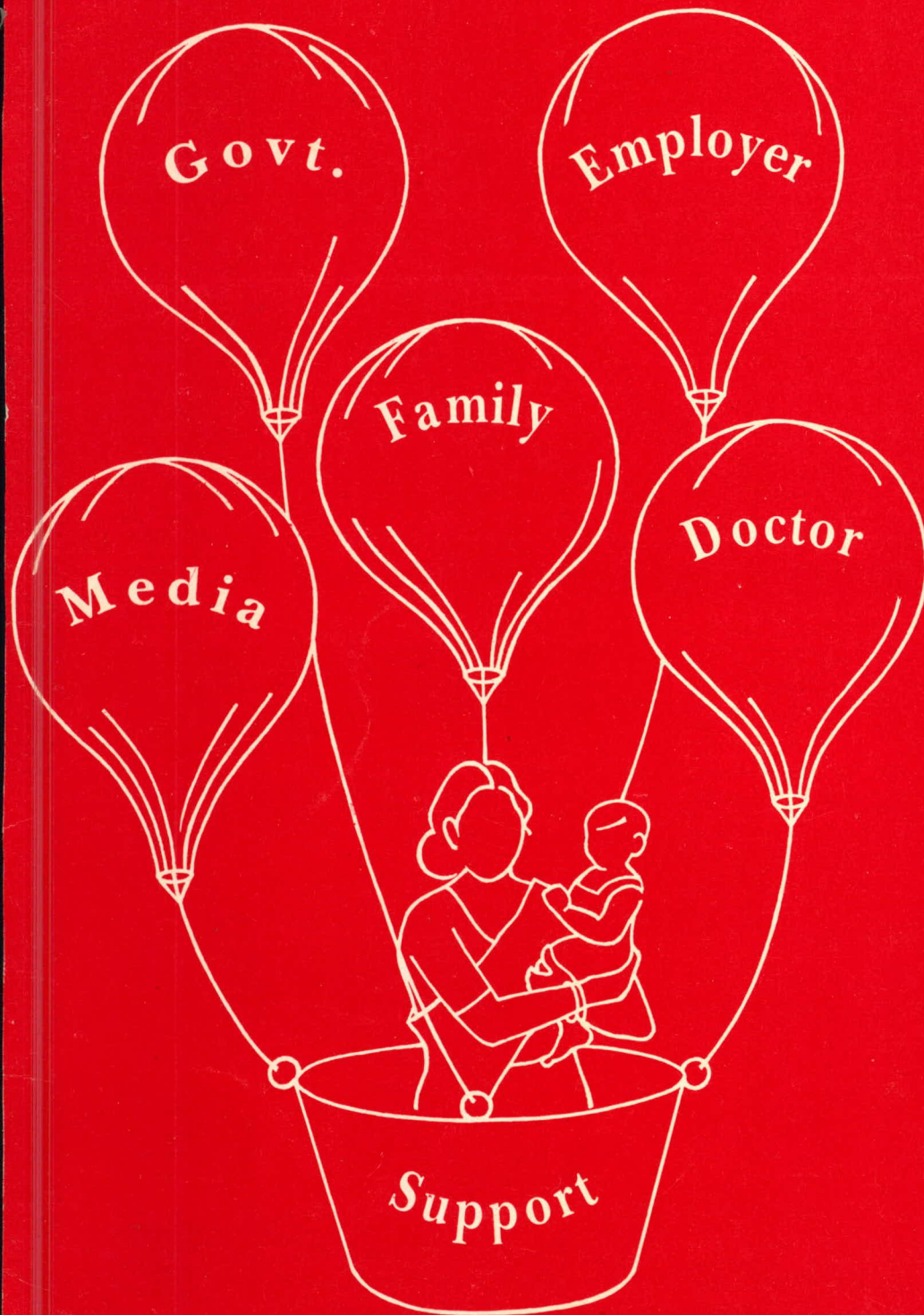


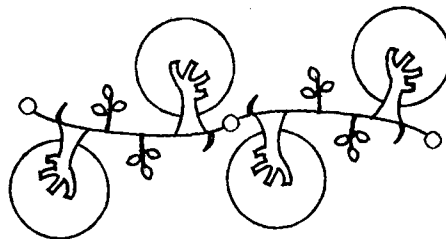
SUPPORT FOR BREASTFEEDING



A training manual
on empowering
women to
breastfeed

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**A training manual on empowering women
to breastfeed**



M.S. Swaminathan Research Foundation

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FOREWORD

At the turn of the twenty-first century, the nations of the world are engaged in actively promoting infant health and reducing the mortality rate. As an important step towards achieving this goal, both Government and non-governmental organisations are involved in encouraging breastfeeding. Though the practice of breastfeeding is as old as humanity itself, the changes in the current socio-economic scenario have raised several problems. Unless the causes for these problems are thoroughly explored and action taken to overcome them, these efforts would remain unsuccessful. Effective training is essential to accomplish this task. This manual containing several messages about breastfeeding has been prepared as a first step towards realising the goal of successful breastfeeding.

I trust that the information found in this manual would be of great use to several sections of readers such as social workers, medical and health professionals, government officers, trainers, women's organisations, college professors, students, employees and trade unions. This manual can also be used as a tool to generate awareness on the problems that women face to successfully breastfeed.

Society has a duty to provide support to breastfeeding mothers. There is no doubt about the important role that this manual will play in highlighting it. I congratulate Ms. Rama Narayanan and all others who were involved in its preparation. We are indebted to Mr. G. Ramakrishnan, Co-ordinator, TINP and Mr. S. Muthiah, Joint Co-ordinator (Communications) for setting apart their time and providing valuable suggestions for improvement. Our thanks are due to The Bernard van Leer Foundation for providing financial support for the publication.

M.S. Swaminathan

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Growth of the young child

In terms of development, the first two years of a child's life have tremendous significance. Compared to other stages of life, physical, mental and brain development is at its fastest. Any impediment to growth during this stage can cause irreversible damage that would persist throughout life.

