

Swaminathan, Mina.: The Continuum of Maternity and Child Care Support. Center for Women's Studies. Indian Association of Women's Studies. Sixth National Conference on Women's Studies. The Dynamics Of the New Economic Policy: Implications for Women. P.186-217.

The Continuum of Maternity and Child Care Support

Mina Swaminathan

A Critique of relevant laws, policies and programs from the perspective women's triple roles of roles

Introduction

The critique grows out of the basic assumption that women perform three roles - the productive, reproductive and the consumer. It has been customary to speak about the "double burden," of women, setting the work role against the domestic role. However, when the child bearing and rearing role is merged with the consumer, role under the rubric of "housewife" or domestic role, certain critical differences in the nature and duration of the two tasks are blurred. On the one hand, the periods of child-bearing and child rearing are limited, yet fixed by factors beyond a woman's control, while housekeeping is a permanent and ongoing feature. On the other hand specific housekeeping tasks may be postponed, avoided or delegated, while the child requires continuing attention and cannot be treated in the same way. So separating the two into three roles' offers greater clarity of definition.

From this standpoint, it is possible to define as a continuum the period during, which the woman, in her role as worker, requires certain support services from family, society, employer and state in order to fulfil her reproductive role without hazard or lost to herself, her children or her capacity to contribute to society as a worker. Though very precise definitions may be difficult at this stage, for practical purposes it can be stated that the mother and child dyad requires maternity and child care support from the third trimester of pregnancy up to the time the child is of school age, that is five/six years old.

In the course of the last few decades, the pressures on women have increased along a number of dimensions and due to numerous factors. These include the changing demographic picture, Census of India V. increased visibility of women in the work force combined with increasing marginalization, increase in the number of woman-dependant households, erosion of certain family structures and networks, female and child malnutrition, high female illiteracy, UNICEF AQ. increasing violence against women, commercialization of marriage and several other factors, including direct attempts by the State to manipulate reproduction.

The social, economic and cultural pressures on women are likely to increase still further in the context of the New Economic Policy and of the impact of the consequent globalization of the economy on the informal sector, in which the majority of productive women found. It thus becomes all the more important to review the nature and extent of the support now available for maternity and child care, not only in terms of its historical development but in the context of its relevance to present needs and trends, and to chart directions for the future.

A significant finding that emerges at first sight is that while the vast majority of women workers in the country (90%) SHRAM SHAKTI AI. are found in the unorganized or informal sector, most of the existing provisions, at both the legal and program level, are aimed at the organized sector. Hence it is desirable to give Attention to each sector separately.

For each sector, a critique of the present responses both legal and programmatic, to the needs of the mother/child dyad will be made in relation to the varying requirements of each of three distinct periods; defined as follows:

1. Pregnancy/child birth from the beginning of the trimester of pregnancy up to and including child birth. During this Period, support services should be directed to the health nutrition and well-being of the woman worker as a mother-to-be, with indirect consequences on the child, and to safe delivery.

2. From childbirth till the child reaches the age of about two years. Emphasis has now to be placed on the healthy growth, development, protection and adequate care of the young child during this critical period, as well as on the health, nutrition and well-being of the lactating mother. In this context, the recognition of the importance of breast-feeding during the early months, combined with the practical difficulties and dangers of running crèches for very young babies near the mother's place of work, indicate that

the focus should be on mother support programs such as extended leave, as well as fiscal and nutritional support to women.

3. From the age of two till the child reaches the age of five or six (the upper limit being somewhat flexible). At this time, emphasis has to be placed on the child's overall development, including not only health, but adequate social and mental stimulation, preparation for education and protection from, hazards, as well as the mothers' freedom from anxiety and her ability to focus her efforts on providing for the child, Day-care programs along with parental education assume maximum importance during this period.

Continuum of Maternity and Child Care - Stages of Mother / Child Dyad and Sectors of Women's Work

Stage	1	2	3
Sector	Late pregnancy/ Childbirth	Infancy 0-2 years	Early Childhood 3-5 years
Unorganized sector	Laws	and	Policies
	Programs	and	Schemes
Organized sector	Laws	and	Policies
	Programs	and	Schemes

STAGE 1: PREGNANCY / CHILDBIRTH:

The need

It is well established that the good health of mother has a distinct and direct bearing on that of the child -affecting the store of nutrients in the fetus, a full-term well-developed baby at birth, a risk-free delivery and breast-milk of good quality and (probably) adequate quantity during the lactation period NIN AG.. The term 'health' here does not refer to the mere absence of disease, but to the woman's complete well-being-physical,

psychological, emotional, and social. Pregnancy is a period demanding a support system that ensures additional dietary allowances, systematic ante-natal care, stress-and-risk-free life and a positive attitude from family and society.

However, the health and nutritional status of Indian women is a cause for great concern. High parity combined with early pregnancies, inadequate diets and generally poor health care, virtually guarantee less than optimal health for the average Indian woman. Research NIN A.H., has established that Indian women in the child-bearing age from all segments of society are prone to anemia. Pregnancy aggravates anemia, and amongst the poorer strata of the society, anemia (iron deficiency and megaloblastic) is the major cause for maternal mortality. Estimates place maternal mortality at 4-5/1000 (UNICEF, 1991). Other causes of maternal mortality are hemorrhage, toxemia, sepsis and induced abortion. Seventy per cent of these deaths are preventable with an effective support system. In the Indian context, in addition to the above mentioned problems, the sex of the unborn child is a major stress factor for the mother-to-be to reckon with psychologically.

Laws and Policies

The only law that speaks to the issue of pregnancy and childbirth is the Maternity Benefits Act (1961). The main provisions of the Act relating to maternity benefit during absence from work after/before child-birth, are critiqued in detail in a later section. The provisions of this Act relevant to this stage are the following.

