the delivery date (Public Authority of Manpower, 2010). Lastly, in Oman, working women are generally entitled to 50 days of maternity leave with full pay. This leave can start up to 30 days before the expected delivery date and continue for 20 days after delivery (Ministry of Manpower, 2012).

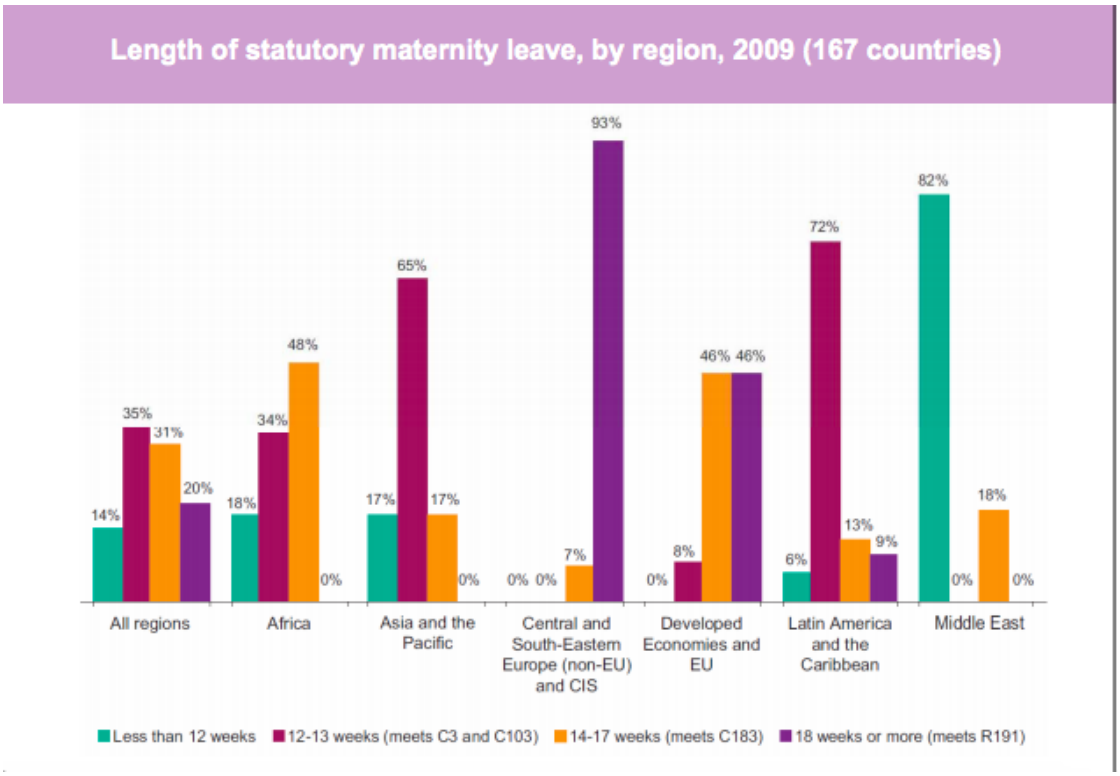

Figure 2: Length of Statutory Maternity Leave, by Region, 2009 (167 countries)

ILO. (2009). *Length of Statutory maternity leave, by region, 2009 (167 countries).* Length of Maternity Leave. International Labor Organization. Retrieved May 25, 2023, from https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/presentation/wcms_146179.pdf.

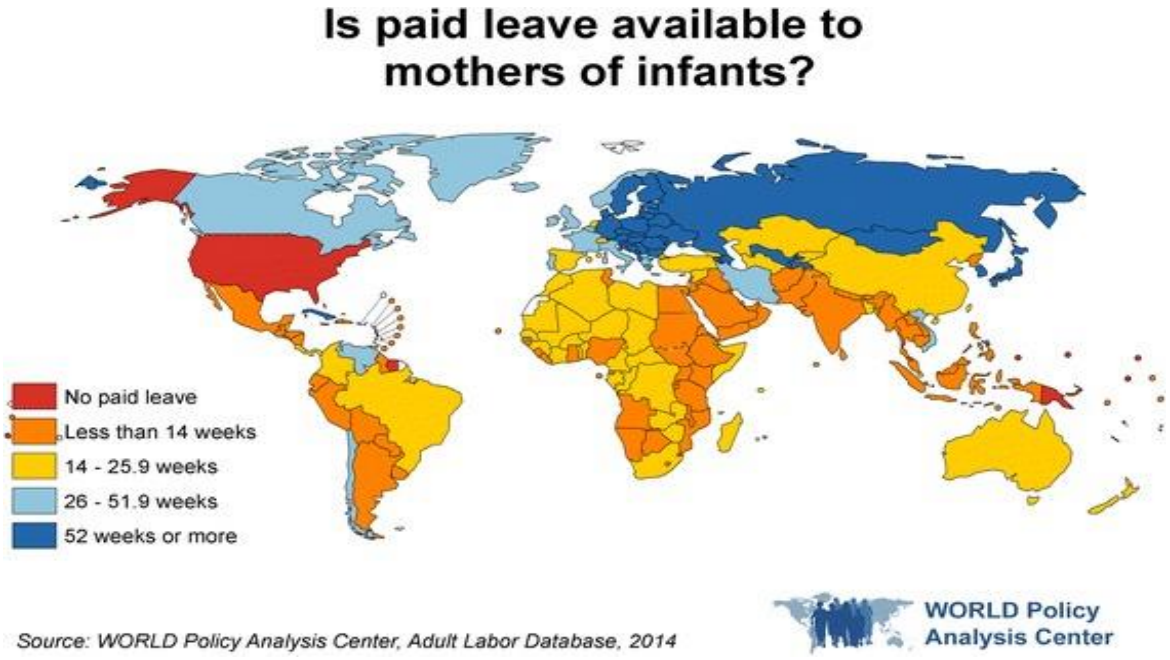

Figure 3: Paid Leave Available to Mothermothers of Infants

Heymann J, Sprague AR, Nandi A, Earle A, Batra P, Schickedanz A, Chung PJ, Raub A. Paid parental leave and family wellbeing in the sustainable development era. Public Health Rev. 2017 Sep 15;38:21. doi: 10.1186/s40985-017-0067-2. PMID: 29450093; PMCID: PMC5810022.

2.6.5 United Arab Emirates

Maternity leave policies in the United Arab Emirates are governed by the UAE Labor Law to address the needs of working women during the period of motherhood. Working women are granted a leave period of 45 days with their whole salary, which can be taken before or after childbirth depending on the employee's preference. There is also the option to start the leave up to 30 days before the expected delivery date. Additionally, a further 100 days of unpaid maternity leave are available to women who have worked for their employer

continuously for at least a year. In the UAE, local Emirati employers and expatriate employees have different maternity leave policies. Maternity leave policies for foreign employees working in the private sector are outlined in the UAE Labor Law (Federal Law No. 8) (UAE Ministry of Labor, 2023). The above law applies to expat women, while local Emirati women working in the public sector are entitled to more generous maternity leave benefits. They are eligible for 90 days of maternity leave that is entirely paid, giving them more time to recover from childbirth and look after their newborns (UAE Labor Law, 2022).

2.7 Theoretical Framework

The theoretical framework for researching the experiences of mothers on maternity leave includes several key perspectives and concepts. It serves as a foundation for understanding the elements that affect maternal well-being and general health throughout the maternity leave period.