Importance of breastfeeding

Breast milk is a natural infant food easily digestible and containing essential nutrients.

The immunological properties of breast milk protect the child against diseases. Further, the act of breastfeeding forges a close bond between the mother and the child. Breast milk is an essential food that is produced without any expense and according to the individual need of each child.

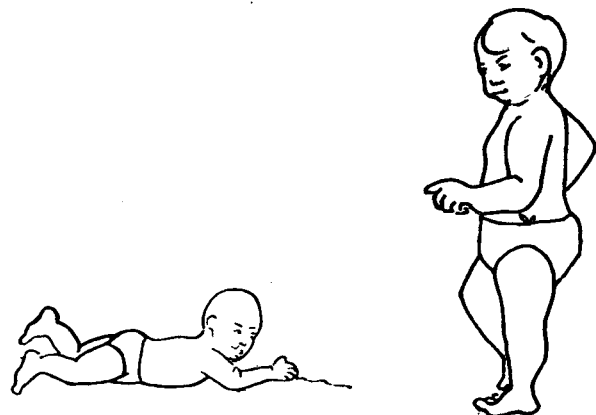
The two stages of infancy

The first two years which are most important in terms of growth and development can be divided into two stages, the first, from birth to four months and the second from five to twenty four months. Paediatricians recommend exclusive breastfeeding during the first four months. Supplementary feeding should begin during the fifth month along with breastfeeding, which should continue till the end of the second year.

TRENDS IN BREASTFEEDING

Is there a decline?

Breastfeeding has prevailed in our country since time immemorial. Women in all walks of life and irrespective of their socio-economic class give breast milk as the first food soon after the birth of the baby. However, during recent times much concern has been expressed over the decline in the rate of breastfeeding. Is it true? Is there any basis in this statement?



What do statistics say?

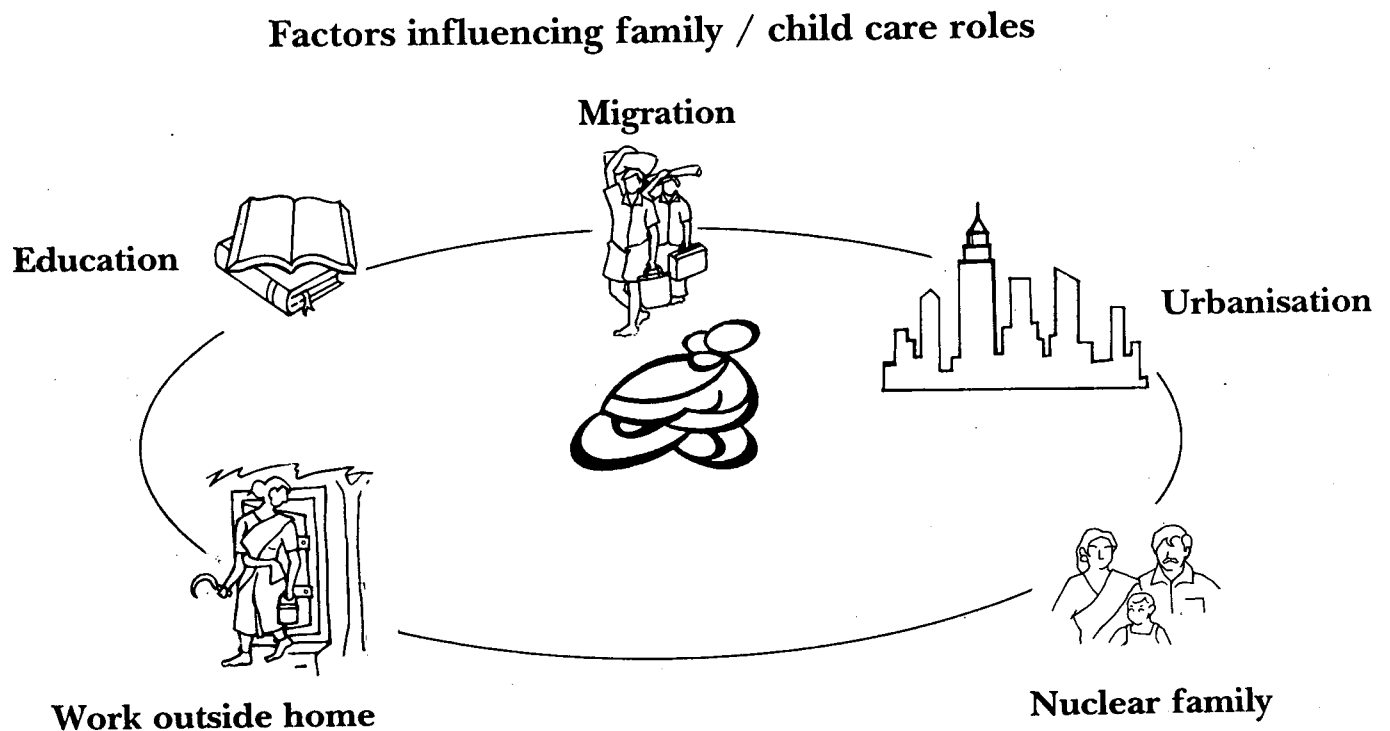
A study conducted by the World Health Organisation (WHO) in 1981 has furnished the following information. Women from all socio-economic groups (96% to 100%) in India gave only breast milk at childbirth. At six months, 50% of women belonging to higher socio-economic groups and 90% belonging to lower socio-economic groups continued to breastfeed. However, some studies conducted in some places in India indicated that there was a decline in the rate of exclusive breastfeeding.

What could be the reasons?

Several reasons such as religion, education, socio economic status and women's work have been attributed as causative factors towards decline in the rate of breastfeeding. However the infant food manufacturers have been considered to be responsible for the decline with no deeper analysis into the other issues.