- a. Dismissal or discharge of the woman, (or even notice of discharge) if she absents herself from work during pregnancy is considered unlawful, so also any variation in the conditions of service.

- b. On a request by the woman she will not be required to do arduous work or work requiring long hours of standing, for a period of 10 weeks proceeding the date of the delivery.

The Act excludes from its ambit women in the unorganized sector, who constitute 89% of all working women. Even within its limited scope, the implementation of the Act has not been effective. For example, it is reported Chatterjee E. Hiraway Z. that only 2.28 per cent of the female labor force in Gujarat has effectively availed of these benefits. It has not been possible at this time to gather evidence on the extent to which pregnant women are able to benefit from the above two clauses.

Programs and Schemes

1. Maternal and Child Health

The major program in the country for pregnant women is the network of Maternal and Child Health (MCH) centers, which aim to provide comprehensive health care to mothers and children. The numerous services include ante-natal health care and checks, nutritional supplements like vitamin tablets, prevention of anemia through folic acid tablets, immunization against tetanus, screening of at-risk pregnancies, midwifery through birth attendants, nurses and health personnel for both home and hospital deliveries, post-natal cater education of mothers and other elements. Comprehensive as the MCH is in approach and scope, it has still not successfully reached the vulnerable population, As indicated by the current high levels of MMR (4-5/1000) and IMR (84/1000) (UNICEF, 1991).

2. Integrated Child Development Services

Another major scheme being implemented for pregnant women form the poorer sections of the society is the ICDS, one of whose objectives is to provide supplementary nutrition to pregnant and lactating women as well as ate-natal care and referral services. The reach of ICDS is not country-wide yet, but it is now reputed to reach 40% of the vulnerable population. An intensified version is the Tamil Nadu Nutrition Project (TINP) which has similar objectives, and attempts to reach pregnant and lactating women directly through nutritional supplements. While an excellent organizational framework has been developed to reach every women below the poverty line, there are still serious lacuna in administration and lest than 50% of the eligible women are reported to collect the supplement. Both these schemes are discussed in more detail in the following pages.

3. Cash Benefit Schemes

The Maternal Protection scheme in Gujarat provides cash support to pregnant woman which is intended and to be used for additional nutrition and health care. There are also similar schemes in the private, corporate and public sector, which cannot be enumerated here. As an illustrative case, it may be useful to have a closer look at the working of one of these schemes.

The Muthulakshmi, Reddy Scheme for Childbirth, operative in Tamil Nadu since 1988, extends cash support of Rs. 300/- in two installments of Rs. 175/- each to pregnant women below the poverty line, just prior to and immediately after delivery, with the objective of compensating for the loss of wages during this period and to enable her to have access to good food and nutrition Directorate of Social Welfare, Tamil Nadu X.

Application has to be made through the Village Health Nurse, and supported by evidence of eligibility. However, in areas where ICDS and TINP are operative, the administrative and distribution channel is through the Community Nutrition worker, which is more practical and speedy, since the CNWS are constantly in touch with the pregnant and lactating mothers in the community.

While the scheme is understandably popular, it is unlikely that it would fulfil its objective of, improving the dietary quality of pregnant and lactating women since the money, even if it reached the women in full and in time might be used for other purposes by the family. A study of the similar scheme in Gujarat Chatterjee, G has, for instance, recorded the various difficulties including corruption delay and misuse, as reasons, for the scheme not fully benefiting the target women.

Further the scheme is only applicable to women following the two child norm, which in itself is biased against mother and child, since women's control over their own reproductive function is questionable. With regard to sustainability, the financial burden of nearly 4 crores per district, amounting to approximately 90 crores (ibid) makes it difficult to predict its long term future.

Some Comments

Almost all programs and schemes for pregnancy and childbirth target women in general as members of the poverty group, with little attempt to women's occupational role demands such as timings. The low uptake of supplements and services can be partially attributed to this weakness. Yet programs and schemes targeting pregnant women as a whole may be more useful than laws reflecting conditions in the organized sector, which are difficult to implement in the unorganized sector.

On the whole, schemes providing support in kind (such as nutritional supplements or health care) rather than cash are more effective as far as the majority of women needing support is concerned, because of the risk of diversion of cash to other expenditure, as a result both of economic pressure and the low social value attached to pregnancy and

lactation. Media can be more effectively used in creating positive social attitudes towards pregnancy and childbirth and developing a supportive climate for women workers in fulfilling their maternal role.

Recommendations

Some recommendation related to this stage are the following:

1. Women's groups, trade unions and media, as well as voluntary agencies, business houses and the public sector should strive to develop and promote schemes that
 - a. Offer direct support (preferably in kind) to women during pregnancy and childbirth and
 - b. Build a positive image of and a hospitable social climate for women during this period.

STAGE 2: INFANCY (0-2 YEARS):

The Need

The successful outcome of a pregnancy brings a host of responsibilities for the new mother, the most important being breast-feeding. Breast feeding is recognized to be the single most important strategy in infant survival; the superiority of breast milk over any other food in promoting the optimum growth of the newborn, and in combating infections, has been clearly established Minchin AF. The WHO recommends that breast-feeding should begin as early as possible, be maintained exclusively for the first 4-6 months of life and continued with supplementary feeds at least upto the second year of life.

Of late, much concern is being expressed world-wide over the declining trend in breast feeding, largely attributed to the aggressive marketing strategies adopted by baby food manufacturers. In India, however, breast-feeding is deep rooted culturally, and studies conducted in Tamil Nadu (UNICEF, 1989) and elsewhere in the country ICMR AB; Bhandari and Patel C. record the fact that breast-feeding is Universal and is accepted as a natural function.

