

# Breast-Feeding and Working Mothers

## Laws and Policies on Maternity and Child Care

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*Laws and policies which attempt to promote breast-feeding merely by placing restrictions on artificial feeding without simultaneously providing positive social support measures may be damaging to children besides being unfair and unjust to women. A radical change in perspective is needed which recognises that a woman's reproductive role is a form of 'social production' which needs social support.*

GREAT concern is currently being expressed about the trend towards decline in breast-feeding and its implications for the health and development of children. The efforts consequently being made to promote breast-feeding through social policy and new legislation, such as the Infant Milk Substitutes, Feeding Bottles and Infant Feeding Act (1992) tend to focus attention almost exclusively on the welfare of the child. However, keeping in mind women's dual roles as productive workers and citizens on the one hand and mothers on the other, it is necessary to raise certain issues related to working mothers and the law in order to take a more comprehensive and balanced view of the needs of both women and children. This becomes even more important since some of the existing and proposed laws seem to be contradicting instead of complementing each other in seeking to attain common goals. It is also inadequate to consider laws alone. A holistic perspective must take account not only of laws (and rules under them) but also of government policies as expressed in schemes as well as prevailing work-place norms and conventions.

This paper is hence divided into three sections: (1) The rationale for an approach to the issues related to working mothers, breast-feeding and the law; (2) Review of prevailing laws and policies and their implementation; and (3) Proposals for comprehensive legislation and policies.

### I The Rationale

Considering the issues from the standpoint of the welfare, health and development of both women and children, and in the light of women's productive responsibilities as workers, the basic argument adopted here is that of all laws and policies affecting the working mother in relation to breast-feeding, those concerning maternity leave and benefits are of primary significance, those relating to creches for working mothers are secondary, while yet another set of other laws and policies can be considered as tertiary support systems. Before taking up the analysis of the prevailing laws and policies

from this perspective, we outline the underlying rationale for this argument.

Current medical opinion holds that exclusive breast-feeding is essential for the child for the first four months of life, with supplementary feeding ideally being started at four months. Continued breast-feeding is recommended during the period of weaning for several months thereafter. If the main concern is to find ways of allowing the mother to remain constantly available to the child during the first four months of life, it makes sense to begin by considering maternity leave and benefits as the primary instrument to assist working women.

There is some divergence of opinion about how long breast-feeding should continue, some specialists being in favour of continuing till the child is two years of age. There are also strong arguments supporting the hypothesis that prolonged breast-feeding reduces the chances of conception and hence contributes towards spacing of births. These controversies however do not affect the position as regards the first four months about which there is near unanimity.

Studies which provide the following kinds of evidence need serious consideration:

The volume of milk production in women during the first year does not vary much, but there is a definite variation with regard to the attainment of peak lactation. Amongst those women who may be termed 'early producers', the peak is attained at the end of the third month, while the 'late producers' reach the peak only after six months.

It has been found that working women in agricultural societies arrange for some kind of substitute feeding through caretakers in their absence during daytime and try to compensate by offering unrestricted suckling during the night [Helsing and King 1984]. This disrupted feeding pattern not only reduces lactation, which is responsive to demand and thus the total availability of breast milk to the child, but also increases the risk of diarrhoeal infection as a consequence of unhygienic substitute feeding, both factors contributing to malnutrition of the child [Population Reports 1984].

It has been found that amongst urban slum women in India many are unable to breast-feed the child exclusively for more than two months, their lactation failure being related to their own low levels of nutrition and health [Gopalan 1990].

These findings, which underline the need to provide the mother with adequate rest, nutrition and care during the first few months, also indicate the primary importance of maternity leave and benefits in this context.

Creches for children below six years form an essential support service for working mothers as well as a developmental service for children and hence require powerful advocacy. However, creches as support for breast-feeding are meaningful only under conditions which may be in practice difficult to meet, i.e. they must be: (a) close enough to the mother's work-place to be accessible for feeding throughout the day, and (b) competent to take care of infants during the first few months of life.