2.7.1 Social Support Theory

The presence and quality of social connections and support systems have a significant influence on individuals' well-being and health, according to Social Support Theory, which is rooted in the field of social psychology (Ozbay, 2007). In the context of mothers on maternity leave, this theory emphasizes the importance of various elements of social support, such as emotional, informational, and tangible assistance (Hijazi, 2021). Emotional support includes expressions of empathy, understanding, and validation, which can help mothers cope with the stress and emotional challenges that come with this time of transition (McLeish, 2021). Informational support entails giving mothers advice, guidance, and relevant knowledge to help

them make informed decisions and navigate the demands of motherhood. Tangible support refers to tangible assistance, such as childcare assistance, household chores, or financial assistance, that can alleviate the burdens and responsibilities that new mothers face (OECD, 2019). According to social support theory, mothers who have a strong support network have greater well-being, less anxiety, more self-confidence, and better overall health outcomes (Liu, 2021). Furthermore, these supportive relationships promote a sense of belonging and connectedness, which combats feelings of isolation and promotes positive adjustment to the demands of motherhood.

2.8 Summary

Maternity leave is an essential policy that aims to aid working mothers' transition to motherhood by giving them time off from work. This literature review examined different maternity leave policies from around the world, including their length, pay, and job protection. In terms of the mother's wellbeing, financial support, general health, and the quality of the leave, it also examined the advantages and potential disadvantages of longer maternity leaves. According to the research, extended maternity leave has many benefits for mothers, babies, and families. Mothers can adapt to the demands of motherhood and physically recover from childbirth by taking an extended leave of absence. It is linked to decreased postpartum depression, better mental health outcomes, and greater overall maternal well-being. Additionally, longer leave times encourage effective breastfeeding habits, advance maternal and infant health, and boost employee loyalty and job retention rates. However, it's equally important to take into account any potential negative effects of a longer maternity leave. Extended leaves may cost employers money, alter the dynamics of the workforce, impede

professional advancement, and exacerbate gender inequality. Additionally, it can be difficult for mothers to strike a healthy work-life balance and deal with prejudice and stigma at work.

Overall, even though policies requiring longer maternity leaves have many advantages, decision-makers and employers must strike a balance between helping mothers and addressing any potential drawbacks. The results of this literature review offer insightful information for researchers, employers, and policymakers, emphasizing the significance of creating maternity leave regulations that prioritize mothers' needs while taking into account broader societal and economic ramifications.

Chapter 3: Methodology

3.1 Overview

Maternity leave policies have been a persistent and long-standing concern for several nations over the course of decades. The length of time and remuneration associated with maternity leave have a substantial influence on the overall welfare of the mother, child, and family. Regardless of the fact that multiple countries have enforced maternity leave policies, the duration and compensation of the leave vary significantly. In the United Arab Emirates, for instance, the duration of maternity leaves for expatriates' ranges from 45 paid working days to 90 partially paid working days, depending on the level of flexibility of the employer (Telecommunications and Digital Government Regulatory Authority (TDRA), 2023). This thesis investigates the influence of short maternity leave policies on working women, including their overall health, well-being, and financial assistance.

This chapter meticulously describes the methods used in the research, including the research questions, the research design, which includes the research theory and philosophy, the participants, how they were selected, and the inclusion criteria. Also, the methods used in this thesis, along with the instrument used for data collection, are included, and the data analysis techniques and ethical considerations are discussed. Quantitative research methods will be used to examine three research questions with two hypotheses each. This method entails the gathering of numerical data using surveys and statistical analysis, making it suitable for evaluating the hypotheses mentioned below.

3.2 Research Questions

The first research question is, "Does the length of maternity leave affect the well-being and general health of mothers in the UAE?" will be assessed with two hypotheses 1.1 "Length of maternity and the leave positively affect well-being." 1.2: The "length of maternity leave and the leave positively affect general health." The second research question is "Does the degree of maternity leave financial support affect the well-being and general health of mothers in the UAE", We hypothesized (2.1) that "well-being differs across women based on maternity leave financial support" and (2.2) that "general health differs across women based on maternity leave financial support (an independent variable)."The third research question is "Does the quality of maternity leave affect the well-being and general health of mothers in the UAE", We hypothesize (3.1) that "quality of maternity leave positively affects well-being" and (3.2) that "quality of maternity leave positively affects general health."

3.3 Research Design

This exploratory study seeks to better understand how the maternity leave policy affects women and their experiences with it. The research philosophy used in this study is positivism, which adheres to the idea that only objective knowledge can be learned by observation (Collins, 2010). Positivism is a philosophy of study that stresses the use of scientific methods and empirical facts to examine and explain social processes (Park, Konge, & Artino, 2020). The positivist perspective makes the assumption that social reality is quantitatively observable and measurably measurable. Positivists say that the scientific method is the most reliable way of generating knowledge since it entails the creation of

testable hypotheses, the collection of empirical facts, and the use of logical reasoning to reach conclusions (Park, Konge, & Artino, 2020).

Although this theory is occasionally criticized for its strict emphasis on observable phenomena and its rejection of subjective perceptions and values (Alharahsheh & Pius, 2020), it continues to be a frequently used research philosophy. The positivist philosophy was chosen as this study aims to examine objectively the experience of mothers regarding leave policies in the United Arab Emirates, and as such, it was felt most appropriate. Additionally, this philosophy offers a clear framework for creating testable hypotheses, gathering data, and conducting data analysis (Alharahsheh & Pius, 2020). This will aid in drawing conclusions based on the facts gathered. Moreover, this theory helps overcome biases and subjective interpretation in this study by focusing on minimizing the influence of individual perspectives and experiences.

Online surveys will be used by the study to gather information from working mothers who have to adhere to the UAE's maternity leave law. An online survey is a convenient and efficient method of collecting data from a large sample size (Evans & Mathur, 2005). With the increase in internet access, online surveys can be easily distributed to many individuals from various locations (Nayak & Naryan, 2019), eliminating the need for in-person interactions and minimizing the time and expense involved in data collection (Curasi, 2001). Furthermore, online surveys enable standardized data collection by distributing the same set of questions to all participants in the same order, reducing the risk of bias in the data collected.Generally, online surveys provide greater anonymity for participants, resulting in more honest and accurate responses (Murdoch M., 2014).

The questionnaire includes questions regarding the mother's general health after giving birth and returning to work, as well as questions about the participants' well-being and their perceptions of the policy and how it affected them, positively or negatively. It also examines the quality of their maternity leave policy.This research's time horizon will be cross-sectional since this study requires collecting and analyzing data from a population of interest, which is working mothers, at a single point in time, which is right after their maternity leave (Setia, 2016).

3.4 Participants

This research will use a non-random sample size of 50 working mothers in the UAE. The participants in this research were chosen based on certain variables of interest, like their demographic information, length of their maternity leave, well-being right after going back to long working hours, general health, and the quality of their maternity leave. This study enrolled expatriate working mothers in the United Arab Emirates returning to work after maternity leave. The participants were recruited through a variety of online platforms, including Facebook groups and Instagram pages, as well as personal acquaintances. Individuals must be currently employed, have taken maternity leave, have at least one child, and use a child support service such as daycare, a nanny, or a family member to be eligible for participation. Before taking part in the study, all participants were given informed consent and an explanation of the study's purpose and nature. *Moreover,* this research also focuses on whether the policy of maternity leave in terms of length, finances, and childcare is fair or if it poses physical, psychological, and financial stress on the mothers and their families. The time

horizon was chosen because the researcher does not need to manipulate any variables and is more interested in recording information that is available in her sample population.