The Government of India has recently adopted the National Code for Protection and Promotion of Breast-feeding Anand A. and subsequently passed the Regulation of Infant Foods, Breast Milk Substitutes and Feeding Bottles Act, 1992 regulating the sale and marketing of infant foods and feeding bottles. While this Act recognizes and supports the rights of infants to receive mothers' milk, paradoxically no enactments have been made to support the right of the woman to breast-feed. Attempts to promote breast feeding merely by restrictions on artificial feeding without simultaneously providing positive social support measures may be damaging to children as well as unfair and unjust to women.

The failure to perceive women as both mothers and workers resulted in breast feeding campaigns more or less leaving untouched the difficulty of women combining full-time jobs with breast feeding Balasubramaniam B., while allowing the infant food industries to exploit women by forcing them to choose between work and breast feeding (ibid). However there is enough evidence to show that women have frequently lost employment opportunities in order to fulfil their maternal role Chatterji F.

The primary needs, both nutritional and psychic, of the mother-child dyad at this stage are close proximity and constant interaction. This can be achieved for a working mother only by either abstaining from full time work away from home or by keeping the infant near her work place in a crèche or day-care center. Keeping in mind the inherent health hazards and standard of hygiene involved in group care of young children, the possible health hazards in a work place environment, the difficulties of transportation of young children to and from the work-place, the child's need for close one-to-one interaction and continuity in care taking, priority at this stage may be assigned to the first set of measures which will enable the mother to stay with the infant and second place of worksite crèches.

Laws and Policies

The major law addressing this issue is the Maternity Benefits Act (1961), which applies to women working in establishments employing 10 or more persons, (including mines, factories, plantations, offices, shops and circuses). (The Employees State Insurance Act (1948) which applies to factories, shops, hotels, restaurants, newspapers and road and motor transport establishments, provides similar -benefits to certain categories of employees not falling within the purview of the Maternity Benefits Act). This automatically restricts the scope of the Act to large establishments, leaving out those who are employed in small establishments, self-employed, contractual workers, Casual

labor, temporary and seasonal workers, family labor, etc. with the exception of bidi workers who are covered by a separate Act.

The Act provides that a woman (who has actually worked for a period of not less than 160 days) shall be entitled to maternity benefit for a period not exceeding three months, (usually six weeks preceding and including the day of delivery and six weeks immediately following that day). This obviously restricts exclusive breast feeding to a period ranging from six weeks at worst to ten weeks at best, since most women would prefer to take some part at least of the leave before child birth.

A woman is also entitled to an additional period of leave with wages up to a maximum of one month if she is suffering from illness arising out of pregnancy, delivery, premature birth or miscarriage. This clause is intended to safeguard the mother's health but cannot be used to extend the period of breast-feeding.

Section 11 Rule 6 provides for two nursing breaks of 15 minutes duration each in the course of the mother's working day. If the crèche is not attached to the work place she can take not less than 5 or not more than 15 minutes time for travel. This assumes that the mother has access to a crèche or some other facility near enough for her to avail of the nursing breaks.

Qualitatively, the law practically debar healthy mothers from exclusively breast feeding their infants for more than six-to-ten weeks and more or less compels them to resort to supplementary milk foods, thus running counter to the intention of the Act regulating the sale of infant foods and breast milk substitutes, and illustrating the manner in which a haphazard approach leads to laws which cancel each other out.

Hence, the single most important step from the point of view of promotion of breast feeding, is the amendment of the Maternity Benefits Act along lines more sensitive to the needs of mother and child, as suggested below.

1. Maternity leave as such should be calculated and should be for a period of four months.
2. Mothers may have the option of extending maternity leave for a further period, at first on half pay and then no pay but without loss -of other service benefits, seniority, etc.

3. Leave from 2 to 4 weeks may be taken during the final stages of pregnancy as medically advised, and should not be treated as maternity leave.

4. Women should not be transferred or subjected to other punitive actions or suffer loss of benefits during the basic maternity leave period of four months.

5. Nursing breaks should be of 40 minutes duration each - 20 minutes for feeding and 20 minutes for travel and may be allowed till the child reaches the age of 12 months.

The last rule should be applicable only

a. When there is a crèche facility, statutory or otherwise at or near work-place, defined as ten minutes travel time each way.

b. When there is any arrangement, individual or organized by which the mother can go to the child or the child be brought to their mother within this time period. In the latter case, nursing space should also be provided.

The above legislation is applicable only to the organized sector. It would be inappropriate to extend this type 'of legislation to the informal sector, where the employer is small, invisible or non - existent. The low level of utilization by home-based women bidi workers under the Cigar and Bidi Workers Act, which attempts to imitate the organized sector legislation, illustrates the futility of this approach. In the unorganized sector, maternity benefits must become the direct responsibility of the State, as well as autonomous Boards and corporations that stand in an employer relationship to women artisans and laborers. As far as funding is concerned, devices can be found to oblige employers to share the financial burden (SHRAM SHAKTI, 1988) Labor welfare funds can also be drawn upon for this purpose, as in the case of bidi workers.

A Comparative View

India's rating in respect of maternity laws and policies can be visualized from a comparative review (Swaminathan, 1992) of laws and policies relating to maternity and child, care in 135 countries (Source - ILO) which shows sharp contrasts between Socialist (present and former) and market-oriented countries, as well as between developed and developing countries.