As far as the former is concerned, most women workers find it difficult to carry the child to the work place, especially if they have to travel long distances in urban areas. Besides, the environment at the work place may be unhealthy, hazardous or otherwise undesirable for infants. World-wide experience in the last 50 years has not found the work-place to be the best location for child care, being found satisfactory only in those cases where the work-place and the housing site coincide, as in the case of institutional campuses, large construction sites, and workers' housing colonies. Even the socialist countries which have pioneered the work-place creche are gradually moving towards creches in residential areas.

As far as the second condition is concerned, it must be noted that the youngest infants, for whom breast-feeding is relevant, are also the most vulnerable and risky to care for, and creches find it difficult to manage them except in very favourable circumstances. In general, the tendency is to concentrate on children older than one year of age, some countries even going so far as to lay down the minimum age for admission to the creche. Even in Vietnam, which has the most

extensive coverage of young children (0-3 years) in creches, it is comparatively rare to find infants below eight months of age in the creche. The creche seen merely as an aid to breast-feeding must therefore be considered only as a secondary support.

Tertiary support systems are needed, which have yet to evolve, including such elements as part-time work, take-home work, flexi-time, and shift work for mothers in the first year after childbirth, and extended parental or family leave later on.

## II

### The Review

Who are working mothers and how many? Census figures and estimates by various agencies [*Shram Shakti* 1988] indicate that there may be about 10 crores of working women in India, many of them below the poverty line. Estimates based on Census data [Swaminathan 1991] indicate that there may be at least two crores working mothers of young children (aged 0-6 years) whose 4.5 crores young children are in need of day-care. It is not possible to state how many of these children are infants (0-1 years) who need breast-feeding, but clearly the number would run into several millions, perhaps a crore, and concern several million working mothers. Most such working mothers of young children work out of economic necessity, which is made more imperative by the high incidents of female-headed families among the poor.

To whom do the laws apply? In general, it is found that laws and statutory welfare provisions do not affect all categories of women uniformly but are applicable only to workers in the organised sector and in establishments of over a specified size. Self-employed, contract workers, those in small establishments may find themselves outside the scope of these laws.

It is estimated [*Shram Shakti* 1988] that 89 per cent of all working women are in the informal sector and only 11 per cent in the organised sector. It is difficult to draw the line between the two, though size of establishment and self-employment are two criteria which can be used to make distinctions. Thus, the majority of women in agriculture, construction, forestry, fisheries, dairying, and handicrafts may be self-employed, or work in small establishments, or as contract workers, and may be said to be in the unorganised or informal sector, women working in mines, factories, plantations, transport, utilities, etc, may be said to be in the organised sector. However, the agriculture sector includes large force of wage labour, more than 50 per cent of whom are women, while women working in shops, offices, schools, hospitals, welfare institu-

tions, etc, in the category 'services and professions' can be found in both groups.

Several laws and service rules, government policies and schemes, as well as norms and conventions affect the opportunity of working women to breast-feed their children. However, the only law which addresses the issue directly is the Maternity Benefits Act (1961).

(1) The act applies to women working in establishments employing 10 or more persons (including mines, factories, plantations, offices, shops, circuses) that is, it applies to practically all women in the organised sector.

(2) 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 absence from work not exceeding three months (six weeks immediately preceding and including the day of delivery and for the six weeks immediately following that day). This obviously restricts the period of exclusive breast-feeding of the infant to six weeks.

(3) 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 only to extend the period of breast-feeding.

(4) 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 creche is not attached to the work-place she can take not less than five or not more than 15 minutes time for travel. This assumes that the mother has access to a creche or some other facility near enough for her to avail of the nursing breaks.