3.5 Instrumentation

For the purpose of this study, the researcher used a questionnaire with X structured questions and One open-ended question at the completion of the questionnaire was designed to allow participants to contribute their own thoughts to the research. The survey consists of five parts. The first part assesses the demographics, which include the age group of the participants, the length of their maternity leave, whether the maternity leave policy was paid, partially paid, or unpaid, and lastly, the method of childcare the mothers used. The subsequent parts of the questionnaire consisted of four scales. The first one assesses mothers' perceptions of the maternity leave policy, which consists of five questions that were self-designed by the researcher following the literature and the variables that are being studied.

The second scale used was the 12-item general health questionnaire (GHQ-12). This questionnaire is an assessment of your present mental health. It has been extensively utilized in various cultures and settings (Ali Montazeri, 2003) since it was developed by Goldberg in the 1970s (Goldberg, 1970). In this section of the survey, the researcher used all the questions on this scale since it helped gather the information needed to better understand if the mothers' during this time had good overall general health, both physically and psychologically. Furthermore, the GHQ-12 has good diagnostic reliability, which means that it consistently produces coherent results over time. Correlation coefficients between scores have been reported in studies ranging from 0.74 to 0.96, indicating high reliability (Tait, French, & Hulse, 2003). According to McDowell (2006), the GHQ-12 is a valid and reliable indicator of

psychological distress in non-clinical populations like the one in this study's target population. It can be used in primary care, occupational health, and other settings to screen for mental health issues (Goldberg, 1988).

The third scale in the survey is the WHO-5 scale of wellbeing, which is a brief and simple questionnaire with appropriate reliability and validity (Topp, 2015). This scale is a self-reported questionnaire that assesses an individual's subjective wellbeing. It consists of five positively worded statements that measure emotional wellbeing, vitality, and general functioning. Several studies have confirmed that the WHO-5 is a valid measure of wellbeing, like a study done by Lara Cabrera in "Psychometric Properties of the WHO-5 Well-Being Index among Nurses during the COVID-19 Pandemic: A Cross-Sectional Study in Three Countries" (2022) and a study done on using the WHO-5 Wellbeing index in "A Validation Study in People with Infertility" (Omani-Samani R, 2019), in which the WHO-5's basic factor structure was confirmed by CFA that it had good internal consistency of "Cronbach's alpha = 0.858" (Omani-Samani R, 2019). Overall, the WHO-5 scale of wellbeing is a valid and reliable measure of subjective wellbeing. It can be used to assess well-being in clinical and non-clinical populations and can help identify individuals who may benefit from further assessment and treatment (Topp, 2015).

The fourth scale used in the survey was the Quality of Maternity Leave scale. This scale consists of six factors, each of which aims to assess the quality of the maternity leave experience (Sterling, 2020). The first factor was time off, which measured the amount of time the mother was able to take off from work for maternity leave. The second factor was flexibility, which evaluated the degree to which the mother was able to work flexible hours

upon her return from maternity leave. The third factor was coworker support, which gauged the level of support the mother received from her colleagues in the workplace during and after her maternity leave. The fourth factor was discrimination, which assessed the degree to which the mother experienced discrimination due to her pregnancy or maternity leave. The fifth factor was micro aggressions, which evaluated the extent to which the mother encountered subtle, indirect, or unintentional discriminatory behaviors in the workplace. Finally, the sixth factor was benefits, which measured the extent to which the mother received benefits such as paid leave, health insurance, or childcare support during her maternity leave (Sterling, 2020). For this scale, the researcher used the parts of the scale that are mostly relevant to the research questions and the variables targeted in the study. The subscales used were all four questions from factor 1, which are time off, and all the questions from factor 6, which is the work benefit scale (Sterling & Allan, 2019).

For the last part of the survey, the researcher used a semi-structured, open-ended question. “In your opinion, how would you describe the maternity leave policy in the UAE and how do you think it can improve?", This question was placed in the questionnaire to investigate whether the participants believed in a restructuring of the maternity leave policy to improve quality care given to their infants and to their families. The participants for this study were recruited through social media groups and personal contacts. The survey was administered online through a Survey Monkey link, and it was open for 5 months.

3.6 Data Analysis

The data analysis will start by cleaning and processing all data sets, looking out for incomplete responses and unusual ones. For instance, in many surveys, it is seen that some

participants do not even read the questions; all they do is select all the first or last options, which ends up being faulty. In the first research question, the independent variable is the length of the maternity leave measured in weeks, while the dependent variables are the participants' well-being and general health, which are also the dependent variables for the second and third research questions. The independent variable in the second research question is the maternity leave financial support, and like the first research question, as mentioned above, the dependent variables are the same for the three questions. For the third research question, the independent variable is the quality of maternity leave. In order to statistically analyze the demographic section, which is the first part of the survey, the researcher will use frequencies and percentages such as means, standard deviations, and frequency distribution.

The proposed statistical analysis for the first and second research questions will involve conducting ANOVA or Kruskal-Wallis tests to determine the relationship between the independent and dependent variables mentioned above. On the other hand, for the third research question, the statistical analysis will include using Pearson's correlation coefficient to assess the relationship between the IV and DVs. Furthermore, all the data analysis mentioned above was conducted in SPSS version 29.

3.7 Ethical Consideration

Data Protection:

The questionnaire was done and distributed through SurveyMonkey.com. This database does not take any personal information from the participants, which means that all the survey results will be treated with the utmost confidentiality and stored securely on the

researcher's computer with access restrictions. The data collected will be used solely for the purpose of this research and will not be shared with any third party. Moreover, the questionnaire was done and distributed through SurveyMonkey.com. This database does not take any personal information from the participants, which means that the participants' anonymity will be reserved even for the researcher.

3.8 Ethical Clearance Coverage:

Prior to starting this research study, the researcher wrote a research proposal to the advisor. Once the advisor approved the research, an ethics form was filled out, which included all the ethical considerations, and sent to the dean of the M.Ed. to be approved. The form was to classify the study's risks and ensure the rights and anonymity of the participants.

3.9 Summary

In conclusion, the researcher used a questionnaire to collect information from participants about their experiences with the maternity leave policy in the UAE. The questionnaire included structured questions as well as one open-ended question. The survey was divided into five sections, including scales used to evaluate various aspects of the maternity leave policy, the participants' mental health and well-being, and the quality of their maternity leave. The information was gathered online from participants recruited via social media and personal contacts. The data analysis process included cleaning and processing the data sets, identifying incomplete or unusual responses, and conducting statistical analyses to examine the relationships between variables. The findings of this study may help

policymakers and employers improve maternity leave policies in the UAE in order to better support the health and well-being of mothers and their families.

Chapter 4: Results

In this chapter, the findings from the study exploring the experiences of mothers on maternity leave in the UAE are presented. The chapter begins with the research questions and hypotheses, followed by a description of the sample characteristics, followed by a descriptive analysis of the variables. Further the statistical analyses conducted, including the one-way ANOVA and Pearson's correlation, are discussed. Finally, the results of these analyses are presented, providing insights into the experiences of mothers on maternity leave policies.

4.1 Research Questions and Hypotheses

1- "Does the length of Maternity leave affect the well-being and general health of Mothers in the UAE?

1.1 Length of maternity leave positively affects well-being"

1.2: The Length of maternity leave positively affects General health

2- Does the degree of Maternity leave financial support affect the well-being and general health of Mothers in the UAE?

2.1 Well-being differs across women based on Maternity leave financial support.

2.2 General Health differs across women based on Maternity leave financial support.

3- Does the Quality of Maternity leave affect the well-being and general health of Mothers in the UAE?