Maternity and Child Care Support of Countries by Nature of Polity and Level of Development

5

Developing Developed

Rating Scale of Maternity Support Laws and Policies from best to worst

KEY Sweden, Norway, Finland, Denmark

9 Germany (W), France, Italy

8-7 Ex - USSR, Hungary, Czechoslovakia, Poland, Rumania

6-5 China, Vietnam

5-4 Australia, Canada, U.K-, New Zealand

4 Costa Rica, Chile, Cuba, Nicaragua, Egypt, Niger, Sri Lanka and others

3 India, Brazil, Mexico, Jamaica, most Africa, Arab and Asian Countries

1 U.S.A.

In the developed world, the most generous provision, (including paternal leave) is found in the Scandinavian and some W. European countries like France, Germany and Italy with a long tradition of Socialism, welfare state, powerful labor and women's movements, declining birth rates and universal nuclear families. Almost as good is offered by the ex-Socialist countries of Eastern Europe and (ex). USSR- with much lower standards of living, while the Anglo-American market-oriented countries have the least favorable provisions in the developed world.

In the developing world, again, the socialist countries of China and Vietnam offer a strong contrast to the market-oriented economies. Though the majority of women in this latter group, which includes India, are in the informal sector, most of these countries (several of which are ex-colonial) have borrowed their legislation directly from the industrialized countries with very different conditions, and it is hence often inappropriate to their situation. Some modest adaptations are now being tried in some places.

Programs and schemes for lactating women and infants 0-2 years

Significant and innovative schemes have been tried in different parts of the country to reach this dyad. Three are described below.

1. Integrated Child Development Services Scheme:

The objectives of the ICDS (set up in 1974) are six fold-including supplementary nutrition, health checkup, referral, immunization, nutrition education and preschool education. The scheme is funded by the Government of India and has a complicated administrative set up with the focal point at the village level is the Anganwadi. The positive features of the scheme are

a. Children in the 0-6 year age group are covered and a holistic approach to growth and development is attempted by means of health, nutrition and preschool education. An effort is made to distinguish between the needs of children 0-2 years and the older group and to reach pregnant and lactating women directly.

b. There are high chances of sustainability since the scheme is indigenously funded and forms only a negligible (0.13%) part of the Gross Domestic Product, (when compared to the high cost of the Tamil Nadu Integrated Nutrition Project that amounts to nearly Rs. 11.40 million per year).

c. The major successes have been in immunization, growth monitoring and supplementary feeding.

However the weaknesses are numerous.

a. The coverage still amounts to only 62% of poor children, for several reasons, and besides most of the children covered are in the 3 + age-group Sawan Hong AA.

b. Except in Tamil Nadu and Kerala, which offer day care, in other areas care is only available for about 3 hours a day, and that too for children 3 + Khullar AC. No custodial care is offered to younger children. This has resulted in under-utilization of the scheme, since working women are often unable to fetch children to and -from the center, at the specified times, and are still left with the care of the younger children. It also has adverse effects on the schooling of older girls, who have to take over childcare responsibilities, while mother's work.

c. The low uptake of nutritional supplements by pregnant and lactating women, and children below two years, is probably related to the failure to respond to mothers' work role and timings.

d. Staff dissatisfaction, centralized administration, bureaucratic procedures, undue emphasis on record keeping and inadequate training are other reasons for erratic quality. The lack of flexibility in responding to diverse situations has led to limited results for the 0-2 age group.

2. Tamil Nadu Integrated Nutrition Project

The project (TINP) operative since 1980, and funded by the World Bank, is the only one of its kind. It attempts to reduce the incidence and prevalence of malnutrition and improve the health of children in the most vulnerable 0-2 age group as well as pregnant and lactating women. There are four main components namely, Nutrition Delivery, Rural Health, Communication, and monitoring and Evaluation. The unique feature of the scheme is Nutrition Surveillance, in which all children 6-36 months are weighed regularly once a month and those found malnourished are given supplementary feeding in the form of a laddu made from a specially developed composition of cereals and pulses for a continuous 90 day period. The feeding is discontinued when the child is nutritionally rehabilitated. Pregnant and nursing women also receive nutritional supplements. The health component aims at reducing IMR and attempts better coverage of mothers through ante-natal and post-natal services.

The communications component aims to motivate the target population to give better nutrition care to 6-36 months old children and expectant and nursing women, both through the mass media and interpersonal contacts. The monitoring and evaluation component is unique in scope and method.

The scheme has recorded a dramatic 55.5% reduction in severe malnutrition, over a period of 72 months, amongst 6-60 month old children and also a clear upward shift in the percentage of normal children and very moderately malnourished children Chidambaram G. However, the participation of pregnant women and nursing mothers in the supplementary feeding as well as the referral and health care system was poor, with low ante-natal registration and delivery services, and less than 50% uptake of nutritional supplements by women (ibid). Though no explanation is officially offered for this outcome, it is likely that it is linked to lack of sensitivity to women's work roles and timings.

The positive features are:

- a. Access to services for the poorest of the poor, by the use of yardsticks for selection like IMR and growth during infancy.
- b. The well-structured organizational pattern administrative machinery.
- c. Food supplement rather than cash dole as the main fool allowing the benefits to accrue directly to the target group.

Some of the drawbacks of the scheme are

- a. Poor sustainability, since the scheme is implemented through loan assistance from World Bank at a time when debt servicing and structural adjustment policy are proving to be detrimental to women and children.
- b. Lack of effort in moving towards community involvement in service delivery, such as in food preparation or distribution.
- c. The rehabilitation is often temporary, since poverty rather than ignorance about nutritional needs, is the main cause of malnutrition.

d. The program is not concerned about larger issues of self-reliance in food or stimulating local production to meet the needs of feeding programs Krishnamurti and Nadkarni AD.