It is evident that the present laws and conventions regarding maternity leave and benefits are not supportive to the breast-feeding mother, either quantitatively or qualitatively. To begin with, the law leaves out, for the basic purpose of maternity leave, the vast majority of women in the unorganised sector including home-based workers, self-employed, contract workers, etc, as well as sets slip many who work in small establishments in the organised sector. And secondly, the provision regarding nursing breaks can become operative only for a minuscule number, as will be seen below.

Qualitatively, the law practically debar healthy mothers from exclusively breast-feeding their infants for more than six weeks and more or less compels them to resort to supplementary milk foods, thus running counter to the intention of the new bill for the regulation of infant foods and breast milk substitutes.

Creches are statutorily provided to women working in mines, factories and plantations (under the Mines Act, the Factories Act, and the Plantations Act) and also to contract labour and inter-state migrant labour (under the Contract Labour Act and the Inter-State Migrant Workers Act). But even this statutory obligation only applies to establishments where more than a specified minimum number of women usually 30, are employed (except in the case of mines). There is no statutory provision for women in the services and professions, who hence have to depend on creches in the voluntary and private sectors.

Creches to support women in the unorganised sector are sought to be promoted by the Scheme of Assistance for Creches for Children of Working/Ailing Mothers, a central government scheme which offers financial assistance to voluntary agencies to run creches for children aged 0-6 years of working women below the poverty line

In quantitative terms, the present laws and policies regarding creches leave out the majority of working women in the unorganised sector and their children.

In qualitative terms, it may be noted that the funding pattern of the scheme for creches makes it very difficult for NGOs, without additional resources to run creches as a satisfactory day-care service, judged in terms of meeting the needs of the mother or in terms of promoting the all-round development of the child [Swaminathan 1985].

As far as implementation is concerned, the available evidence (Appendix I) indicates that: (a) the provision of creches is highly inadequate in relation to the total number of working women and their children aged 0-6, (b) very few creches keep infants (0-2 years) especially those young enough to need breast-feeding, and (c) only a very small number of creches are located at work-places.

The work-place creche as a support to breast-feeding is not at present an option for the great majority of working women in our country. Under prevailing conditions, it may be unrealistic to expect infants below 6-8 months to be kept in creches at the work-site and only a few mothers may be willing to utilise them.

It is interesting to compare our laws and policies with those of other countries. In the developing world most countries are in a position similar to ours, still bound by the shackles of the colonial past. The outstanding exceptions are the socialist countries. Most countries of the industrialised world have evolved more protective laws and policies for mothers and children, with the lead again being taken by the socialist countries (Appendix II).

### III The Proposals

A radical change of perspective is needed which recognises that woman's reproductive role is a form of 'social production' that is, time spent on maternity is not to be seen merely as 'absence' from economically productive work, but as 'presence' in the socially and economically productive work of rearing the next generation, or in building human capital or human resource development. From this standpoint, a woman who is fulfilling the double roles of production and reproduction simultaneously (the working mother) needs social support from several sources, namely, the family, society (in the sense of community), the state and the employer. And it is only in relation to the last two categories, namely, state and employer, that the law can play a significant role.

Laws and policies which attempt to promote breast-feeding merely by restrictions on artificial feeding without simultaneously providing positive social support measures may be damaging to children besides being unfair and unjust to women. By limiting women's options and forcing women to make painful choices between child and work, such an approach places the burden of both choice and guilt on individual women, denying social responsibility for mother and child.

To genuinely promote the health and welfare of both mothers and children, there is need for comprehensive legislation and policies which will consider maternity and child-care services jointly, since pregnancy, childbirth, lactation, infant care and day-care form a continuum of needs. Such a perspective should concern itself with mothers and children for the entire period from pregnancy up to the time the child reaches the school-going age, with varying responses to each stage.