3.1 Quality of maternity leave positively affects well-being.

3.2 Quality of maternity leave positively affects General health.

4.2 Demographic Information

The present study examined a sample of 37 women who had recently taken maternity leave in the United Arab Emirates. The participants were selected based on their age and employment status as working mothers. The demographic information collected encompassed the participants' age and their employment status during pregnancy and after giving birth. The age distribution revealed that none of the participants fell within the 18-24 age group, while 43.2% belonged to the 25-34 age group and 56.8% were in the 35-44 age group. The variable "length of maternity leave" was categorized into five options: 6 weeks 45.9%, 10 weeks 5.4%, 12 weeks 16.2%, 18 weeks 2.7%, and "Other" 29.7%. Furthermore, the nature of maternity leave payment was examined, indicating that 73% of the participants received paid leave, 24.3% had unpaid leave, and 2.7% received partial payment. Regarding childcare arrangements, 2.7% of the participants worked remotely, 64.9% hired a nanny, and 32.4% utilized daycare services. These findings shed light on the age distribution, length of maternity leave, nature of payment, and childcare choices among women on maternity leave in the UAE.

Table 1: Statistics

Variable	Frequency	Percentage
Age		
18-24	0	43.2%
25-34	16	56.8%
35 -44	21	
Length of Maternity leave		
6 weeks	17	45.9%
10 weeks	2	5.4%
12 weeks	6	16.2%
18 weeks	1	2.7%
Other	11	29.7%
Nature of maternity leave payment		
Paid	27	73%
Unpaid	9	24.3%
Partial	1	2.7%
Childcare		
Work remotely	1	2.7%
Nanny	24	64.9%
Daycare	12	32.4%

4.3 Descriptive Statistics

The reliability and descriptive statistics for each scale used in the study are presented below:

4.3.1 Perception of Maternity Leave Scale:

The Perception of Maternity Leave Scale demonstrated good internal reliability with a Cronbach's alpha score of 0.730 (Table 2). In this scale there were five items assessed on a X point likert scale. The mean score for this scale was 1.9405 with a standard deviation of 0.74067 (Table 2), indicating the average perception of maternity leave policies among the participants was negative about their perception of maternity leave. As a 1 is strongly disagree, 2 is disagree and 3 is neutral. so they all mostly answered in the negative. The Shapiro-Wilk test was conducted to assess the normality of the data (Shapiro-wilk test, p=0.015)

4.3.2 General Health Scale:

The General Health Scale also exhibited good internal reliability, with a Cronbach's alpha score of 0.790. The mean score on this scale was 2.7342, indicating the average level of general health reported by the participants which indicates that most participants were neutral or slightly negative regarding the general health. The standard deviation was 0.33555, highlighting the dispersion of responses around the mean. The Shapiro-Wilk test was conducted to assess the normality of the data and the data were normally distributed (Shapiro-wilk test, p=0.650). This variable was normally distributed.

4.3.3 Quality of Maternity Leave Scale:

The Quality of Maternity Leave Scale demonstrated high internal reliability, with a Cronbach's alpha score of 0.823. The mean score for this scale was 2.3885, indicating the average perception of the quality of maternity leave experienced by the participants. The standard deviation was 0.79045, illustrating the variation in responses across the sample. The Shapiro-Wilk test was conducted to assess the normality of the data and the data were normally distributed (Shapiro-wilk test, p=0.109)

4.3.4 Well-being Scale:

The Well-being Scale exhibited good internal reliability, with a Cronbach's alpha score of 0.797. The mean score on this scale was 2.4108, representing the average level of well-being reported by the participants which indicates that most participants were neutral or slightly negative regarding well-being. The standard deviation was 0.67321, indicating the dispersion of responses around the mean. The Shapiro-Wilk test was conducted to assess the normality of the data (Shapiro-wilk test, p=0.132) which indicated that the data was normally distributed.

These descriptive statistics provide a summary of the participants' scores on each scale, offering insights into their perceptions of maternity leave, general health, quality of maternity leave, and overall well-being. The internal reliability of each scale suggests that the items within each scale were consistent and reliable measures of the underlying constructs.

Note: Table 2 displays the descriptive statistics for the key variables in the study. These include the mean, standard deviation, minimum, maximum, and Cronbach's alpha score for each variable. The variables examined are Perception of Maternity leave, General Health, Quality of Maternity leave, and Well-being.

Table 2: Descriptive Statistics for Key Variables

Variable	Mean	Standard deviation	Min	Max	Cronbach's Alpha score
Perception of Maternity leave	1.9405	0.74067	1.00	4.00	0.730
General Health	2.7342	0.33555	2.00	3.42	0.790
Quality of Maternity leave	2.3885	0.79045	1.40	4.20	0.823
Well-being	2.4108	0.67321	1.00	4.25	0.797

4.4 Inferential Statistics

The inferential statistics section of this study focuses on examining the relationships between variables related to maternity leave and their impact on women's well-being and general health. The section includes a series of hypotheses that were tested using appropriate statistical analyses, such as analysis of variance (ANOVA) and Pearson's correlation coefficients. the variables of interest include the length of maternity leave, maternity leave financial support, and the quality of maternity leave. the analysis contributes to a better

understanding of the factors influencing women's postpartum experiences and may inform future improvements in maternity leave policies and support systems.

4.4.1 Hypothesis1.1

The inferential statistics used to test the hypothesis that the length of maternity leave positively affects well-being was assessed using an ANOVA, with the length of maternity leave as the independent variable and well-being as the dependent variable. The results showed that there was no significant difference in well-being based on the length of maternity leave ($F(4,32) = 0.615$, $p = 0.655$). The results indicate that the length of the maternity leave does not affect the women's well-being positively or negatively, therefore the Hypothesis was not accepted.

4.4.2 Hypothesis 1.2

The inferential statistics used to test the hypothesis that the length of maternity leave positively affects the general health. The test run was the one-way ANOVA test, with the length of maternity leave being the independent variable and the general health being the dependent variable. It can be stated that there was no significant difference in participants' general health based on the length of maternity leave ($F(4,32) = 1.616$, $p = 0.194$). This suggests that the length of maternity leave that UAE women receive has no impact on the general health of the participants, and as a result, the hypothesis was rejected.

4.4.3 Hypothesis 2.1

The inferential statistics used in the hypothesis testing were well-being (DV) and Maternity leave financial support (IV), the hypothesis *"Well-being differs across women based on Maternity leave financial support"* was assessed with an ANOVA. The results of the test showed that there was no significant difference in participant well-being based on the type of maternity leave financial support received ($F(2,34) = 0.14$), $p = 0.986$).

4.4.4 Hypothesis 2.2

The inferential statistics employed in this hypothesis examined whether there is a difference in general health among women based on their maternity leave financial support. Maternity leave financial support served as the independent variable, while general health was the dependent variable under investigation. It can be stated that there was no significant difference in well-being based on the maternity leave financial support ($F(2,34)=0.570$), $p = 0.571$). this suggests that the financial support during maternity leave has no impact on the general health of working mothers in the UAE.

4.4.5 Hypothesis 3.1

The inferential statistics for the Pearson's correlation between the quality of maternity leave and Well-being, indicating a non/significant correlation, can be described as follows:

"There was a significant correlation between the quality of maternity leave and well-being ($r = 0.503$, $n = 37$, $p = 0.001$)."

In this statement, r represents the correlation coefficient, which measures the strength and direction of the relationship between the two variables. In this case, the correlation coefficient is 0.503, suggesting a positive correlation between the two variables. The sample size (n) is 37, indicating the number of data points used in the analysis. The p-value (p = 0.001) indicates the level of significance and suggests that the observed correlation is statistically significant. Overall maternity leave perceptions were low in terms of quality and perceptions of maternity leave. Similarly, well-being and general health were not particularly high.