3. The Employment Guarantee Act of - Maharashtra

The scheme of the Maharashtra Government seeks to fight rural unemployment and to generate equal opportunities for both men and women in terms of work and wages Rajhans AJ. Keeping in mind the special needs of women workers, the scheme originally had three distinct components.

a. Food distribution as part of wages.

b. Maternity benefit of one month's wages, provided the woman has worked for 150 days during the year prior to delivery and

c. A crèche for children below the age of 5 years.

Of the three, the first was in vogue during years 78-'80 and was a great attraction to women. When this was stopped in 1981, the attendance of women workers also dwindled and one of the most important demands of women workers since then has been the resumption of grain supply.

In the case of child birth, it is difficult for women to produce proof of the entitlement of having worked for 150 days during the year prior to delivery, since most of them are illiterate and may have worked on more than one project during the previous year. Except where the workers have been well organized the benefits have not been available. The crèche aspect is considered later.

In all three schemes, under-utilization of available support services by the mother-child dyad at this stage is characteristic. Much of the reason for this state of affairs may be the lack of sensitivity in the schemes to the- demands of the mothers' other two roles, as well as the usual administrative hurdles and bottlenecks.

Crèches for Young Children (0-2)

The second potential support to the mother-child dyad at this stage are crèches for infants which enable mothers to maintain proximity, breast-feeding and interaction with the child. Such a crèche then must be close to the work place.

Laws and Policies

A critique of laws and policies relating to crèches in general, will be found in the next section. These laws refer to all children below the age of six in general terms, and do not sufficiently discriminate between the varying needs of the two age-groups 0-2 years and 2-6 years. In some respects, such as allowing breast-feeding, provision of supplementary milk and linen, the rules discriminate in favor of the younger child, and ignore the needs of the older child. In other respects, such as poor staff-child ratio, lack of flexible and individualized program, lack of play materials, medical care, medicines and weaning foods and undue emphasis on group care, the rules are insensitive to the needs of the younger child.

Programs and Schemes

A detailed review of programs and schemes of day-care and the implementation of laws on statutory crèches follows in the next section. Here it may be noted that though all programs schemes and laws refer to children 0-6, in reality the services are mostly utilized by children above two years of age. Exact statistics are not available, but what is, available indicates that the under twos may be less than 10% of the child population in crèches, as contrasted to 40% of all children aged 0-6 Swaminathan AO.

The reasons for this are several. The difficulties and dangers of group care of young children have been earlier mentioned. In the statutory sector, the inability and unwillingness of employers to take up this responsibility is obvious; while low wages of crèche workers, lack of finances and unwillingness of voluntary agencies to enter the field are reasons affecting the voluntary sector. The inherent bias of the voluntary crèche scheme against the younger children, reflected in the provisions for food and staff child ratio, make it difficult to cater to the youngest.

As far as work-site crèches are concerned, difficulties of transportation, work-site environment and maternal convenience have already been mentioned. Voluntary

agencies find it difficult to locate in the work-place, but crèches in residential areas cannot promote breast-feeding, unless mothers are home-based workers. World-wide experience has not found the workplace to be the best location for crèches, except where work place and house-site coincide, as in institutional campuses. It is not surprising that few Indian mothers have the option of a healthy, safe and 'convenient crèche for infants at the work site.

On the whole, crèches for young children, which can promote breast-feeding and meet the emotional and cognitive needs of the growing child are few in number, and cater to very few children. In such as do exist, the programs vary from fair to excellent, since mothers do not patronize those which they perceive to be inadequate or inappropriate.

Recommendations

Some broad recommendations related to support for lactating women and infants (0-'2-years) are:

1. Amendment of the Maternity Benefits Act along the lines suggested above in order to promote breast feeding and mother and child well-being.
2. Development of appropriate legislation/schemes for maternity benefits in the unorganized sector, for the same purpose.
3. Developing programs and schemes for lactating women and young infants, which are sensitive and responsive to women's occupational needs, demands and schedules.
4. Involving the community and/or the employer in new models-of maternal and child care support schemes.
5. Promoting innovative child care models for young children, which respond to mother/child needs.
6. Promoting group effort by small employers to provide common facilities and work-site crèches for infants in industrial estates.

7. Expansion of programs and services which offer support in kind to lactating women and infants.

8. Amendment of laws/rules regarding statutory crèches to discriminate between the needs of children of different ages, namely 0-2, and 2-6 years and

9. Upgrading crèches for children 0-2 years qualitatively by providing staff-child ratio suitable for one-to-one interaction and sustained relationships, and appropriate program, as well as encouraging breast-feeding.

STAGE 3: EARLY CHILDHOOD (3-5 YEARS)

The Need

During this period, emphasis has to be placed on the child's overall development, including not only health, but adequate social and mental stimulation, preparation for education and protection from hazards, as well as on the mother's freedom from anxiety and ability to focus her efforts on providing for the child. Day-care programs combined with parental education assume maximum importance during this period. Such programmes also have the additional benefit of releasing young girls, who are often caretakers of younger siblings, while mothers work, to attend school.

Policies

The Constitution recognizes the need to provide for the health, welfare, education and development of all children (Article 45). This need is recognized and reiterated in the Government K. in general terms. It is not, however, until the New Education Policy L. that specific reference is made to the need for day care for young children, not only for their own development but also as a support service for working mothers and for the education of girls. Programs of action have been spelt out, and these have been further developed in detail in the reports of SHRAM SHAKTI (National Commission on Self-Employed women and Women in the Informal Sector) 1988, TOWARDS AN ENLIGHTENED AND HUMANE SOCIETY (Ramamurthi Commission) 1990, and the revised Program of Action of the New Education Policy M. Implementation of policies has so far been slow and limited.

