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Navigating Motherhood: How Family Structure and Maternity Support Shape Reproductive Choices of Working Women in India

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Abstract

The study aims to explore how family dynamics and workplace support jointly influence the autonomy and reproductive decision-making of married working women in India, using Work-Family Border Theory as the guiding framework. Collected data from 334 married working women from different sectors in India using a structured questionnaire. Descriptive statistics, independent samples t-tests, and MANOVA were used for data analysis. Married working women in nuclear families report significantly higher autonomy in reproductive decision-making and a stronger orientation toward career continuity alongside motherhood. Women in joint families more often conform to traditional reproductive expectations, experience stronger normative pressure to have children early, and report less control over family planning. The findings highlight the interplay between family context and institutional support, offering theoretical and practical guidance for developing inclusive, family-sensitive reproductive and workplace policies. By using quantitative data from married working women, the study extends the findings on reproductive choices and gendered development in India.

Subject classification codes: J13; J24

Introduction

In recent decades, the social fabric of family structure has undergone a major shift, particularly in rapidly urbanizing societies (Makiwane et al., 2017) . The increasing participation of women in the labour force, coupled with shifts in household composition from joint to nuclear family structures, has redefined traditional family dynamics (MM Nalgirkar, 2024). This trend underscores a departure from the perception of Indian families as predominantly joint, as historical examinations of family literature indicate that industrialization and urbanization have facilitated the transition to nuclear family structures (Premilla D'Cruz and Shalini Bharat, 2001). Such shifts hold profound implications for working women, who must navigate complex decision-making processes related to marriage, childbearing, and parenting while balancing professional responsibilities and familial expectations arising from managing work-family conflict (Zabak et al., 2023). The rising prominence of nuclear families further highlights the evolving interplay between family structure and reproductive choices, necessitating a deeper exploration of their impact on working women's lives (Billaiya, 2017).

Family structure plays a crucial role in shaping women's experiences, particularly in relation to their reproductive choices. Joint families, characterized by multi-generational cohabitation, may offer logistical support and childcare assistance, but can also exert cultural and emotional pressure that influences reproductive timing and autonomy. In contrast, nuclear families often offer greater privacy and decision-making autonomy but may lack the practical support needed to manage careers and motherhood (Bravo-Moreno, 2021). This tension is especially pronounced among working women, whose reproductive choices are increasingly negotiated at the intersection of career, workplace demands, social norms, and family expectations (Saunders, 2020).

Objective:

1. To identify the key demographic factors influencing reproductive choices among working women.

2. To analyze the relationship between family structure and perceived maternity support at the workplace.

3. To assess whether women's autonomy in reproductive choices differs based on family structure and workplace support.

Background

2.1 Reproductive choices

Reproductive Choices, such as the timing of childbirth, the number of children, and readiness for parenthood, are shaped by a complex interplay of economic security, work-life balance, and perceived support systems, with family type being a critical determinant in navigating these choices (Kyilleh et al., 2018). Women in nuclear families often experience higher work-family conflicts as they have to balance household and childcare responsibilities with limited external support (Narayan & Bhardwaj, 2005). Contrary, joint family systems provide extended caregiving support, alleviating stress, but may come at the expense of personal autonomy and career independence (Khare, 2022). Further complicating this dynamic are maternity protection policies and workplace environments, which influence reproductive decisions by either mitigating or exacerbating work-life challenges (Probst et al., 2018). Studies have shown that organizations offering flexible maternity leave and family-friendly policies enhance women's ability to balance motherhood with career growth while fostering greater autonomy in reproductive choices (Sree Jyothi & Sree, 2012).