#### MATERNITY BENEFITS ACT

The single-most important step from the point of view of breast-feeding is the amendment of the Maternity Benefits Act along lines more sensitive to the needs of mother and child. The following suggestions attempt to tackle the problem directly:

(1) Maternity leave as such should be calculated from the day of childbirth 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 during the final stages of pregnancy from two to four weeks may be taken, as medically advised, and should be treated on par with medical leave. This

leave should not be deducted from 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 rule should be applicable (a) when there is a creche facility, statutory or otherwise, at or near work-place, defined as ten minutes travel time each way; and (b) when there is any arrangement, individual or organised, by which the mother can go to the child or the child be brought to the mother within this time period. In the latter case, nursing space should also be provided.

It is understood that maternity leave of four months has already been introduced in the states of Haryana, Punjab and West Bengal.

In addition to legislation, supportive practices like part-time work, take-home work, and shift work in the first year after childbirth and extended parental or family leave later on should first be tried out as schemes or optionals, so that they can later be integrated into the system through law.

Creches and child care services are an essential facility for the children of working mothers both as support service for working women and as a strategy for the protection, care and healthy all-round development of young children. Even though creches may play only a limited role as far as breast-feeding alone is concerned, laws and policies for maternity and child care must be considered as a whole. It is therefore suggested that: (1) Contributions towards the provision of creche and child care facilities be made compulsory for all employers under the Shops and Establishments Act. This will bring many more women employed in services and professions under the purview of protective legislation.

(2) The existing rules be amended so that the statutory obligation to provide creche facilities may be fulfilled not only by each employer maintaining a creche but also by groups of employers coming together to jointly finance and maintain common creches and by creches financed by employers' contributions but managed by appropriate agencies, either governmental or non-governmental.

An example of such legislation is the recent amendment to the rules under the Factories Act in Tamil Nadu. While an example of support policy is the scheme being introduced by the ministry of labour, government of India providing training and financial incentives to groups of employers on industrial estates who are

willing to run common creches, either by themselves or by funding appropriate voluntary agencies.

From the experience so far, it is clear that such 'enabling' legislation can be translated into reality only with the help of further supportive laws, policies and schemes. Such support can be provided through setting up a National Child Care Fund as an autonomous or statutory body, exclusively for the purpose of funding, monitoring and supervising child care services for the children of women workers.

Suggestions for a National Child Care Fund drawing on contributions from employers, state, parents and donations (with tax relief) from the public, and devoted exclusively to the financing of creches and day-care for all children who need it have been made in *Shram Shakti* (1988). This document also includes detailed suggestions for setting up a national network of child care services.

It must be recognised that such protective welfare legislation and policies will first become available to women workers in the organised sector, who are not only a small minority of all women workers, but also already more privileged and more affluent than their sisters in the informal sector. In the present stage, this is inevitable. Studies have found serious and disturbing decline in breast-feeding among urban women in services and professions belong to the middle and lower-middle classes. Hence, though the urban service-sector working women may be numerically far fewer than women in the unorganised sector, they deserve serious attention from the point of view of promotion of breast-feeding.

But there are ways in which these benefits can be extended step by step to the unorganised sector. Two main approaches can be followed: (1) Extending statutory benefits to other categories of workers through occupation-specific legislation such as Bidi and Cigar Workers Act, and through proposed new legislation such as Construction Labour Bill, the Agricultural Workers Bill and the Karnataka Rural Development, Employment Generation and Employment Guarantee Bill. (2) Developing maternity and child care schemes as part of a social security network for women and children. Examples of both approaches already exist: The Employment Guarantee Act (Maharashtra) which provides maternity benefits to women working in projects covered by the act and the Maternity Benefit Scheme of Tamil Nadu and Maternal Protection Scheme of Gujarat which provide some financial help to women below the poverty line.

It must be recognised that such legislation is likely to meet with considerable

resistance from employers. Further, women workers themselves and women's organisations may be opposed to it, fearing adverse consequences on women's employment and discrimination against women. Trade unions, who have in the past been lukewarm to women's issues, may also be unlikely to offer support. Hence a widespread, active and sustained campaign of public education must precede and follow the enactment of any such laws in order to contain the possible damage to women's advancement and to promote and advance the cause of women and children.