Laws in the Organized Sector

Laws with reference to crèches exist primarily in relation to this sector. The Factories Act N., the - Mines Act O. and the Plantations Act P. make it obligatory for the employer to provide crèches for children aged 0-6 wherever more than a stipulated minimum of women are employed in factories, mines and plantation. Modeled on those of industrialized countries, these laws have not been amended to keep pace with the changing economic situation and are largely irrelevant to present day working conditions, besides being applicable to only a small minority of working women. This becomes evident when it is noted that similar, legislation has not been passed since then for the benefit of women working in the tertiary sector (services, trades and professions) in whose numbers there has been a spectacular increase in the last three decades.

Analysis of the laws reveal several serious lacuna, chief among which is the insistence on a minimum number of women workers for the law to become applicable. This not only makes it easy for evasion by various simple strategies, but even assuming no evasion is attempted, makes it of limited applicability, since it omits, certain categories of workers such as those employed in small establishments, temporary and casual workers, contract workers, etc.

Further, if one considers childcare as a fundamental right of women and children, then the question of stipulating numbers or their use and misuse, becomes irrelevant. Within the broader framework of the Constitution, which allows equality of all citizens with no discrimination, every child has a right to holistic care and development, and every mother the right to demand such facilities irrespective of what she contributes to the national statistics. Another shortcoming is the placing of administrative as well as financial responsibility on employers, who may lack the willingness and the expertise to run crèches, rather than on professionals or agencies specialized for the purpose. This only results in reducing attention to the quality and nature of day-care, focusing instead on numerical targets.

Implementation

Implementation of the laws relating to crèches is very weak and faulty, there being little pressure from the traditionally male-oriented trade unions in the organized sector in this matter. In terms of quantity, it is highly inadequate even in relation to the small population concerned. It is estimated Swaminathan AM. that while there may be about 3 lakh "eligible" women in this sector, with about 6k lakh entitled children 0-6, crèches

cater to only about 50,000 children. Sharp differences in the views of labor and management on this issue have also had adverse effects on services.

In terms of quality, the picture is generally of custodial care, with some variations Swaminathan AL. There are a few outstanding examples of well-organized crèches offering a well-rounded developmental program for children, mostly in the industrial sector. Some of the leading business houses offer these services as part of an effort to build a positive public image in relation to labor welfare while at the same time making use of them as a financial device for showing reduced profits and gaining appropriate tax reliefs. By and large, however it is a dismal story - ranging from mere custodial care in more or less unpleasant conditions to token compliance to brazen non-compliance. While token compliance is found in the case of the nationalized mines, avoidance of statutory obligations by various methods is more or less the rule- among plantations in the eastern part of the country. Plantations in the southern States have a more impressive record, especially with regard to children 0-2 years with some outstanding examples Swaminathan AN.

Programs mostly focus on feeding, with some attention to health (as in the case of UPASI's innovative welfare schemes) with little attention to other developmental aspects so crucial at this age. There is hardly any involvement of mothers. Crèche workers in the statutory sector, however, receive the same wages and benefits as their co-workers in the sector.

Laws In the Unorganized Sector

In the unorganized sector, the Contract Labor Act Q and the Inter-State Migrant Workers' Act S, which is an upgraded version of the former, as well as the Bidi and Cigar Workers Act R, attempt to legislate for the provision of crèches. These laws follow the same pattern in relation to crèches as in the case of factories, mines and plantations, laying down a minimum number of women to be employed for the rules to become operative, though this is extremely impractical in the case of industries such construction and quarrying for which the former are intended, and home based workers in the latter case. In the case of agricultural labor, only a few States, like Kerala and Maharashtra have made provision for crèches. These laws suffer from the same fundamental defects noted already, in addition to being unsuited to the unorganized sector, and more difficult to implement.

Day Care Programs And Schemes

1. Crèches

The major scheme for day-care in the unorganized sector is the Scheme of Assistance for Crèches for Working/Ailing Mothers T., launched in 1974, which is intended to provide 'day care for the children (0-6 years) of women laborers below the poverty line. In practice, however, the scheme has not developed- or rendered services along the lines originally envisaged. To begin with, the quantitative coverage, after nearly twenty years, is abysmally inadequate. To date, it is estimated that there are only about 10,000 crèches in the entire country, mostly concentrated in six or seven States, catering to about two and a half lakh children aged 0-6 years, as against an estimated need for day care for 4.5 crores children in the same age-group (Swaminathan, 1991) though the Ministry of HRD states that there were 12,500 crèches in 1991-92 serving 3 lakh children (Annual Report). The gap between need and response would be almost as staggering 'if only children 2-6 were considered, since it is known that children 0-2 years are very few in crèches (Specific data on children 0-2 and 2-6 years is not available).

In terms of nature of coverage, available evidence points to a strange situation. In most parts of the country (Kerala and Tamil Nadu being the exceptions), the crèches do not even work for the whole day and are often unrelated to the work timings of the mothers. The reasons for this are partly financial, since the scheme only allows for crèche workers to be paid a pittance, far below the minimum Wages for unskilled labor. The crèches also often fail to take into consideration the work status of the mothers, sometimes admitting the children of housewives as well as working women, and showing little response or flexibility in meeting seasonal and other requirements of working mothers. Most of them seem to function like private nursery schools for the children of the poor and lower middle class. In terms of quality, again, the program is mostly either custodial or heavily oriented to formal education, with little emphasis on play, stimulation, or development of children.

The weaknesses of the program in operation can be traced directly to the nature of the scheme itself, its inadequate and unimaginative pattern of funding, staffing and training, and the failure to spell out methods, program content and criteria in line with the stated objectives.