Why does this opinion prevail?

A chief reason for this is that breastfeeding and other related issues are considered to be the concern of doctors and other health professionals. Further it is usually seen as a woman's personal problem, rather than as a social issue in a changing world.



THE PRESENT SITUATION

Social changes

The socio-economic changes that have taken place at both the national and regional level have brought about a transformation in the life of the average woman. The increase in the female labour force, the migration of men to other states and countries in search of work, increased urbanisation, the reduction in the number of joint families and increase in nuclear families, are some of the changes that have taken place.

These changes greatly affect women's home making and childcare responsibilities.

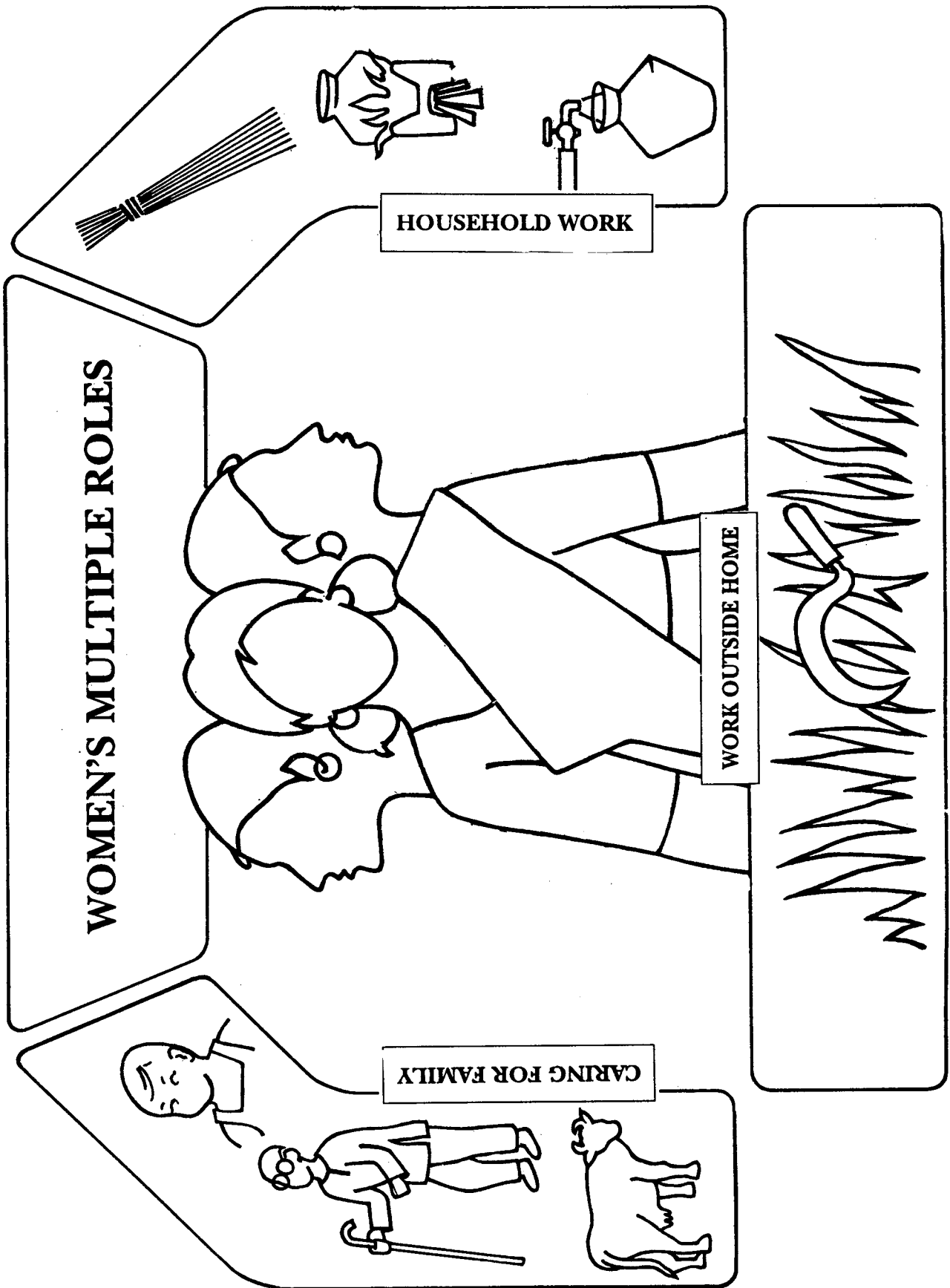
Women's multiple work roles

Women bear the triple burden of home making, childcare and economic activity. They need to make several modifications in their work in order to breastfeed. The time and extent to which these changes are made are dependent on several other factors.

TO THINK ABOUT....

- When breastfeeding is combined with all the other tasks how does it affect women's mental state? Would it discourage breastfeeding?
- What problems confront a woman who tries to discharge all her responsibilities without giving up breastfeeding?

Notes



Women work endlessly throughout the day and their activities can be divided into three main categories:

- Household work
- Childcare and care of the sick and elderly
- Economic work to earn money

Household work

This includes tasks like washing, cooking, cleaning and fetching water. In addition, women in villages carry several additional tasks such as collecting firewood and tending to cattle. Though these tasks are common to most women, they vary with regard to the place and manner in which they are executed, time taken, facilities available, co-operation from other family members etc. Though women spend a considerable amount of time doing household work, women who stay at home are not considered as workers.

Childcare and care of family members

Childcare includes tasks such as feeding, putting the child to sleep, bathing and taking her to school. In addition, the medical care and other special needs of the sick and the elderly if any, have to be attended. Though breastfeeding is an aspect of childcare, it differs from other childcare duties and is unique. It cannot be postponed or delegated. Very often it cannot be combined with other work.

Economic work

Women are engaged in countless number of jobs in order to make a living. They can be classified under two main categories. One - the organised and other - the unorganised sector. What is the difference between the two?