## Appendix I

### Creches and Day-Care Services

According to government of India (Programme of Action NPE 1992, Ministry of Human Resources Development) there were 12,470 creches in 1991-92 serving about three lakh children. These figures, which include both statutory and voluntary creches, do not specify the numbers of children in each group, nor the number of working mothers. Another estimate [Swaminathan 1991] indicates that about 2.5 lakh children are found in 10,000 creches in the voluntary sector and only about 50,000 children are in creches in the statutory sector. No specific information is available about the numbers of children in the age groups 0-2 years and 2-6 years in either sector.

In the statutory sector alone, it is estimated that three lakh 'entitled' women (with six and a half lakh young children) are covered by the existing laws. Thus the number of statutory creches is very inadequate in relation to the number of children involved. Still worse, they are often found more in name than in actuality, especially in relation to mines, factories, and contract labour, though there are some outstanding exceptions among industrial creches. The best record as far as provision for infants close to the mothers' place of work is concerned, is in the plantation sector in South India [Swaminathan 1985].

Many or most of the creches in the voluntary sector have the following characteristics [Swaminathan 1985]: (a) they do not operate for the whole day nor do their timings coincide with the working hours of mothers; (b) they usually do not cater to children below two years of age; and (c) they are not located in close proximity to mothers' work-places.

The largest Indian child care programme, Integrated Child Development Services, has no day-care component except in Tamil Nadu and Kerala [Swaminathan 1990] nor does it provide custodial care even for short periods to children below two years. Creches run by municipal and local authorities exist in some places, but the number is too low to be of significance. There is no estimate of the number of creches in the private sector, or of children/mothers availing of their services. Little is known about the nature of services for infants in private creches, either, with the exception of a few micro studies [Nakhate-Datta 1987]. Available information

indicates that they are more likely to be found in residential areas than near the work-place.

## Appendix II

### Comparative Review of Laws and Policies Relating to Maternity and Child Care

A compilation by ILO of legislation and policies regarding pregnancy, maternity, infant feeding and marketing of breast milk substitutes in 135 countries provided the data base for this overview. Sharp contrasts can be observed between the practices of the socialist (present and former) and market-oriented countries, as well as a growing divergence in trends between the industrialised countries, where employment is preponderantly in the organised sector and the developing countries, where the informal sector predominates. This review will consider the data for the developing and industrialised countries in turn.

The countries of the developing world can be categorised into four groups, on the basis of the practices followed in this regard.

(1) Standard practice: The majority of countries in the developing world provide three months (or 12 weeks) of maternity leave, most frequently divided up into six weeks before and six weeks after childbirth. This group includes India, and most of the market-oriented countries as well as a few socialist countries—Brazil, Jamaica, Peru, Mexico and several other large countries in Latin America and the Caribbean, other south Asian countries, most of the African and Arab countries and several other Asian countries fall into this group. In almost all maternity benefit is at 100 per cent of wages with protection against dismissal during maternity leave. However, a few countries provide much less—Argentina, Ecuador, Iraq and some other Arab countries like Kenya, Mozambique, the Philippines, Sudan, Uganda, Singapore and Thailand.

(2) Increased emphasis on post-natal period. Some of these countries have begun to recognise the importance of providing more leave in the post-natal than in the pre-natal period and have divided up the 12 weeks leave in different ways, for example, Indonesia, Madagascar, Nicaragua, Trinidad and Tobago, (4 weeks before and 8 weeks after childbirth); Haiti (4 weeks before, 6 weeks after and 2 weeks either before or after, at mother's choice); and Sri Lanka (2 weeks before and 10 weeks after).