2. ICDS

The crèche scheme is however minuscule in comparison to the major child care program in the country, that is, the ICDS. Day care has never been seen as an objective of ICDS, and its opening statement of six objectives, makes no mention of day care, as a need of children, women or girls. It is also significant that the objectives have not been revised since first laid down in 1974. Though the Program of Action W. (1986, and later 1992) drawn up for the New Economic Policy states that a certain percentage of ICDS centers will be turned into day care centers within the next decade, little movements is apparent in this direction, and no evidence is available on which firm conclusions can be drawn. The proposal frequently made in the last few years to link up ICDS with primary schools in order, to support girls' education through crèches also appears to have remained a dead letter', except in a few isolated cases.

Noteworthy exceptions are the States of Kerala and Tamil Nadu, where the full-day timings of ICDS make day care for two to six year olds a genuine possibility. In Tamil Nadu, further, there is near-universal provision for this age-group through the integrated grid of 29,000 child care centers including ICDS, the Noon Meals Program and crèches. It is not possible to state exactly how these timings work in all places, or to quantify the extent to, which day care is diminished by poor accommodation, lack of sanitary facilities and drinking water, poor teacher-child ratio, lack of training, lack of equipment and materials, etc. what is incontestable is the existence of the network of centers, mostly housed in their own buildings, the daily provision of a midday meal to 18 lakh preschool children and the emergence of an army of one lakh child care workers, offering the skeleton for an effective day-care program Swaminathan, AO. The wages of child care workers in Tamil Nadu, as elsewhere, are low, without the benefits available to Government functionaries; they lack training and---their working conditions and social status are very poor.

3. Private Sector

Another source of day care provision is- the private or unaided sector, which can be further, subdivided into two groups. On the one hand, there are private crèches run along commercial lines, serving the middle-class urban working woman, mostly concentrated in the large metropolitan cities. Information ' about the number, nature and quality of these crèches is very limited Nakhate H. but available information indicates that most of them are overcrowded and unhealthy, run by people with no special qualifications .for the job, and offering little of value to the child. Being in the unregulated sector of the economy, they are not subject to supervision by any authority,

and there is no control over the unrestricted exploitation of workers, parents or children by these institutions.

Another type of private crèche is the charitable agency, which offers services specially intended for certain categories of women, such as the destitute, the disabled, the convalescent, the homeless, abandoned etc. Some crèches for poor working rural women are also to be found in this group of crèches, which are often run without Government financial assistance by religious or denominational charities. Little detailed information is available about them.

Some Comments

The main characteristics Of the day-care scenario for 2-6 years are quantitative inadequacy and qualitative poverty. In almost all cases, however, it is fair to state that there is very little attention paid to the needs of the mothers, and even less to involving, them in the planning, implementation, supervision or development of the crèche programs. Most of the crèches follow the conventional pattern of focussing exclusively on the needs of young children, ignoring the needs of mothers as well as older sisters, who are often child caretakers.

Another outcome of the unprecedented growth of child care services in the last decade is the emergence of the paraprofessional child care worker as a new element in the female work force. These women numbering nearly five lakhs today, form yet another group of low paid, low status, poorly trained women workers at the bottom of the social and economic ladder, with little chance for mobility or advancement, and no maternity or child care support either. Their needs cannot be forgotten.

Recommendations

The following broad recommendations and suggestions can be made as regards crèches.

1. Recognition of the right to holistic day care as a fundamental right of children and made available to every child in need.
2. Extension of the legislation regarding statutory provision of crèches to the rest of the organized sector, by including such provision in the Shops and Establishments Act, which covers women working in the tertiary sector.

3. Amendment of such legislation to bring it up to date, remove lacuna, and make it relevant to present conditions and trends.
4. Developing appropriate legislation for women working in the unorganized sector.
5. Massive expansion of crèches in the voluntary sector and inclusion of day care in the mandate of ICDS.
6. Upgradation of the quality of child care and education in crèches by various means, including mandatory provision for the involvement of mothers, as proposed by the various Commissions, which have, studied the matter.
7. Setting up of a National Child Care Fund as envisaged in SHRA-M SHAKTI and proposed by the Forum for Crèche and Child Care Services (FORCES) to fund and promote a flexible, diverse and need based national network of crèches and child care services.
8. Recognition of crèche and child care workers as a category of worker for purposes of Minimum Wages and employment benefits, as well as for the purpose of qualifications and training for the profession.
9. Provision of incentives, such as tax reliefs, rather than threats of punitive action, to encourage group action by clusters of small-scale employers to provide child care services with the help of specialized agencies and
10. Minimum standards to regulate, private crèches and control their unrestricted mushrooming, with mandatory registration and licensing.

Conclusions

The above review has had by definition to be brief and claims to be neither 'exhaustive in scope or analysis. It has attempted to draw attention to the main issues in the vital area of legislation, policy and programs affecting women in their triple roles as workers, consumers and mothers. There is clearly much more to be done both in terms of compiling information to draw the outlines of the picture, and studying issues in depth, to fill in the details, as well as in promoting wide-ranging debate on the issues.

Acknowledgements

I wish to record my gratitude to my colleagues Rama Narayanan, Jayshree Vencatesan and R. Shenbagavalli for their significant contributions to the development of this paper. I also, with the record appreciation of all the friends and colleagues whose useful comments on an earlier version of his paper, published in the Economic and Political Weekly AP., have been most helpful. The inspiration for the title of this paper came from SHRAM SHAKTI.

References

A. Anand, R.K.: A Plea to the Government and the Opposition to Enact and Pass a Bill for Protection, Promotion and Support of Breast Feeding. Proceedings of the Seminar on Promotion of Breast Feeding - Bengal Rural Welfare Service, Calcutta, 1990.