Organised Sector

- Governed by labour laws
- Unorganised Sector
- Women in this sector have employers
- Only 10% of women doing paid work are in this category
- Women work for a stipulated period of time (eg. in Government) and private concerns
- Maternity benefits are available under the law.

Unorganised Sector



- Not governed by labour laws
- The employer is not clearly defined. There could be several employers as in the case of construction workers
- 90% of women doing paid work are found in this sector
- Women may work as casual labourers, daily wage earners, self employed or on a contractual basis. Their tasks will not be confined to a particular place or within a stipulated time period.
- No such provisions

Only women who do paid work and directly bear the economic burden of the family are commonly considered as workers. However, many women work for no wages in their own fields, or are engaged in the economic activities carried out by their family members (eg.) rolling beedis, weaving etc., while they are not considered to be contributing to their families' economy.

TO THINK ABOUT....

- For how long do women take rest after delivery?
- When do they start resuming their tasks and what jobs do they do?
- If they have started to work within four months of childbirth, then what problems do they face in breastfeeding?
- What problems do they face if they begin work after 4 months?
- How do they solve them?
- Is work given up for breastfeeding or breastfeeding given up for work?

Notes

1

THE FIRST FOOD

Suganthi's first delivery took place in her home. The village nurse attended to the delivery. She had advised Suganthi about the importance of nutrition and immunisation during the ante-natal period itself. She had also told her that breastfeeding should be initiated soon after birth. She examined and bathed the child after the delivery and gave the baby to Suganthi's mother. Suganthi's mother gave the child sugared water and put her to the breast the next day.

2

KANNAMMA'S WOES

Kannamma's husband is a drunkard. Though he earns Rs.50/- a day, his contribution to the family is only Rs.5/- or Rs.10/-. Since Kannamma is not able to run the household with this amount, she also earns by working as a domestic servant and sometimes as a casual labourer. Their eldest child is a daughter and so her husband did not allow her to get sterilised. When she conceived a second time, she went to her mother's house only towards the end of the pregnancy and returned within two months since she did not want to be a burden to her impoverished family. Kannamma's economic and household duties resumed the day she returned to her husband's home. Since the second child was also a daughter her husband ill-treated her. On the advice of her next door neighbour, she stopped working outside the home and instead started a small eat-out in her house. Even then she could not manage all the work on her own. She was greatly affected by her husband's abuse and ill-treatment. She experienced shortage of milk even before the baby was 4 months old.

TO THINK ABOUT..

- Have you come across women in similar situations?
- What is your role as a health worker when you encounter such a situation?

3

NUCLEAR FAMILY

Mary has a three month old baby. Since she has no mother, the delivery took place at her aunt's house. Mary returned to her husband's home within forty days of childbirth. Her husband and her aged father were the only other members of the family. Since Mary's husband did not earn enough for them to afford a servant maid, all household chores and outside work had to be done by Mary. With practically no rest or sleep during the night, Mary was always tired and hence could not nurse the baby satisfactorily. She started giving bottle feeds. When she visited the doctor for immunising the child, he scolded her and told her to resume giving mother's milk.

4

WHOSE RESPONSIBILITY IS CHILDCARE?

Kala is a construction worker. Her son Ravi is two months old. Her husband who is also a construction worker, met with an accident recently and is therefore not able to go for work. He is the eldest in his family. Kala's family is large with her parents-in-law, sister and brother-in-law living together as a joint family. Hence Kala has started going for work. She faced several problems when she carried the child to the work place. She was scolded by her employer whenever she went to feed the baby. Further the dusty environment affected the child's health. Kala stopped her daughter Meena from going to school and made her take care of the child at home. Whenever the baby cried, Meena would take the baby to Kala, who would nurse her and then send her back home. Meena would then put her to sleep. Thus Kala managed to solve the problem of breastfeeding and childcare.

TO THINK ABOUT....

- Have you met women like Mary and Kala during the course of your work?
- What are the similarities in their situation?
- What solutions can be offered for their problems?
- What advice would you give their families?

5

WHO IS TO SUPPORT?

Shirin has a son Karim who is four months old. When Shirin was three months pregnant, she quarrelled with her husband since he was practising adultery and returned to her mother's house. She did not want to be a burden to her parents, so she started working as an accountant in a private firm for a decent salary. However, as the office was very far away, she left the job when she was eight months pregnant. Recently she has started working in a shop near her house, though the salary is low and she is over - qualified for the job. Even then she continued because she could go to her house in between and feed the baby. She started bottle feeding the baby about ten days prior to joining duty.

Slowly her parents and in-laws started urging her to go back to her husband. At work her employer stipulated that when there was a rush in the shop she should neither take leave nor breaks in between. Shirin became very worried and depressed.

6

KAMALA'S PROBLEMS

Kamala, who is a nurse in a private nursing home, was refused leave beyond the three month maternity leave. Since she had taken a month's leave prior to delivery, she had to return to work at the beginning of the third month after child birth. Her working hours were very odd - morning shift from 7 a.m. to 1 p.m. one week, and afternoon shifts from noon to night during another. Her colleagues, who were sympathetic to her problem opted for night duty in her place whenever possible. Even then she faced problems many times with engorged breasts.

TO THINK ABOUT...

- What are the similarities in the predicaments of Kamala and Shirin?
- What problems are faced by single mothers who raise children on their own?
- Would Shirin's emotional state have affected her health and that of her child?
- What support do Shirin and Kamala need? Who can provide that support?

DO YOU KNOW?

A study on the childcare needs of women in the unorganised sector in Tamil Nadu was undertaken by the M.S. Swaminathan Research Foundation. A similar one on the support needed by lactating mothers belonging to all sectors was also taken up. Some of the findings of these two studies conducted on 2000 mothers which have also been published, are presented here. After each finding questions have been provided for discussion.

Exclusive breastfeeding

All mothers of infants between 0-4 months were breastfeeding. About 92% breastfed exclusively.