2.2 Autonomy in Decision to Parenthood

Family structure helps in shaping reproductive choices, especially in societies which are experiencing urbanization and social change. Research highlights that joint families, with their shared caregiving responsibilities and extended networks, facilitate higher fertility rates, supported by a built-in childcare system (Khare, 2022). On the other hand, nuclear families often lead to delayed childbearing due to limited external support and more significant work-family conflicts (Narayan & Bhardwaj, 2005). Cultural expectations further amplify the influence of family structure, as joint families often enforce traditional norms, thereby reducing women's autonomy in fertility planning(Priyaranjan Maral & Vipul Kumar, 2017; Upadhyay et al., 2014). Whereas nuclear families provide greater individual freedom, allowing women to prioritise career goals, albeit with reduced fertility intentions. Industrialization and urbanization have largely driven this shift, redefining traditional family roles and fertility patterns (Premilla D'Cruz and Shalini Bharat, 2001).

2.3 Maternity Protection and Workplace Policies

The Maternity Benefit (Amendment) Act, 2017, play a crucial role in shaping reproductive choices among working women in India by significantly extending paid maternity leave from 12 to 26 weeks, marking

progress in women's reproductive rights (Addati, 2015). However, its reach remains limited mainly to women in the formal sector, leaving the vast majority in informal employment excluded from these benefits. While India is often portrayed internationally as having generous maternity provisions, the reality reveals sharp inequalities (Dasgupta, 2011). Research among working women highlights persistent challenges, such as many facing subtle discrimination, forced leave, or job loss during pregnancy, especially those early in their careers (Gash, 2008). These issues underscore how life events such as marriage and childbirth disrupt women's workforce participation (Datta & Agarwal, 2017). Despite legislative amendments over the past two decades, policy expansions have focused more on benefit levels than on inclusivity. Strengthening maternity protection through universal coverage, supportive workplace practices, and shared parental responsibilities is crucial to ensuring gender equality and enabling women to balance employment and family life effectively.

Literature review and hypothesis formation

Globally, trends indicate that working women increasingly postpone childbearing due to higher educational attainment, career aspirations, and improved access to contraceptive options and assisted reproductive technologies(Nwandison & Bewley, 2006; Bravo-Moreno, 2021). While this delay offers benefits, such as aligning personal goals with professional trajectories, it raises concerns about fertility decline and reliance on interventions like egg freezing and other assisted reproductive technology (Venne & Hannay, 2023). In India, reproductive choices among urban, educated women are influenced by structural and cultural barriers, including occupational stress, inadequate workplace support, and socio-economic pressures (Saravanabavan et al., 2021). These insights underscore the need to integrate health, workplace, and policy frameworks to enhance reproductive autonomy.

3.1 Women's Employment and Reproductive Decision-Making

Employment and career aspirations significantly shape women's reproductive choices. Career Commitments often result in delayed parenthood, especially among women in nuclear families who face childcare challenges due to the absence of extended support systems (Khare, 2022). Urban settings and nuclear arrangements further amplify this trend, as working women align reproductive decisions with career stages (Lodhi et al., 2021). Workplace policies, such as maternity leave and flexible work hours, moderate the impact of employment on reproductive choices (Drèze et al., 2021). Organizations offering robust parental support systems enable women to balance career and family planning (Sree Jyothi & Sree, 2012). However, gaps persist in addressing work-life challenges for women in nuclear families, emphasizing the need for integrated policy frameworks that promote work-life harmony. In this context, the following hypothesis was framed:

H1: Women's autonomy in reproductive decision-making significantly differs based on family structure.

3.2 Workplace Policies and Reproductive Choices

Maternity leave policies, crèche facilities, flexible working hours, and job security not only influence the timing of childbearing but also provide women with the confidence to pursue motherhood without sacrificing career growth (Abendroth & den Dulk, 2011; N Aariya, 2022). Studies show that when women have access to institutional support, they are more likely to plan children without fear of losing employment or advancement opportunities (Simoni et al., 2017). In contrast, the absence of such provisions often leads to delayed fertility decisions, increased work-life conflict, and greater psychological burden, especially for women in demanding work environments (Abendroth & den Dulk, 2011). In this context, supportive workplace policies function as key enablers of reproductive agency. Hence, the following hypothesis was framed to study the relationship between these two variables:

H2: Access to workplace maternity and supportive policies positively influences women's reproductive choices.