(3) Extension of post-natal leave: Only a handful of countries have taken steps to provide full three months maternity leave during the post-natal period. These include: Costa Rica (4 weeks before and 12 weeks after); Chile and Cuba (6 weeks before and 12 weeks after); Egypt (12 weeks after, pre-natal not specified); and Niger (2 weeks before and 12 weeks after).

(4) Socialist practice: While most of the socialist countries in the developing world (such as Cuba, Ethiopia, Nicaragua) fall into the above three categories, China and Vietnam are outstanding in their different approach to maternity and child care. In China, maternity leave ranges from six to 12 months, but at less

than full wage; and it is reported that many mothers prefer to return to work earlier in order to earn the full wage. In Vietnam, maternity leave is provided for four months after birth. Details about the extent of benefit and pre-natal leave, etc, are not available at the time of writing. In both countries there is an extensive network of creche and child care centres.

The significance of the facts outlined above can be appreciated in the context of the following observations: (1) In most of the developing world, the majority of women are working in the informal or unorganised sector, and hence the type of provisions described above would apply to only a minority, more specifically to those working in government and in large public and private sector concerns. (2) Most of these countries (several of which are ex-colonies) have borrowed their legislation from the industrialised countries, and few have made serious efforts to develop new laws more appropriate to their own economies. (3) Several are now making adaptations, mostly by providing for extension of leave beyond the period statutorily provided, for varying periods, and at varying levels of benefit. This is the most encouraging approach so far and the one most commonly being adopted. (4) In many of these countries, legislation regarding creches and nursing breaks has also been borrowed from industrialised countries, and hence creches and nursing breaks are legally required in units employing more than a certain number of women. However, creches are very little developed in most of these countries and where they do exist, they are not observed to meet the needs of infants. (5) It is surprising that most of the socialist countries in the developing world are not much in advance of others in this respect, in spite of the importance theoretically attached by them to women's liberation and participation in the workforce. In China, maternity provision must be seen in the light of the emphasis on the one-child-family norm. Also, it must be noted that actual implementation is more likely among government cadres and public workers, and in urban areas and large establishments. There is evidence that child care provisions have been rapidly eroded in the last decade.

The industrialised countries can also be grouped into four categories in terms of provision for maternity and child care. All of the socialist countries provide for fairly long periods of maternity leave at full pay, with job security and provision for extension of leave, as well as work-place nurseries and creches, e.g. Bulgaria (4 months post-natal with possible extensions for first child and more for subsequent children); Czechoslovakia (22 weeks post-natal for first child with possible extensions and more for subsequent children; also additional for single mothers); Hungary (20 weeks with not more than nine weeks of these pre-natal, and possible further extensions); Poland (16 weeks for first child and more for subsequent children); Romania (14 weeks of which at least seven must be post-natal); USSR (former) (18 months post-natal); Yugoslavia (6-12 months post-natal with possibility of half-time work up

to two years). These findings relate to the pre-1989 period, and in the light of the sweeping political developments of the last three years and fundamental changes taking place in the former socialist economies, it is not yet clear how these provisions will be or have already been altered.

Scandinavian countries, which have the highest per capita incomes in the world and a long history of welfare-oriented socialist governments, provide long maternity leave but at less than full wage and have of late moved to providing parental leave which can be taken by either parent. E.g. Denmark (20 weeks post-natal, 10 of which may be taken by either parent, with further parental leave up to two years); Finland (35 weeks post-natal, 2 of which may be taken by either parent, with supplementary unpaid leave up to one year); Norway (18 weeks, up to 6 of which may be pre-natal, 12 of the total may be taken by either parent, supplementary unpaid leave available); and Sweden (84 weeks, most of it available to either parent).

Western European countries which form part of the EEC have wide variations among them, with western Europe setting the pace. Most pay less than full wages during the leave period. Examples: France (16 weeks with additional for breast-feeding mothers); Germany (26 weeks, and up to 3 years parental leave); and Italy (48 weeks with up to 26 weeks parental leave, and supplementary leave for 6 months).