- Do you think that breastfeeding has declined?

Continuation of breastfeeding

Eighty percent of mothers with children between five and twelve months continued to breastfeed. Amongst them, 16% continued to breastfeed exclusively, while about 73% had initiated supplementary food

- Is it correct to say that the bottle is preferred over the breast?

Domestic duties

With regard to household work, even mothers of infants under 4 months had started returning to their duties quite early. A quarter had resumed within the first month itself. Only about 5% were taking rest till the end of the fourth month. All women with infants above five months were doing full household work.

- Why do you think mothers resumed their duties within the fourth month?
- Did they get enough rest?

Natal home versus marital home

It is customary to go to the mother's house for delivery, especially for the birth of the first child. There was a relationship between the place of stay and the time of resumption of domestic work. Only one-third of those who had resumed domestic work within the first four months of the birth of the baby were staying in their natal homes. The rest lived in their marital homes in either a joint or nuclear family

- However, more than half of the 5% women who enjoyed rest till four months were living in their natal homes. Why?
- What can be done to ensure rest for breastfeeding mothers at least upto four months?

Economic Work

Paid work fell under two categories – those done within the home, and those done outside the home

(A) Those done within the home

Women doing paid work within or near their homes were engaged in weaving, rolling beedies, agriculture and fishing. Of those who resumed work within the first four months, 31% were working within the home. They had no difficulty in breastfeeding.

- **Why did they have to begin work so soon?**
- **Would they have got any rest?**

(B) Those done outside the home

Women doing paid work outside the home were daily wage earners, working in quarries, as construction workers or office goers. Of those who stayed at home during the first four months, 87% were working outside the home. Mostly they were either construction or quarry workers.

- **Why could not these women resume their work as early as those who worked within the home?**
- **Would this have benefited or affected them?**

Problems at the work place

Of those who worked outside, very few took their children to the workplace. Very few workplaces had crèche facilities. The others had no other option except to carry their children.

- **Why could not most women carry their babies to the workplace?**

The majority of women (82%) said that the workplace was not conducive for breastfeeding. Women working in quarries and construction workers said that the noise and dust did not create a suitable climate for breastfeeding. The others said that there was no place to sit down comfortably and nurse their children.

- **Should one carry infants to the workplace? Why?**
- **Should facilities for breastfeeding be provided at the workplace?**

Women's work and its relationship to breastfeeding

There was a close relationship between the type of work and the number of times-women breastfed. Women who were either agricultural coolies or domestic workers and who carried their children to the workplace could feed only twice. However beedi workers and weavers who were working inside the homes could feed more than six times a day.

- **Why do women despite carrying their children to the workplace, feed less number of times?**

Rest from paid work

Domestic servants and women engaged in urban petty trade stayed away from work for three months after the birth of the baby, but agricultural coolies, quarry and construction workers stayed away from work for at least 6 months.

- **Why is it said that breastfeeding has declined due to an increasing number of women going out for work?**
- **How could these women have managed their households with the financial loss for a period of 6 months?**

Loss of income

Amidst the 168 women who postponed returning to work, 67% were affected by loss of income. All these women were poor and 30% of them either starved or borrowed to tide over the situation.

- **How would this have affected their health?**

Maternity leave

Of the 163 women working in the organised sector, even though all were eligible for the 3 month maternity-leave none could get the full three month after the birth of the child. This is because all of them had taken some amount of leave prior to delivery. Many had only two, or two and a half months leave to their credit. Out of this, 38% had taken an additional leave of three months on loss of pay.

- **Is the maternity leave of three months entitled to women in the organised sector sufficient to exclusively breastfeed the child?**

Do you know?

Maternity scheme

An amount of Rs.500/- is given under the Muthulakshmi Reddy Scheme to women living below poverty line, in order to compensate the economic loss incurred by them. However only 50% of the women know about the scheme. Of those who applied only 20 women got the entire amount.

- Why do very few women avail the scheme?

Nutrition scheme

Fifty eight percent knew about the nutritious 'laddu' scheme intended for pregnant and lactating women. More pregnant than lactating women availed the scheme.

- Why do lactating women avail the scheme less than pregnant women?

Multiple roles of women

Though women used several strategies to manage each role, they faced problems in breastfeeding when they combined several roles eg. women who carried the triple burden of household work, childcare and economic work could not nurse their babies as much as women who carried only single or dual roles.

- Who can support a mother who has several responsibilities?

Advice from health professionals

According to the study, only 38% of mothers prior to delivery had been advised by health workers regarding breastfeeding. Most mothers were guided by their relatives for initiating breastfeeding.

- Who can provide advice to mothers after the delivery and when?

Role of family members

Mothers need the support of family members both before and after delivery. The family can help mothers by providing emotional and mental support, by sharing their work and allowing them to take rest, and by giving suggestions and advice about breastfeeding.

When asked as to what kind of support they preferred, 37% of mothers said that they wanted the household chores to be shared by other family members.

- With an increase in the number of nuclear families, who can help women by sharing household duties?

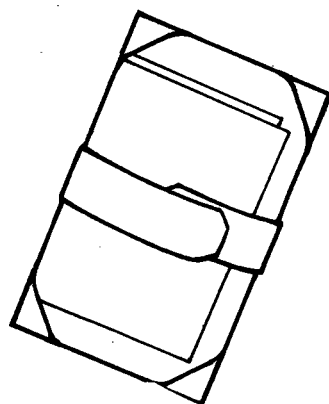
**Maternity
Benefit Act, 1961**

**Employees
State Insurance Act, 1948**

LAWS



SCHEMES



**Muthulakshmi Reddy
Scheme**

**Nutritious *Laddu*
Scheme**

LAWS

Women who share the economic burden of their families by doing paid work can be divided into two categories, those in the organised sector, and those in the unorganised sector. The Maternity Benefit Act has been drawn up to help mothers in the organised sector to breastfeed. But only 10% of the women doing paid work are in the organised sector. The laws are applicable to only those organisations which employ 10 or more than 10 women employees. They are not beneficial to the rest 90% of women who are either self-employed, contractual labourers or in temporary/ seasonal jobs.