4.4.6 Hypothesis 3.2

A Pearson's correlation was conducted to assess for a relationship between the quality of maternity leave and general health. The correlation showed that there was no significant relationship between the quality of maternity leave and general health (r = -0.120, n = 37, p = 0.478). In this statement, r represents the correlation coefficient, which measures the strength and direction of the relationship between the two variables. In this case, the correlation coefficient is -0.120, suggesting a weak non-significant negative correlation. The analysis included a sample size (n) of 37, representing the number of data points considered in the examination of the relationship between the quality of maternity leave and general health. the obtained p-value of 0.478 indicates the level of significance associated with this correlation. based on the results, the observed correlation was not statistically significant. consequently, the hypothesis that posited a positive effect of the quality of maternity leave on general health was rejected. these findings suggest that any relationship between both variables observed in the sample is likely attributed to chance rather than a meaningful association.

4.5 Summary

Finally, the findings of this study provide valuable insights into various aspects of maternity leave policies and their impact on mothers' well-being and general health. The study investigated several research questions and hypotheses, including the length of maternity leave, financial support, and the quality of maternity leave. The length of maternity leave did not have a significant effect on the well-being or general health of mothers, according to the findings of the research. This suggests that the length of maternity leave received by women in the UAE has little impact on their overall well-being or health.

Similarly, the study found no significant relationship between maternity leave financial support and the well-being or general health of mothers. This indicates that the type of financial support received during maternity leave does not have a significant impact on the well-being or general health outcomes of working mothers in the UAE.

On the other hand, the study revealed a significant positive correlation between the quality of maternity leave and well-being. This suggests that mothers who perceive higher quality in their maternity leave experience tend to have better well-being. However, no significant relationship was found between the quality of maternity leave and general health. These findings imply that while the quality of maternity leave may influence the well-being of mothers, it does not have a direct impact on their general health.

Overall, the results highlight the need for further examination and potential improvements in maternity leave policies and support systems in the UAE. Although the length of maternity leaves and financial support did not demonstrate significant effects, the

quality of maternity leave was found to be associated with well-being. These findings can inform policymakers and organizations in enhancing maternity leave provisions to better support the well-being of mothers during this crucial period. It is important to note that the study had a sample size of 37 participants, and further research with a larger and more diverse sample is recommended to validate and generalize these findings.

Chapter 5: Conclusion and Recommendations

The following chapter presents the discussion and interpretation of this study. This research investigated various aspects of maternity leave, including its length, financial support, quality, and their impact on mothers' well-being and general health. The purpose of this chapter is to discuss the findings in relation to the research questions and hypotheses posed, as well as to provide insights into the experiences of mothers on the maternity leave policies in the UAE. The following section of the study begins with the interpretation of the results presented.

Findings of this study looked into the experiences of mothers on maternity leave in the UAE and how it affected their well-being and general health. The research explored several research questions and hypotheses concerning the length of maternity leave, financial support, and the quality of the leave.

5.1 Discussion of the Findings

Prior to delving into the hypotheses and their corresponding results, it is essential to provide a descriptive analysis of the data regarding all the variables mentioned above. The preliminary findings set the stage for a more comprehensive understanding of the subsequent hypothesis testing. Upon examining the data, it becomes apparent that the participants availed themselves of a relatively shorter duration of maternity leave. The majority of women took leave for a period of 6 weeks, and their reactions towards the policy in the UAE where neutral to negative. These may be due to the low support they had and the quality of the leave.

The data analysis revealed information about the effects of maternity leave on well-being and general health. The one-way ANOVA results did not support hypothesis 1.1, which proposed a positive relationship between the length of maternity leave and well-being. This indicated that there was no relationship between both variables contradicting the findings by Avedano (2015) who showed in one of the results that longer maternity leave policies reduce the risk of having at least three symptoms of depression by 18%. Also, even longer maternity leave in the context of the UAE is still short relatively to the length of time in European countries and so there is not enough variation to see a clear pattern here in the UAE.

Similarly, Hypothesis 1.2, which proposed a positive relationship between maternity leave length and general health, was rejected, which also contradicts the findings in the literature review, according to a study done by McGovern et al. mothers that take 15 weeks or more of maternity leave have better general health than mothers who take a less generous leave (McGovern, 1997). So it's possible that the overall length of maternity leave is not long enough in the UAE to generate benefits and also the paternity leave in the UAE is only five working days (*UAE Government* 2020) which may also contribute to the results posed.

There could be other possible explanations for the results of this study that contradict the findings of the literature reviews. It may be possible that the sample size of this study was comparatively smaller than those used in previous studies. Additionally, the well-being and general health scores were observed to be relatively low and neutral to negative, which could potentially contribute to these differing outcomes. Moreover, it is possible that the participants in the study, who were all expats, were experiencing stressful conditions, which might have had an impact on the results.

In hypothesis 2.1 and 2.2, the one-way ANOVA results examined the impact of maternity leave financial support on well-being and general health, which again revealed no significant differences based on the type of financial support received. As a result, it can be concluded that maternity leave support may not have a significant impact on well-being or general health which coincide with a study done by Andre et al. (2015) where their results also showed that there was no significance between paid maternity leave and both well-being and general health (Andres, 2015). In Contrast, the study conducted by Bullinger et al, found that increasing maternity leave financial support from 6 to 12 weeks made a difference in mother's well-being and general health (Bullinger, 2019). Additionally, this study found that California's paid family leave law, which expanded eligibility and increased the leave's duration from six to twelve weeks, improved maternal employment outcomes and salaries while placing little to no financial burden on employers. The study found a significant effect of the state's paid parental leave program on both parents' and infants' health and wellbeing. (Bullinger, 2019).

However, Pearson's correlation analysis supported Hypothesis 3.1, which proposed a positive relationship between the quality of maternity leave and well-being. The findings revealed a significant positive relationship between the two variables. This result was supported by a study done by Sterling et al, where it was found that the quality of maternity leave affected mothers in the US in terms of well-being, including guilt, depressive symptoms and identity role (Sterling, 2022). This suggests that the quality of maternity leave, rather than its length or financial support, may play an important role in influencing well-being. According to the ILO (2009) there are recommendations to amend and improve the quality of maternity leave, the studies done by the International Labor Law in 2009 has

improved the quality of maternity leave in Jordan, Sri lanka and many other countries. In their article they suggest increasing the principles of the leave protection, aid women's rights to breastfeed, enhance measure to avoid discrimination in the work place and promote workplace education (ILO,2009)

On the other hand, the correlation analysis did not support Hypothesis 3.2, which proposed a positive relationship between the quality of maternity leave and general health. The results revealed a weak and non-significant inverse relationship between the variables. This implies that the quality of maternity leave may not have a significant impact on overall health. It is critical to compare our findings to previous research in order to contextualize them. The results of our study are consistent with previous research that found no significant relationship between the quality of maternity leave and well-being or general health like a study done by McGovern (2000) which suggests that there was no relevant difference between the quality of the leave and the general health of women. However, other studies that have found a link between longer and better quality maternity leave and improved health like a study done by Andres et al. (2016). In his study the researcher found that the better the quality of leave and its length the better mental health, well-being, and quality of caregiving was found (Andres, 2016). These variations may result from differences in study design, cultural factors, sample size or specific context.

Moreover, this research contributes to the existing body of knowledge on the effects of maternity leave policies on well-being and general health. The findings suggest that policymakers and organizations should prioritize improving the quality of maternity leave over simply increasing its length or providing financial assistance. Improving support systems,

work-life balance, and overall experience during maternity leave may have a greater impact on women's well-being and improvements in the workplace.

To contextualize our findings, we must compare them to previous research. Our findings are consistent with previous research that found no significant relationship between the length of maternity leave and well-being or general health. They do, however, contradict other studies that have found a link between more maternity leave and better health. These disparities may result from differences in study design, cultural factors, or specific contexts.