Anglo-American countries which include Britain, Canada, Australia, New Zealand and the US, have the least favourable provisions in the developed world, with the US undoubtedly at the bottom. Australia (from 6 weeks up to one year, but mostly unpaid); Canada (37 weeks at 60 per cent pay for Federal government employees, unpaid leave only for provincial and local government employees, and 15 weeks in the private sector); New Zealand (26 weeks, at least 20 after birth, at allowances equal to sickness benefit); UK (44 weeks starting at 90 per cent wages for the first 6 weeks, with levels of benefit declining over the period); and the US (no maternity policy as such, left to private arrangements and usually based on earned leave. In some states, provision available as pregnancy disability). In the US, job protection is available only to a limited extent under the Pregnancy Discrimination Act, elsewhere, jobs are protected.

The laws in these countries have evolved over a period of time, as an expression of basic social philosophies and in response to social movements; in western Europe and Scandinavia, maternity and child care policy has to be seen in the context of dwindling family size and official population policy promoting a higher birth rate, universality of nuclear families as well as increasing incidence of single-parent families, and influence of powerful labour and women's movements in shaping social policy. In consequence, it can be observed that there is a substantial provision for creches and child care facilities. A relationship can also be found between the concept of extended parental leave and the minimum age of entry to child care centres, legally or conventionally defined.

In the socialist countries, the policy of liberal maternity benefits and extensive provision for creches and child care services has been a basic plank of social policy since the Communist Revolution, and was an expression of the socialist commitment to the liberation of women and to the active participation of women in economic, political and social life. The kind of changes likely to take place in the former socialist countries are as yet unclear. Sadly, the Anglo-American tradition, which gives least importance to state intervention for the protection of mother and child, and leaves everything to market forces, is the one which seems to have been the model for most of the developing countries.

[This article is based on work done by TN FORCES for the National Commission on Women.]

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## DISCUSSION

### Subsidies in Higher Education

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TILAK (1993) in his criticism of the analysis of subsidies in higher education contained in my paper [Rao 1992] raises three questions, namely, (i) what is the cost recovery rate? (ii) what should be the cost recovery rate? and (iii) how should it be achieved? In his view, the recovery rate estimated in Rao-Mundle (1992) is an underestimate; the suggestion made in Rao's paper to charge economic prices is not based on sound principles of public finance; and the method recommended to effect higher recoveries is inappropriate. Debate on these questions is most welcome. If nothing else, it at least calls attention to the misallocation of public resources within education. However, Tilak's comments are merely assertions, not based on any logical reasoning. Nor does he show much awareness of the conceptual framework employed in the studies on subsidies to which he has referred to. However, in order to ensure that readers are not misled, some clarification on the data sources and the conceptual and methodological framework employed in my paper is necessary.

Tilak's main argument relates to the estimate of cost recoveries. He asserts that the concept of recovery rates is not explained anywhere in my study and that the budgetary data used to estimate cost recoveries are less reliable than the data

put out by the department of education of the ministry of human resource development. It is argued that the estimate of cost recovery computed on the basis of the latter source is appreciably higher than my estimate. Tilak, however, does not provide any argument for rejecting the budgetary data in favour of the data published by the education department. He merely asserts that he 'considers' the latter to be more reliable. He states (p 246), "Even though I cannot explain the huge difference between the department of education data and the data given in the finance accounts, I feel that the former are more reliable and appropriate for such an analysis than the latter" This is hardly a basis for rejecting an alternative data source in any scientific research. While there is always room for improvement in most data sources, it is preposterous for anyone to claim that the data on actual receipts and expenditures of government departments presented to the state legislatures and audited by the comptroller and auditor general is, for unstated reasons, less reliable than the information compiled from the state education directorates by the human resource development ministry. Not is it proper to discard one data source when the difference between the data sources are not understood.