In the unorganised sector, where the relationship between the employer and employee is not clearly defined, these laws are inapplicable. Since these women sometimes work under several employers (construction workers) no single person can be held responsible.

The Maternity Benefit Act (1961)

For Government and non-government owned factories, mines, plantations, circuses, shops and establishments which employ a minimum of ten (in some cases twenty) workers.

A pregnant woman is eligible for 3 months of paid leave if she has been actually employed for at least 80 days out of the 12 months preceding the expected date of delivery.

The leave can be availed before or after pregnancy provided it does not exceed 6 weeks before pregnancy. In case of premature delivery, abortion or any other illness related to delivery the leave period can be extended by one month. Nursing breaks - two breaks per day till the child is fifteen months old.

The Employees State Insurance Act (1948)

Factories (other than seasonal factories). The wage limit for coverage under the Act is Rs.1600/- per month


An insured woman shall be qualified if the contribution in respect of her were payable for not less than 80 days in the immediately preceding two consecutive contribution periods. 12 weeks of wages at the daily rate, and in case of sickness, 6 weeks and one month.

In addition, the Act includes the following supportive measures in its ambit;

- 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 preceding the date of the delivery.
- c) Section 11 Rule 6 provides for two nursing breaks of 15 minutes each in the course of the mother's working day. If the creche is not attached to the work place she can take not less than 5 or not more than 15 minutes time for travel.

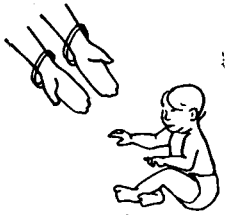
Lacunae in the Law

Duration

மாதங்கள்			
1	2	3	4
			?

Paediatricians recommend four to six months of exclusive breastfeeding. However under the Maternity Benefit Act a maximum leave of 3 months is provided. Since a majority of women avail some part of the leave prior to delivery, the 4-6 month leave period cannot be achieved unless other strategies such as loss of pay are adopted.

Such laws do not allow for four months of exclusive breastfeeding, instead they discourage it. According to the Employees State Insurance Act an extra one month leave can be given to mothers on grounds of ill health but this focuses only on the health of mothers, rather than on encouraging breastfeeding.



Adopted children

New-born babies who are adopted need the same amount of attention and care. However, the law does not include these children.

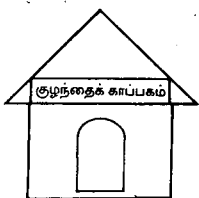
In areas where women who work at home in contractual labour (such as rolling of beedis) are illiterate and are not in a position to maintain records, it is difficult to calculate the eligibility for maternity benefit. Unless there are strong unions these women would not be able to avail the laws.



Nursing Breaks

Two nursing breaks, each of twenty minutes duration is available to mothers on joining duty after maternity leave. However, this facility cannot be availed unless the home or the crèche is near to the workplace. Further these laws can be changed by employers according to their wishes.

Crèches



According to the crèche laws it is mandatory to have crèches in factories where a minimum of twenty women are working.

However these laws have not benefited women, since employers escape by showing a number less than the minimum and by other devices. The age and the marital status of women and not the number should be the basis for the application of these laws.

Government Schemes



Muthulakshmi Reddy Scheme

Under this scheme Rs.500/- is given to women before delivery in order to compensate for the economic loss incurred by them when they stay off from work due to pregnancy and child birth. The criteria for eligibility are poverty and a maximum of 2 children.

This scheme is operative in Tamil Nadu since 1988.

Application to the scheme have to be made along with an income certificate.

FOR DISCUSSION...

Financial limit

Though many pregnant women benefit from this scheme, the amount of Rs. 500 is very meagre considering the current rate of inflation. It is impossible for women to survive on this amount for a period of 4 months.

Awareness

According to a survey only 50% of women below poverty line were aware of this scheme. Though 114 women had applied for the scheme, only 20 women got the entire amount.

Eligibility

The eligibility criterion of a maximum of two children is short-sighted and affects women and children. The criteria for eligibility of the scheme should be maternity and not the number or the economic situation. This is because women belonging to higher socio-economic group would anyway not apply, while those belonging to the lower socio-economic group need not be wasting their time and money in establishing their low financial status. Further many women do not have control over decisions regarding child bearing or birth control, which in turn are influenced by factors such as male preference, ownership of assets etc.

Government Schemes

Integrated Child Development Services

The Scheme, which has been operational since 1975, provides nutritional supplement to pregnant women from the day of registration upto 6 months after child birth.

Tamil Nadu Integrated Nutrition Project

Started in 1980, this scheme offers daily nutritional supplement to women in their 6th month of pregnancy which continues till 6 months after childbirth.

Mid Day Meals Scheme

Operational since 1982 and under the package of the Muthulakshmi Reddy Maternity Benefit Scheme of 1996 which offers financial assistance to pregnant women, an extra benefit of a free noon meal for 2 months, before and after childbirth (a total of 4 months) is offered.



FOR DISCUSSION...

These schemes are more popular amongst rural mothers. The number of people who are aware of nutrition is significantly high when compared to other financial assistance schemes. Women benefit from these schemes mostly during their pregnancy. The number of beneficiaries under these schemes have decreased after child birth either due to difficulties faced in leaving the newborn alone or that the centre may be situated at a distance, far from home.

Moreover, women are only viewed as mothers and are often not seen as productive contributors to the household and the economy. The timings of the centre that offer nutritional supplements do not coincide with the timings of employed women.

At first glance, it appears as if mothers are successfully managing to breastfeed. But at what cost? They pay a price for so doing.