5.2 Limitation

The researcher encountered some difficulties while conducting the research. While our research provides useful information, it is critical to acknowledge its limitations. First, the study's sample size was small, which may limit the generalizability of the findings. Furthermore, because our research was limited to a specific population or region, the findings may be limited in their applicability to other cultural or socioeconomic contexts. Another limitation is the participants' homogeneity. The study's participants were all expatriates, which may have resulted in a lack of diversity in the results. Expats come from a variety of cultural backgrounds, occupations, and experiences. As a result, the findings may not be fully representative of the UAE's entire population. Future studies could consider increasing sample size to include a more diverse range of participants, such as expats from various countries and locals, to mitigate these limitations.

5.3 Scope for Future Research

Future research in this area should aim to address the current study's limitations. To begin, as previously stated, increasing the sample size would be beneficial in order to obtain a more representative and diverse group of participants. Furthermore, future research could compare the experiences of mothers in various industries and professions. This would aid in determining whether there are specific occupational factors that influence the well-being and general health of mothers during and after maternity leave. Furthermore, investigating the impact of cultural factors on maternity leave experiences could provide valuable insights into how cultural norms and expectations shape mothers' experiences with the UAE's maternity leave policy. Furthermore, longitudinal studies could be conducted to investigate the long-term effects of maternity leave length, quality, and financial support on well-being and general health. Researchers could assess how participants' outcomes evolve and change beyond the immediate post-maternity leave period by following them for an extended period of time. This could provide a more thorough understanding of the long-term impact of maternity leave policies. Finally, the role of organizational support and policies in promoting mothers' well-being and overall health during maternity leave could be investigated. Investigating organizational factors such as flexible work arrangements, staff support, and access to resources and services could shed light on organizational factors that contribute to positive maternal outcomes. Addressing these future research areas would help to advance our understanding of mothers' experiences with the UAE's maternity leave policy.

5.4 Conclusion

Finally, this study investigated mothers' perspectives on the UAE's maternity leave policy and examined their impact on well-being and general health. The findings shed light on the intricate dynamics of maternity leave policies and their effect on maternal outcomes. The study found that maternity leave and financial support had no significant associations with well-being and general health. These findings differ from those of previous studies, implying that there may be contextual factors unique to the UAE that influence these relationships. It is worth noting that the overall length of maternity leave in the UAE may be insufficient to provide significant benefits to mothers. The study did, however, discover a significant positive relationship between the quality of maternity leave and well-being. This emphasizes the significance of concentrating on the experiences, support systems, and overall quality of leave. Improving maternity leave quality through measures such as flexible work arrangements, access to resources, and supportive organizational policies could play a critical role in promoting positive maternal outcomes. Overall, this research adds to the existing body of knowledge by providing insights into the topic under consideration. Due to a lack of literature and research in the country, it is crucial to expand research on maternity leave in the UAE.

Reference

Andres, &. S. (2015). Maternity Leave Access and Health: A Systematic Narrative Review and Conceptual Framework Development. *Matern Child Health*.

Australian Government - Department of Social Services. (2022, 11 7). *Australian Government*. Retrieved May 12, 2023, from Department of Socail Services : https://www.dss.gov.au/our-responsibilities/families-and-children/programmes-services/paid-parental-leave-scheme

Avendano, B. L. (2015, 05). The long-run effect of maternity leave benefits on mental health: Evidence from European countries.

Baker, M., & Milligan, K. (2008). How Does Job-Protected Maternity Leave Affect Mothers' Employment? . *Journal of Labor Economics*, 655-691.

Bullinger, L. R. (2019). The Effect of Paid Family Leave on Infant and Parental Health in the United States.

Combet, B., & Oesch, D. (2019). The gender wage gap opens long before motherhood. panel evidence on early careers in Switzerland. *European Sociological Review*, *35*(3), 332–345. https://doi.org/10.1093/esr/jcz009

Department of Labor. (n.d.). *Family and Medical leave act*. Retrieved 05 18, 2023, from Department of Labor : https://www.dol.gov/agencies/whd/fmla

European Commission. (2019). *EU legislation on family leaves and work-life balance.* Retrieved from European Commision : https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/women-labour-market-work-life-balance/eu-legislation-family-leaves-and-work-life-balance_en

Fan Wu . (2019, 04). *Department of Social Policy and Social Work, Nankai University*.

Retrieved 05 18, 2023, from Leave network: https://www.leavenetwork.org/fileadmin/user_upload/k_leavenetwork/annual_reviews/2019/China_2019_0824.pdf

Gault B., Hartmann H., Hegewisch A., Milli J., Reichlin L. (2014). *Paid parental leave in the United States: What the data tell us about access, usage, and economic and health benefits*. Institute for Women's Policy Research (IWPR).

Government of Equalities office, & Jones, L., Women's Progression in the Workplace (2019). London; Government Equalities Office.

Heshmati, Honkaniemi, & Juárez. (2023, 01). The effect of parental leave on parents' mental health: a systematic review.

Hideg, A. K. (2018, october). The unintended consequences of maternity leaves: How agency interventions mitigate the negative effects of longer legislated maternity leaves.

Hijazi, H. H., Alyahya, M. S., Al Abdi, R. M., Alolayyan, M. N., Sindiani, A. M., Raffee, L. A., Baniissa, W. A., & Al Marzouqi, A. M. (2021). The Impact of Perceived Social Support During Pregnancy on Postpartum Infant-Focused Anxieties: A Prospective Cohort Study of Mothers in Northern Jordan. *International journal of women's health, 13*, 973–989. https://doi.org/10.2147/IJWH.S329487

Heymann J, Sprague AR, Nandi A, Earle A, Batra P, Schickedanz A, Chung PJ, Raub A. Paid parental leave and family wellbeing in the sustainable development era. Public Health Rev. 2017 Sep 15;38:21. doi: 10.1186/s40985-017-0067-2. PMID: 29450093; PMCID: PMC5810022.

Husam Helmi Alharahsheh & Abraham Pius, (2020). A Review of key paradigms: positivism VS interpretivism. Glob Acad J Humanit Soc Sci; Vol-2, Iss-3 pp-39-43.

International Labor Law. (2012). *MATERNITY AT WORK: A review of national legislation* (Vol. 2). ILO.

ILO. (2009). *Length of Statutory maternity leave, by region, 2009 (167 countries)*. Length of Maternity Leave. International Labor Organization. Retrieved May 25, 2023, from https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/presentation/wcms_146179.pdf.

ILO, 2009. Gender equality at the heart of decent work. Report VI, International Labour Conference, 98th Session (Geneva), p. 45

International Labour Law. (2011). *Japan - Maternity protection*. Retrieved from International LabourLaw:https://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_structure=3&p_year=2011&p_start=1&p_increment=10&p_sc_id=2000&p_countries=GB&p_countries=JP&p_print=Y

Kelly, P. M. (2015, June 1). Changing Work and Work-Family Conflict: Evidence from the Work, Family, and Health Network*. *National Library of Medicine.*

Le, K., & Nguyen, M. (2022, 09 16). The long-run impacts of paid maternity leave on height and educational attainment. *Humanities and Social Sciences Communications, 9*.

Liu, Q. J. (2021). Social support, resilience, and self-esteem protect against common mental health problems in early adolescence: A nonrecursive analysis from a two-year longitudinal study. *Medicine*.

Lifetime risk of maternal death reflects the probability of becoming pregnant and the probability of dying from a maternal cause during a woman's reproductive lifespan. See UNICEF, 2009.