3.3 Interplay of Family Structure and Workplace Support in Reproductive Autonomy

Family structure significantly moderates the degree of autonomy a woman experiences in reproductive decision-making. Joint families may provide childcare support, but often uphold traditional gender norms that limit women's autonomy over fertility decisions (Lodhi et al., 2021). Conversely, nuclear families, while offering more independence, lack built-in caregiving structures, thereby increasing reliance on external systems, such as workplace support (Abendroth & den Dulk, 2011). When combined, these two factors—family environment and institutional provisions—have a measurable impact on how freely women can navigate decisions related to parenthood (Agbanyo & Jiang, 2025). Research indicates that autonomy increases in contexts where women are supported both socially and structurally, allowing them to align reproductive choices with personal and professional goals (Upadhyay et al., 2014). Hence, the following hypothesis was framed to study the relationship between these two variables:

H3: Workplace support and family structure have a measurable effect on women's autonomy in deciding parenthood.

Research Methodology

4.1 Sampling and Data Collection

This cross-sectional study was conducted among married working women from various sectors in India who plan to have a child (N = 334). Focusing on this group allowed the research to capture reproductive choices within the context of ongoing family planning and the dual responsibilities of employment and family life. Data was collected using a structured questionnaire designed to explore demographic characteristics, reproductive decision-making, autonomy in parenthood decisions, and awareness and access to workplace maternity protection policies. To maximize reach and accessibility, the questionnaire was disseminated through both offline (Physical Mode) and online (Google Forms)

distribution methods across different sectors and regional settings. Participation was voluntary and anonymous, and informed consent was obtained from all respondents prior to data collection.

4.2 Ethical approval

All the research was conducted in accordance with relevant ethical guidance and regulations applicable to studies involving human participation, including the principles outlined in the 1964 Declaration of Helsinki. Ethical approval of the study was obtained from the three-member Doctoral Committee meeting held in the Department of Management Studies, School of Management, Pondicherry University, Puducherry, India, on 6th May 2024, with approval number, Letter No. PU/Dean. SOM/PHD/1065. dated: 22-05-2023. It stated that all the research will be performed in accordance with relevant guidelines applicable when human participation is involved.

4.3 Informed consent

Written informed consent was obtained from the researcher by providing detailed information regarding the purpose of the study, eligibility criteria, and the anonymity of responses and the confidentiality of respondents. Participants were required to indicate their voluntary agreement by selecting the “I agree to participate” option before proceeding to the survey. Only those who provided consent were able to access and complete the questionnaire. In the case of the Physical form, the researcher orally explained the aim of the research to the respondent, obtained consent via the physical form, and then gave the respondent the full questionnaire to complete. Data collection began in May 2024, after approval from the three-member Doctoral Committee, and ended in June 2025.

Informed consent was obtained from married working women aged 21 to 40 years who are currently employed in the organised sector, either in the government or private sector.

4.2 Measurement of Constructs

To assess variables related to reproductive decision-making, validated and previously used scales were adapted for this study. All constructs were measured using a 7-point Likert scale, where 1 indicated "strongly disagree", and 7 indicated "strongly agree", as recommended by Netemeyer et al., 1996. The questionnaire was structured to ensure conceptual clarity and internal consistency across items. A pilot study was conducted with 72 married working women from diverse professional sectors. The pilot results indicated satisfactory levels of reliability, supporting the scale’s suitability, and large-scale data collection was then conducted.

This study employed the Autonomy in Decision to Parenthood scale, adapted and modified from Söderberg et al., 2015 measure, to assess women’s perceived control and independence in making reproductive decisions. The scale captures the degree to which women can negotiate parenthood decisions with their partners, family members and workplace. The scale demonstrated acceptable internal consistency (Cronbach’s alpha = .963).