- They breastfeed amidst all their various activities without taking rest.
- They rearrange their work schedule.
- They forego income and as a result reduce their food intake.
- Amidst great difficulty they carry their children to the workplace and breastfeed in an unhygienic and unsafe environment.

Three basic types of support for breastfeeding can be extended to women who perform multiple roles.

- **Laws which help women to breastfeed without losing or changing their jobs.**
- **Schemes which provide cash and nutrition support.**
- **Mental and emotional support.**

This support can be extended by the family, health / medical professionals, employer and Government

Family



Doctor



Government



Employer



Media

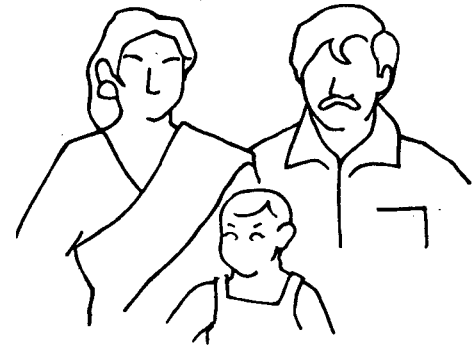


Support by the family

In order to successfully breastfeed a mother needs a nutritious diet, mental peace, rest and care. Irrespective of the sex of the child, the family needs to encourage and support the mother. Further, family members should relieve the mother of household responsibilities and release her for breastfeeding.

In the study conducted in Tamil Nadu, it was found that a majority of women when asked what type of support they expected from their family members, cited the sharing of household work as an important form of support.

Raising children is the responsibility of both the father and the mother. In nuclear families, the husbands need to support their wives in sharing domestic responsibilities and in taking care of older children. Taking leave from office to help their wives is an excellent example of providing support.



Physical and Mental Support



Providing advice and Information

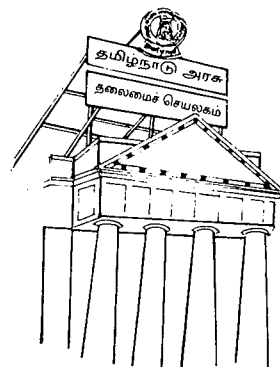
Support by medical/ health professionals

The role of health professionals starts right from the time the mother is pregnant. The initiation of breastfeeding by the mother and the manner in which it is done is largely based on her family's beliefs, experiences and awareness. Hence doctors should provide advice on breastfeeding and childcare not only to the mothers but also to her family members specially the husband and mother-in-law. This should begin from pregnancy and continue after birth.

In addition, professionals can generate awareness about the issues in breastfeeding among other sections of the society. They can stress the importance of maternity leave to employers and unions. Efforts can be made to influence policy makers to offer six months maternity leave as per the recommendations of the Indian Association of Paediatrics.

Role of the Government

In order to help the mother and child, the existing laws and government schemes have to be modified. The following changes should be made in the Maternity Benefit Act.



Concessions and Services

Organised sector

Laws

- Maternity leave of 4 months should be provided, calculated from the day of the birth of the child. Any leave taken 2 to 4 weeks prior to delivery should be treated as pregnancy leave. If necessary, leave with half salary can be provided if the period of rest needs to be extended over and above the stipulated period.
- The two breaks should be increased to 40 minutes each (20 minutes for breastfeeding and 20 minutes for travelling), until the child is one year of age. Once women return to work, if need be space / facilities should be provided at the workplace for the women to breastfeed.

Services

- Crèche laws apply only to these organisations where twenty or more women are employed. Many employers escape from this law by employing less than the required number. The law should be amended taking into consideration the total number and age of children of all employees irrespective of sex..

Unorganised sector

Schemes

Schemes would be more beneficial to these women than laws. The nutrition programme reaches mothers directly. Cash support indirectly helps mothers by relieving them of financial stress and increasing their period of rest. A few changes are necessary in the cash benefit scheme.

- **The Amount**

The current aid amount of Rs.500/- which is being given is too meagre for a mother to survive on for a period of 4 or 5 months. The basis for calculating the aid itself should be modified. It should be based on the minimum daily wage of Rs.20/- per day for 20 days a month and increased to Rs.1600, taking into consideration rest needed for a period of 4 months.

- **Eligibility**

The criterion of a maximum of 2 children should be removed for availing this scheme. Women alone are not responsible for decisions regarding pregnancy and the number of children. Further every child has got the right to its mother's love, care and breastmilk and no human life should be denied the access to healthy living.

- **Maternity and Childcare Fund**

A sum should be collected from all employers by the Government to set up a Maternity and Childcare Fund. It should be utilised for setting up crèches or organising other childcare services according to the local needs and situation. Tax relief could be given to employers for setting up crèches for the children of their employees.

- **Implementation**

If these schemes have to reach the illiterate and uneducated women the lacunae in their implementation should be removed. The production of income certificates, corruption and having to make several trips to meet the concerned officials have to be completely eliminated.

- **Local bodies**

The implementation of maternity and childcare policies and schemes should come under the purview of the Panchayats and Nagarpalikas. Since women constitute one third of these bodies, there are greater chances of these issues being paid attention.

Support by Employers



Concessions and Services

Leave benefits

Employers of women in the organised sector can grant 4 months of leave on human considerations, even though only 3 months are stipulated by law. Flexibility in working conditions can be offered such as

- Examples
- part time employment
 - flexible working hours
 - home-based work
 - sharing of work in the office
 - extended leave

Providing paternity leave is also a good example of support for childcare. By sanctioning such a leave the Voluntary Health Association has acted as a trail blazer in providing childcare services.

Services

Women who go back to paid work after the expiry of maternity leave need support for childcare. Whether they are in nuclear families or live under conditions in which their families are not able to help, these women need crèches to take care of their children while at work.

While the employers may have neither the skill nor the resources to run crèches, the workplace could have some basic facilities for childcare. Common crèches run by a group of employers can be promoted. Donations could also be made if the government sets up a Maternity and Childcare Fund.