McGovern, P. D. (1997). Time off work and the postpartum health of employed women. *Medical Care, 5*(35), 507–521.

McLeish, J., Harvey, M., Redshaw, M., & Alderdice, F. (2021). A qualitative study of first time mothers' experiences of postnatal social support from health professionals in England. *Women and birth : journal of the Australian College of Midwives*, *34*(5), e451–e460. https://doi.org/10.1016/j.wombi.2020.10.012

MDG 4 targets to reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

MDG 5 targets a decrease of the maternal mortality ratio by three quarters and aims to achieve universal access to reproductive health by 2015.

Ministry of Manpower. (2012). *Labour Law*. Retrieved 2023, from Omanuna: https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/67540/84139/F1719028671/OMN67540.pdf

Murdoch M, S. A. (2014, 06 16). Impact of different privacy conditions and incentives on survey response rate, participant representativeness, and disclosure of sensitive information: a randomized controlled trial. *BMC Med Res Methodol*.

OECD. (2019). *The work/family balance in Korean workplaces*. Retrieved 05 18, 2023, from OECD iLibrary: https://www.oecd-ilibrary.org/sites/a4a3830c-en/index.html?itemId=/content/component/a4a3830c-en

Omani-Samani R, M. S.-H. (2019, 11). The WHO-5 Well-Being Index: A Validation Study in People with Infertility. *Iran J Public Health.*

OPS. (2021, 09 13). *Saudi Arabia Labor law*. Retrieved 2023, from OPS: https://ops.ae/saudi-arabia-labour-law/

Ozbay, F. J. (2007). Social support and resilience to stress: from neurobiology to clinical practice.

Parental leave - the official portal of the UAE Government. (2020). https://u.ae/en/information-and-services/jobs/types-of-leaves-and-entitlements-in-the-private-sector/parental-leave#:~:text=Employees%20of%20the%20private%20sector,and%20father%20of%20the%20baby.

Public Authority of Manpower. (2010). *Kuwait Labor Law*. Retrieved 2023, from Public Authority of Manpower: https://www.manpower.gov.kw/docs/LaborLaw/KuwaitLaborLaw-English.pdf

Rossin, M. (2013). The Effects of Maternity Leave on Children's Birth and Infant Health Outcomes in the United States.

Scholar, M. A. (2016). The History of Family Leave Policies in the United States. *Organization of American Historians*.

Shahraki. (2022, Aug 15). The Effect of Paid Maternity Leave on Child Health in the Middle East and North Africa. *Med J Islam Repub Iran.*

Shahraki, M. (n.d.). The Effect of Paid Maternity Leave on Child Health in the Middle East and North Africa.

Shreffler, J., & Huecker., M. R. (2023, 3 13). Type I and Type II Errors and Statistical Power.

Sterling, H. M. (2022). Predictors and Outcomes of U.S. Quality Maternity Leave: A Review and Conceptual Framework. *Journal of Career Development,*.

The Embassy of the Kingdom of Saudi Arabia. (2019, 08 17). *SAUDI ARABIA'S REFORMS AND PROGRAMS TO EMPOWER WOMEN.* Retrieved 05 19, 2023, from The Embassy of the Kingdom of Saudi Arabia: https://www.saudiembassy.net/sites/default/files/Factsheet%20on%20Progress%20for%20Women%20in%20Saudi%20Arabia.pdf

The state of the world's children 2009: Maternal and newborn health (New York), pp. 7-8.

U.S. Department of Labor. (2020). *U.S. Department of Labor*. Retrieved from https://www.dol.gov/general/jobs/benefits/paid-parental-leave

UNFPA, 2005. Maternal mortality, Reproductive health fact sheet (New York).

Vargas-Prada S, G. A. (2018, 08). nfluence of paid maternity leave on return to work after childbirth. *Med Lav*.

Van Dellen, S.A., Wisse, B. & Mobach, M.P. Effects of lactation room quality on working mothers' feelings and thoughts related to breastfeeding and work: a randomized controlled trial and a field experiment. *Int Breastfeed J* **17**, 57 (2022). https://doi.org/10.1186/s13006-022-00499-0

APPENDICES

Dr. Godwin Francis <godwin.francis@buid.ac.ae>
to Solomon, me

Dear Dr Solomon

The ethics application of Darin has been approved.

Regards
Godwin

•••

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Best Regards

Dr. Godwin Francis

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Experiences of Mothers on Maternity Leave Policy in the UAE

Consent Form

Dear Mothers,

I am Darin Abdulkhalek a student at British University in Dubai from the Department of Education and Behavioral Sciences. I am currently carrying out a research study titled "Exploring the Experiences of Mothers on Maternity Leave Policy in the UAE." advised by Dr Solomon David (solomon.david@buid.ac.ae).
You are being asked to take part in this study since it focuses on working mothers in the UAE, thus I feel you can contribute to my research.

Kindly, read the below information to determinate whether you would like to participate in this research study or not.

The current research aims to explore women's perception and experiences regarding the Maternity leave policy in the UAE in terms of the mother's wellbeing, postpartum health and quality caregiving to infants. In this research we aim to achieve a better understanding of the effect of the policy and how it might impact the mother's productivity at work and home.

If you choose to participate in this research study, you will be asked to fill in a questionnaire that involve answering 31-questions. Which include basic demographic information and rating a set of statements based on your agreement. It is expected that the survey will require 5 to 7 minutes to complete.
Participation in this project is voluntary and by continuing and submitting your survey you are providing consent for using the information filled in this research study. You are free to withdraw at anytime without having to give any reason for your withdrawal.
Participation in this study is voluntary, anonymous and confidential. Your name or any other identifying information will not be asked.
Data you provide along with the information from all participants in the present research will be stored on the personal computer of Darin Abdulkhalek in anonymous form. The data will be analyzed and reported on in a quantitative form.
Participation in this study is not anticipated to result in any physical or emotional risk to you beyond the risks of daily life.
You will receive no direct benefits from participating in this research; however, your participation does help researchers better understand Maternity leave policies and their effect on working mothers in the UAE.

Thank you for taking part in this!
If you have any questions or concerns about the research you may contact:

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Section A: Demographic information

* 1. How long was your maternity leave?

- ◯ 6 weeks
- ◯ 10 weeks
- ◯ 18 weeks
- ◯ 12 weeks
- ◯ Other (please specify)

* 2. Please indicate your age group.

- ◯ 18-24
- ◯ 25-34
- ◯ 35 - 44

* 3. Was your maternity leave paid?

- ◯ Yes
- ◯ No
- ◯ Partially

* 4. What method of child care did you choose to use when you went back to work?

- ◯ Nursery or day care
- ◯ Nanny
- ◯ I was able to work remotely.

Other (please specify)

Section B: Perceptions of Maternity Leave policy

5. The following questions will assess your perceptions about the maternity leave policy in the UAE. On a scale of 1-5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree", your agreement with the following statements:

	Strongly Disagree	Disagree	Moderate	Agree	Strongly Agree
How do you feel about the maternity leave policy in Dubai?	○	○	○	○	○
I feel 45 days of paid Maternity leave is enough to recover from childbirth and the stressors that come with it.	○	○	○	○	○
Going back to work after 45 days affected my wellbeing.	○	○	○	○	○
I felt physically ready to go back to work after my maternity leave	○	○	○	○	○
I am comfortable to enroll my infant child of 45 days in a nursery.	○	○	○	○	○

Section C: General Health Questions

6. The following question will assess your general health. On a scale of 1-3, with 1 being unlikely and 3 being very likely.