B. Balasubramaniam, Vimal: Milk of Contention - of Working Mothers and Breast Feeding. Building Documentation Center Series, No. 1, 1986.

C. Bhandari, N.R. and Patel, G.P.: Dietary and Feeding Habits of Infants in Various Socio-Economic Groups. Indian Paediatrics, Vol. 10, pp. 233, 1973.

D. Bhatt, Ela, Chatterjee, Mirai and Price, Janet: 'Towards Maternal Protection'. Report on Maternity Benefit, 1986 (Unpublished), SEWA.

E. Chatterjee, Mirai: Maternity Benefit and Safe motherhood: The Experience of Agricultural Labourers of Ahmedabad District, 1990 (Unpublished), SEWA.

F. Chatterji, Maitreyi: Breast Feeding and the Rights of Working Mothers. Proceedings of the Seminar on Promotion of Breast Feeding. Bengal Rural Welfare Services, Calcutta, 1990.

G. Chidambaram, G.: TINIP - Terminal Evaluation, Vol. 1, Government of Tamil Nadu, 1989.

H. Datta (Nakhate), Vrinda: Family Day Care in Bombay. Unit for Child and Youth Research, Tata Institute of Social Science, Deonar, Bombay-400 038, July 1987.

I. Gopalan, C.: Mother and Child in India: Economic and Political weekly, January 26, 1985.

J. Gopalan, C., Sastri, B.V.R. and Balasubramaniam, S.C.: Nutritive Value of Indian Foods. National Institute of Nutrition, 1982.

K. Government of India: National Policy for Children. Ministry of Education and Social Welfare, 1974.

L. Government of India: National Policy on Education. Ministry of Human Resource Development, 1986.

M. Government of India: National Policy on Education. Ministry of Human Resource Development, 1992.

N. Government of India: Factories Act, 1948.

O. Government of India: Mines Act, 1952.

P. Government of India: Plantations Act, 1951.

Q. Government of India: Contract Labor (Regulation and Abolition) Act, 1970.

R. Government of India: The Beedi and Cigar Workers (Conditions of Employment) Act, 1966.

S. Government of India: Inter-State Migrant Workers Act, 1980.

T. Government of India: Crèches for: Working/Ailing Mothers (Scheme of Assistance to). ministry of Social Welfare, 1974.

U. Government of India: Constitution of India, 1950

V. Government of India: Census of India, 1981 and 1991.

W. Government of India: Program of Action: NPE, 1992, min. of Human Resource Development.

X. Government of Tamil Nadu, Directorate of Social Welfare: Social Welfare Scheme Details.

Y. Helsing, Elizabeth and King, Savage, F.: Breast Feeding in Practice: A Manual for Health Workers. Oxford University Press, 1984.

Z. Hiraway, Indira: Denial of maternity Benefits to Women Workers in India: A Study of Factory Sector in Gujarat Gandhi Labor Institute, Ahmedabad, 1985, p. 84.

AA. Hong, Sawon: Integrated Child Development Services Early Childhood Development.. India Case Study. Paper prepared for the Global Seminar on Early Childhood Development, Ilnocenti, Italy, 12-30 June, 1989.

AB. Indian Council of Medical Research: Studies on Weaning and Supplementary Foods., Technical Report- Series, No. 27, 1974.

AC. Khullar, Mala: (ed.) Whiter Child Care Services? Center for Women's Development Studies. New Delhi, 1992.

AD. Krishnamurthy, K.G., and Nadkarni, M.V.: Integrated Child Development Services: An Assessment. A report prepared for UNICEF, New Delhi, 1983.

AE. Landers, C. and Leonard, A.: Women, Work and the Need for Child Care. A Review of UNICEF supported programs in Nepal, Eucador Staff working paper No. 10, UNICEF, 1992.

AF. Minchin, Maureen: Breast Feeding Matters. Allen and Unwin, Sydney, 1985.

AG. National Institute of Nutrition: Report of the Year 1982. National Nutrition Monitoring Bureau, 1982.

AH. National Institute of Nutrition: Nutrition News. 7:2, 1986.

AI. National Commission on Self-employed Women and Women in the Informal Sector (Report of the) Shram Shakthi, Government of India, 1988.

AJ. Rajhans, B.N.: Employment Guarantee-Scheme - An Effort to Fight Rural Unemployment. Hind Khet Majdoor Sabha, Pune, (Circa), 1986.

AK. Ramamurthy, Acharya (et al): Towards an Enlightened and Humane Society (Report on) - National Policy on Education, Government of India, 1986.

AL. Swaminathan, Mina: Who Cares? A Study of child care facilities for low-income women in India: Center for women's Development Studies, New Delhi, 1985.

AM. Swaminathan, Mina: Child Care 'Services in Tamil Nadu Economic and Political Weekly, No. 52, December 28, 1991.

AN. Swaminathan, Mina: A Study of Child Care Services for Working Women in Tamil Nadu center for women's Development Studies, New Delhi, 1989. (Mimeo).

AO. Swaminathan, Mina: Child Care Services in Tamil Nadu Economic and Political Weekly, No. 52, December 28, 1991.

AP. Swaminathan, Mina: Breast Feeding, the Working Mother and the Law: A Critique of Laws and Policies on maternity and Child Care, Economic and Political Weekly, May 1, 1993.

AQ. UNICEF: Children and Women in India - A Situation Analysis., 1990.

AR. UNICEF: Children and women in Tamil Nadu - A Situation Analysis., 1990.

AS. UNICEF: State of the World's Children, 1993.