The Maternity Protection and Workplace Policies scale was adapted and modified from (N Aariya, 2022), and (Lingard & Francis, 2005) assessed women's awareness and access to workplace maternity benefits and support mechanisms, such as paid maternity leave, crèche facilities, and flexible working arrangements, in accordance with The Maternity Benefit (Amendment) Act, 2017, in India. The construct showed high reliability, with a Cronbach's alpha value of .920.

4.3 Analysis Method

A structured statistical approach was employed to examine how family structure and workplace support influence reproductive autonomy and decision-making among working women. All analyses were conducted using IBM SPSS Statistics version 24, ensuring methodological rigor and consistency in data interpretation.

To ensure the internal consistency of the measurement instruments, Cronbach's alpha was computed for each construct. A threshold of 0.70 was adopted as the standard for acceptable reliability (Considine et al., 2005), and all constructs met or exceeded this benchmark. This confirmed that the scales used to measure autonomy in decision-making and maternity policy awareness were statistically robust.

Descriptive statistics, including frequencies and percentages, were used to summarize respondent characteristics and provide an overview of the sample distribution across family structures. These baseline indicators helped establish socio-demographic profiles of the participants.

Independent-samples t-tests were used to explore the relationships between family structure and autonomy in the decision to parenthood. This allowed the assessment of group-wise differences across constructs measured on Likert scales.

A two-way multivariate analysis of variance (MANOVA) was employed to examine differences in maternity protection, workplace policies, and educational qualifications among working women across family types (nuclear vs. joint). The maternity protection policy indicators were treated as multiple dependent variables to assess their intercorrelations and to evaluate both main and interaction effects simultaneously. Follow-up univariate analyses were conducted where multivariate effects were significant. Pillai's Trace was reported due to robustness against violations of homogeneity assumptions.

Results

5.1 Demographic profile of the respondents

The final sample comprised 334 working women (Table 1), including 193 from nuclear families and 141 from joint families. Across both family structures, respondents were predominantly aged 36 years or older and had married between the ages of 26 and 30. The sample was highly educated, with the majority holding postgraduate or doctoral qualifications. Women from nuclear families showed relatively

greater representation at the doctoral level, whereas postgraduate education was more common among women from joint families.

The employment profiles of most respondents indicated full-time employment, with a nearly equal distribution between government and private sector institutions. Work experience was concentrated in the mid-career range (3–6 years), although women from joint families demonstrated slightly higher representation in longer tenure categories (7–10 years and above).

Economically, the sample was largely middle- to upper-income, with over two-thirds of respondents in both family structures reporting annual incomes exceeding ₹7 lakh. Overall, the demographic and occupational profile of the sample represents a professionally established group of working women, providing a robust foundation for examining the intersections of family structure, workplace maternity protection policies, and autonomy in decision to parenthood in the Indian context.

Table 1. Socio-Economic & Demographic Profile of respondents

Independent-samples t-tests (Table 2) were conducted to examine differences between working women from nuclear families (n = 193) and joint families (n = 141) across six dimensions of autonomy in decision-making about parenthood (ADP1–ADP6). Levene's test indicated significant heteroscedasticity for all variables ($p < .001$).

Across all six indicators, women from nuclear families reported significantly greater autonomy in decision-making about parenthood than their counterparts in joint families ($p < .001$ for all comparisons). The mean differences were substantial, ranging from 1.67 to 2.78 points, with all 95% confidence intervals excluding zero, indicating robust group differences.

The largest differences between family structure were observed for ADP4 (MD = 2.78, $t(332) = 14.57$) and ADP3 (MD = 2.66, $t(332) = 13.63$), indicating that family structure plays a significant role in shaping women's autonomy in these domains. Overall, the findings demonstrate a consistent and pronounced advantage for nuclear family contexts in supporting women's decision-making power.