	Unlikely	Moderate	Very Likely
How likely were you able to concentrate right after you got back to work?	○	○	○
How likely did you lose sleep over worry during this period of time?	○	○	○
How likely did you feel you were playing a useful part?	○	○	○
How likely were you capable of making decisions?	○	○	○
How likely did you feel constantly under	○	○	○

How likely did you feel that you couldn't overcome difficulties?	○	○	○
How likely did you feel that you could not enjoy the day to day activities?	○	○	○
How likely did you feel that you were unable to face problems?	○	○	○
How likely did you feel unhappy?	○	○	○
How likely did you feel like you were losing confidence?	○	○	○
How likely did you feel reasonably happy?	○	○	○
How likely did you feel worthless?	○	○	○

Section D: Wellbeing (WHO-5)

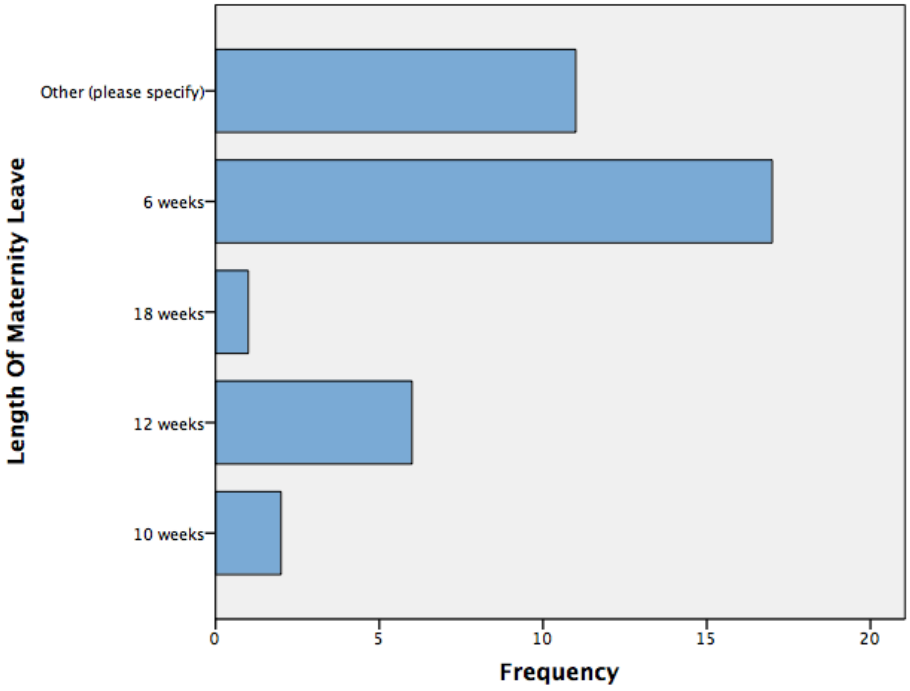
7. The following question will assess wellbeing. On a scale of 1 - 5; 1 being at no time and 5 being all the time rate this regarding how you felt when you got back to work after your maternity leave.

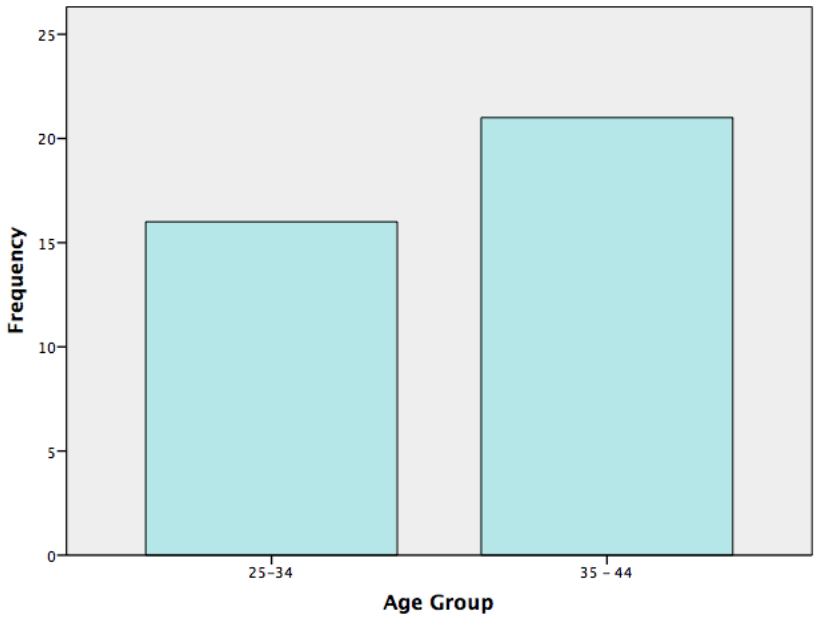
	No time	Few times	Some times	Most times	All the time
I have felt cheerful in good spirits	○	○	○	○	○
I have felt calm and relaxed	○	○	○	○	○
I have felt active and vigorous	○	○	○	○	○
I woke up feeling fresh and rested	○	○	○	○	○
My daily life has been filled with things that interest me.	○	○	○	○	○

Section E: Quality of Maternity Leave Scale

8. The following questions will assess your quality of maternity leave. On a scale of 1 - 5; 1 being strongly disagree and 5 being strongly agree.

	Strongly Disagree	Disagree	Moderate	Agree	Strongly agree
My leave from work was long enough after giving birth	◯	◯	◯	◯	◯
The leave provided from my employer gave enough time for me to bond with my baby.	◯	◯	◯	◯	◯
After childbirth, I had enough time to spend with my newborn.	◯	◯	◯	◯	◯
I was able to take the right amount of maternity leave for me.	◯	◯	◯	◯	◯
I received good financial compensation during my maternity leave.	◯	◯	◯	◯	◯
My benefits at work were sufficient to support me through this childbirth.	◯	◯	◯	◯	◯
My employer has good health-care benefits related to maternity leave.	◯	◯	◯	◯	◯
I had access to mental health-care benefits from my employer during my maternity leave.	◯	◯	◯	◯	◯


Length Of Maternity Leave
Other (please specify)
6 weeks
18 weeks
12 weeks
10 weeks
0
5
10
15
20
Frequency


Frequency
25
20
15
10
5
0
25-34
35 - 44
Age Group

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
General health AVE	Between Groups	.289	4	.072	.615	.655
	Within Groups	3.764	32	.118		
	Total	4.053	36			
Wellbeing AVE	Between Groups	2.742	4	.685	1.616	.194
	Within Groups	13.574	32	.424		
	Total	16.316	36			

Maternity leave length

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	11	29.7	29.7	29.7
	1.00	17	45.9	45.9	75.7
	2.00	2	5.4	5.4	81.1
	3.00	6	16.2	16.2	97.3
	4.00	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
General health AVE	Between Groups	.131	2	.066	.570	.571
	Within Groups	3.922	34	.115		
	Total	4.053	36			
Wellbeing AVE	Between Groups	.013	2	.007	.014	.986
	Within Groups	16.302	34	.479		
	Total	16.316	36			

Correlations

		Quality of maternity leave AVE	General health AVE
Quality of maternity leave AVE	Pearson Correlation	1	-.120
	Sig. (2-tailed)		.478
	N	37	37
General health AVE	Pearson Correlation	-.120	1
	Sig. (2-tailed)	.478	
	N	37	37

Correlations

		Quality of maternity leave AVE	Wellbeing AVE
Quality of maternity leave AVE	Pearson Correlation	1	.503**
	Sig. (2-tailed)		.001
	N	37	37
Wellbeing AVE	Pearson Correlation	.503**	1
	Sig. (2-tailed)	.001	
	N	37	37

**. Correlation is significant at the 0.01 level (2-tailed).