Role of Communication Media

The previous pages contained information on the changes needed at the family and social level to promote the welfare of mother and children. However the needed changes do not conform to the traditional social values with regard to women's /men's involvement in childcare. Therefore unless there is basic social transformation, implementation of these suggestions would be very difficult. The T.V. and radio play an important role in shaping and influencing public opinion. So programmes which highlight the involvement of men in household work as against the traditional male oriented concepts should be produced and broadcast.



Communication

Broadcasts should also include issues relating to rest and maternity leave in a changed social order, need for day-care centres for children and the basic facilities that they should have. Messages on equal role and rights for men and women and breastfeeding support can be popularised by well-known personalities. Further, the broadcast / telecast should contain information on the rights of women, the role of health care workers, employees and Government in supporting maternity and breastfeeding. Dailies and magazines should carry essays, letters and editorial information on these issues.

You too can take part in spreading these messages. There are several strategies such as

- music and drama
- cultural programmes
- seminars
- stories, poems, essays
- processions
- public functions
- exhibitions

These strategies could be utilised to carry out a massive education campaign

Which of these can you participate in?

Empowering Women to Breastfeed

A one-day training programme

MORNING SESSIONS

9-1 P.M.

I

Theme Introduction

Objective

Introducing the importance of this topic and problems faced by mothers

Methods

- The trainer to speak on the issues contained in the first two chapters of the manual.
- Pictures/ Flash Cards on these themes can be shown.
- After the introduction, there should be a general discussion to discuss queries and doubts raised by the participants.

Time

(30 - 40 Minutes)

Trainer introduction - 20 minutes

Floor discussion / questions 20 minutes

II

Breastfeeding

Objective

To discuss various economic, social, mental and family pressures that hinder successful breastfeeding.

Methods

- The case studies in pages 12-14 of the manual should be xeroxed and circulated to the participants (Before the participants read the handout the first half of the film "Anguish" depicting the lacunae to breastfeeding can be shown)
- After reading, the participants should divide themselves into groups of 4-7 and discuss the issues raised by the case-studies in details. The problems outlined in the video can also be included.
- Information contained under the heading "Do you know?" in the yellow pages (central section of the manual) should be distributed and discussed.

- Participants can also be encouraged to talk about personal experiences.
- At the end of group discussion, the group representative should summarise the views of the respective groups. These should be listed out on a blackboard. At this stage, the information that has been left out can be brought to the attention of the participants by the trainer.

Time

(65 - 75 Minutes)

Video - 20 minutes, reading of case studies - 15 minutes, group discussions - 20 mts. consolidation of views presented - 20 mts.

III**Existing support services****Objective**

To discuss existing support services / schemes / laws for lactating mothers.

Methods

- The participants should be divided into two groups and given pages 16-19 of the manual containing information on the existing services.
- One group could discuss the laws and the other schemes. The "Do you know" section already distributed can also be used here.
- After the discussion, the views expressed by the group representatives should be listed out in the blackboard by the trainer. The ideas aired in the common discussion should also be included.

Time

(65 - 75 Minutes)

Group discussion - 20 minutes, Presentation by groups - 30 mts.
Open discussion - 15 minutes.,

Lunch**1-2 Hours**

Afternoon sessions

2-4 Hours

IV

Empowering women to breastfeed

Objective

To discuss overcoming problems in breastfeeding and ways and means to promote continuous breastfeeding.

Methods

- The other half of the video film "Anguish" can be shown and in the ensuing discussion those who can provide support to mothers should be identified. The 5 categories of support given in the 5th chapter can be listed out on the blackboard.
- The participants should be divided into 5 groups and each should discuss in detail the role of any one category.
- Views expressed on the type of support by each group could be written in coloured ink on a chart paper.
- With the aid of the chart paper each group representative should express the groups views. In the discussion that follows, the trainer can include the messages that are left out.

Time

(65 - 75 Minutes)

Video - 10 minutes, general discussion 10 minutes, small group - 20 minutes, sharing of views - 30 minutes.

V

Valedictory

Objective

To recall the issues discussed in the training and decide the type of action that can be initiated individually by the participants.

Methods

- The trainer could help to recall the three important things - impediments to breastfeeding - support services - how to empower
- Participants could be asked to list out on a piece of paper what they can individually do to address the problem.
- Depending on the time available, each participant can be asked to speak for one minute. They can also talk about what they have learnt in this exercise.
- At the time of leaving, handouts of portion of manual containing useful information for the participants can be distributed

Time

(30 - 45 Minutes)

Recall - 10 minutes, decisions of participants - 10 minutes, opinion on the training - 20 minutes

Communication Materials prepared on this subject

I. VIDEO FILMS

(1) *Anguish*

Interviews women in different walks of life to document the social, legal, economic and physical constraints to breastfeeding, especially among women working in the unorganised sector. Gives suggestions on the support needed by working mothers from families, the State, employers and society to ensure every child's birth right—mother's milk!

Time : 18 Minutes

Language : English / Tamil

Contact : Project ACCESS / M.S. Swaminathan Research Foundation

(2) *Women, Work and Childcare*

Documents the childcare problems of women working in the unorganised sector. The gap between the magnitude of need and the actual services, as well as some possible solutions are shown.

Time : 23 Minutes

Language : English / Tamil

Contact : Project ACCESS / M.S. Swaminathan Research Foundation

II. RESEARCH REPORTS

(1) *Balancing Multiple Roles*

A research study conducted in Tamil Nadu on 1000 women documents the childcare strategies adopted by women working in the unorganised sector.

Contact : Project ACCESS / M.S. Swaminathan Research Foundation

(2) *At What Cost?*

A research study conducted in Tamil Nadu on 1000 women documents the problems faced by women in combining breastfeeding with the triple burden of household work, childcare and economic work and the management strategies adopted by them.

Contact : Project ACCESS / M.S. Swaminathan Research Foundation

Breastfeeding – mother's right
Empowering – our duty