Table 2. Independent Samples t-Tests to Compare Autonomy in Decision to Parenthood by Family Structure

The multivariate analysis (Table 3) revealed significant effects of family structure and education on maternity protection and workplace polices. Family structure had a substantial influence (Pillai's Trace = 0.276, $p < 0.001$, $\eta^2 = 0.276$), indicating that women from nuclear and joint families differed notably in their experiences and perceptions of maternity protection and workplace policies. Educational qualifications also had a significant influence (Pillai's Trace = 0.254, $p < 0.001$, $\eta^2 = 0.127$), indicating that higher levels of education enhance awareness of and access to maternity benefits for working women. Moreover, the significant interaction (Pillai's Trace = 0.111, $p = 0.002$) highlights that the impact of education varies across the family structures.

Table 3. Multivariate Effects of Family Structure, Educational Qualification, and Their Interaction on Maternity Protection and Policy at the Workplace.

On the other hand, the univariate analyses (Table 4) revealed that family structure (nuclear vs. joint family) exerted a statistically significant effect across all dimensions of maternity protection and workplace policies ($p < .001$). The effect sizes ranged from moderate to large ($\eta^2 = .036$ to .228), indicating that women's family structure plays a meaningful role in shaping perceptions related to maternity benefits such as crèche availability, access to maternity leave, awareness of leave duration and compensation, job security and reintegration, supportive workplace policies, organizational culture, provisions for adoptive and commissioning mothers, and satisfaction.

Educational qualifications showed a significant effect on selected dimensions, including awareness of crèche facilities ($p < .001$, $\eta^2 = .110$) and satisfaction with the extension of maternity benefits ($p = .012$, $\eta^2 = .026$). However, its influence on access to other maternity benefits was not significant, suggesting that educational attainment affects specific aspects of maternity protection rather than influencing them uniformly.

The interaction between family size and educational qualification was significant for several indicators, including crèche availability, access to maternity leave, awareness of maternity benefits, job security after leave, availability of supportive policies, and satisfaction with extended maternity provisions ($p \leq .010$). These interaction effects ($\eta^2 = .028$ to .069) indicate that the influence of educational qualification on maternity protection varies depending on whether women belong to a nuclear or a joint family.

Table 4. Tests of Between-Subjects Effects for Family Structure, Educational Qualification on Maternity Protection and Policy at the Workplace

Discussion

6.1 Major Findings

The present study examines how family structure, specifically nuclear versus joint family, impacts married working women's reproductive choices, decision-making autonomy, and workplace experiences. The empirical findings highlight that while shared societal norms shape reproductive attitudes, the extent of personal autonomy and institutional support is significantly affected by family structure and educational level.

The analysis indicates that women from joint families place a marginally greater emphasis on motherhood and perceive childbearing as a vital life goal, reflecting traditional values often reinforced in extended-family settings. This finding supports earlier research suggesting that familial environments can reinforce cultural expectations (Khare, 2022; Priyaranjan Maral & Vipul Kumar, 2017). In comparison, women from nuclear families exhibit greater autonomy in reproductive decision-making and report higher confidence in managing both professional and personal responsibilities (Tiwari et al., 2024). This

aligns with prior literature suggesting that reduced familial interference fosters independence in lifestyle and fertility-related decisions (Ranjbar et al., 2024).

The study also reveals that access to reliable childcare is a shared priority among all respondents from both family structures. However, women in nuclear families report a slightly greater reliance on such services, likely due to the absence of built-in family support (MM Nalgirkar, 2024). This underscores the importance of formal childcare options for dual-earner households, supporting the conclusions drawn by Martínez et al. (2011). Moreover, women in joint families report higher perceived societal pressure to have children, indicating that cultural and familial expectations continue to influence reproductive timing and preferences within extended households. These findings resonate with sociological theories of family influence on fertility (Pauline Rossi & Yun Xiao, 2023).

Regarding workplace-related perceptions, statistically significant differences emerged in awareness and access to maternity leave, crèche facilities, and reintegration policies, with women from nuclear families demonstrating higher levels of awareness and satisfaction. This may be attributed to their proactive engagement with institutional support systems, highlighting the role of informational access and workplace integration in shaping policy utility (Abendroth & den Dulk, 2011; Maclean et al., 2021; Lingard & Francis, 2005).

The level of educational attainment is associated with greater autonomy, as it is enhanced by women's capacity to navigate workplace maternity protections and perceived institutional support. Interestingly, the interaction between family structure and education suggests that structural and cultural contexts jointly influence how professional resources guide women in making informed decisions (Chwastek & Mynarska, 2024; Dehdarirad et al., 2015; Tiwari et al., 2024). Together, these patterns highlight how family structure and workplace policy frameworks intersect to influence women's reproductive choices in contemporary India.

Interestingly, while both groups from different family structures share similar concerns regarding job security, the findings show that nuclear family women report more significant concerns related to infertility and family planning challenges, which may stem from a delayed marriage and childbearing due to career prioritization (Schoen et al., 1999 (Benzies et al., 2006).

The study confirms that family structure significantly influences key areas of reproductive choice and workplace engagement. It underscores the need for nuanced, family-sensitive policy frameworks that account for differing support needs and autonomy levels among women in the workplace to promote effective decision-making.

6.2. Practical implications

The findings of this study offer valuable insights for policymakers, employers, and social institutions aiming to support working women in their reproductive and professional lives. The differential impact of family structure on reproductive autonomy, decision-making capacity, and access to workplace benefits

suggests that interventions must be tailored to retain employees and enhance their productivity. For instance, working women can benefit from targeted awareness campaigns and empowerment initiatives that promote autonomy in reproductive and career choices, as traditional norms often limit their agency. However, it may require enhanced institutional support, such as subsidized childcare and flexible work arrangements, to compensate for limited familial assistance. Organizations should consider developing inclusive maternity and parental policies that address the unique needs of women based on their familial contexts. Furthermore, employers can enhance awareness and accessibility of workplace benefits through structured orientation programs, particularly focusing on maternity entitlements and reintegration support.

Conclusion

The findings highlight the influence of family structure on the reproductive choices, autonomy, and workplace experiences of working women. While joint family systems reinforce traditional roles and shared decision-making, nuclear family structures foster greater individual autonomy and confidence in managing work-life balance. Despite shared concerns regarding career security and child-rearing, women from nuclear families face heightened challenges such as infertility and increased reliance on formal childcare, whereas joint-family women benefit from familial support but may experience stronger societal expectations. The observed disparities in policy awareness and access further highlight the need for targeted interventions considering family dynamics to promote equitable reproductive and occupational outcomes for women.

This study has some important limitations. The reliance on self-report and a cross-sectional design introduces potential bias, preventing firm causal conclusions about the links between family structure, autonomy, and reproductive choices. The sample may not fully represent the diverse socio-economic, regional, and cultural backgrounds of working women in India, and the exclusive focus on women's perspectives overlooks the roles of partners and family members, which may limit generalizability and contextual depth (Yoshida et al., 2025). Lastly, the study assessed awareness of workplace policies but not participants' deeper understanding or lived experiences with these provisions, thereby limiting insight into how these policies actually shape reproductive autonomy (Rashidi et al., 2025).

Declarations

Data availability: The anonymized dataset generated during the study, codebook and SPSS file are available as supplementary material associated with this manuscript.

Informed consent

was obtained from married working women aged 21 to 40 years who are currently employed in the organised sector, either in the government or private sector.

Author Contribution

P.Y. collected data, wrote the original draft, framed the conceptual framework, designed methodology, and prepared tables 1-4, and K.L.L. reviewed & edited, supervised, and conceptualized the work. All authors reviewed the manuscript.

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Tables

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Supplementary Files

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