

# WOMEN, WORK AND BREASTFEEDING

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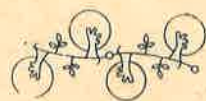
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# **WOMEN, WORK AND BREASTFEEDING**

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## ABSTRACT

The relationship between the declining trend in the rate of breastfeeding and the triple roles of women -- namely, childbearing / rearing, housekeeping and economic activities is analysed. Working women are classified as those who work either outside or within the home for monetary gain. With Census data as the base, the numbers of working mothers and children (0-2 years) involved in breastfeeding are roughly estimated.

Workforce participation rate of women has increased, along with increased marginalisation and casualisation of female labour. Increased male migration to urban areas has resulted in female dependent families. Women's entry into the tertiary and non-traditional sectors of economy and the link between increased literacy and declining fertility is also discussed. Information about trends in breastfeeding are reviewed and conflicting role demands discussed. More research is needed on the energy demands of the working mother, lactation output and child nutrition. Case studies at micro-level and disaggregated data for various classes of women are required to understand trends in breastfeeding.

There are nine major Acts that attempt to provide legislative support for breastfeeding and creches. The scope, duration, implementation, strengths and weaknesses of maternity legislation are discussed. Seven major schemes of which four provide cash support, two nutritional support and one creche services, are analysed. The provision, scope, implementation and weaknesses of creche laws and schemes providing child care services are discussed.

The socio-economic niches of working women and the nature and kind of support (legislative and programme) required for breastfeeding are outlined. Amendments in some Acts, in the short-term, and a long-term comprehensive code are proposed. Qualitative improvement in the existing schemes, development of minimum standards, innovative models and incentives for group services are also outlined. A proposal for a Maternity and Child Care Fund and a formal structure for the implementation and management of finances / programmes are suggested. Efforts to increase public awareness and social action are also recommended.

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# WOMEN ,WORK AND BREASTFEEDING

## PART I

### INTERRELATION OF WOMEN'S WORK AND BREASTFEEDING

The issues raised by women's need to combine breastfeeding with working are as old as humanity itself. However, they are now being given increased attention, due to increasing awareness and concern about recent declining trends in the rate of breastfeeding and its negative impact on the child. It has been customary to speak of woman's double burden, considering her two roles as home-maker and worker. Seldom are her triple roles recognised. Yet the need to carry three distinct responsibilities--of child-bearing and child-rearing, (which cannot be postponed or ignored) of the inevitable housekeeping and home-making and of economic activity which cannot be foregone, has a direct bearing on the well-being of woman and indeed of the entire family.

#### Concept and Definitions

The period of child-bearing and child-rearing forms only a small part of the entire life cycle of women, about 1/3 of her working life or even less, depending on the size of the family. However, the reproductive period coincides with the most productive period in the female life cycle, with implications for both the family and the economy. The strategies/options exercised by women and families in order to combine both tasks will vary from one socio-economic and cultural group to another depending upon factors such as type of family, number of children, education, employment opportunities, the macro-economic situation and legislation at both national / local levels.

The period of breastfeeding itself, starting immediately after the birth of the child upto two years of age, can be broadly divided into two parts:

- a. the period of exclusive breastfeeding upto 4 - 6 months of age
- b. partial breastfeeding upto 2 years of age

During this time it is essential for the mother to remain easily and constantly accessible to the child. So, while child care can be delegated to others to a certain extent, delegaion obviously has its limitations during the period of breastfeeding. The options for a nursing mother are hence more limited.

Viewed from the context of both energy output and economic contribution, all women can be considered to be working women--whether it is unpaid household work that they are engaged in or paid work within / outside the home. However from the standpoint of breastfeeding, there is a need to separate work done outside the home, from work (household as well as home-based production/self employment) within the home. The underlying assumption is that if other conditions remain undisturbed, (such as mothers' health, lactation etc.) work outside the home which involves physical separation of the mother and the child would be an obstacle to satisfactory breastfeeding, while work done at home could be easily combined with breastfeeding.

However, though women at home may have sufficient time to breastfeed, it cannot be assumed always that "other conditions remain the same." The varying energy demands on the mother who does manual labour within the home and the one who is engaged purely in household work may affect lactation output. In the absence of accurate information on these aspects at the moment, the issue can only be raised for

further study. (Ramachandran, 1989)

Working women may be classified for this purpose as those who work either outside or within the home for monetary/economy gain.

In order to clarify the relationships between women's work and breastfeeding, it is necessary to categorize women's work, estimate the numbers involved, and the numbers likely to be in the breastfeeding group; to analyse the trends in women's employment and their likely consequences for breastfeeding; and to study trends in breastfeeding in this context..

### **Women's Employment**

The two main sources of information regarding women's employment are the Census data and National Sample Surveys. The 1981 census defines work as "Participation in any economically productive activity. Such participation may be physical or mental in nature". This definition includes work both within and outside the home. "A full-time worker is one who has worked for 183 days or more or for 6 months. A marginal worker is one who has worked for less than 183 days or 6 months."

Taking the 1981 Census definition of work as close to enough to that used in this paper, the employment figures indicated in the '81 Census will be used for purposes of estimation. However, the categorization of jobs in Census 1981 has been done in such a manner as to combine both organized and unorganized sectors and to disallow the disaggregation of data based on socio-economic status. It is understood that Census 1991 uses a different and broader definition of women's work. However, these figures are not yet available.

The distribution of working women in various categories is shown below in Table 1.  
(Census 1981)

**TABLE 1**  
**INDUSTRIAL DISTRIBUTION OF WOMEN WORKERS (15-49) IN '000 AND %**

Sl. No.	Job Category	Rural No. %	Urban No. %	Total No. %
	<b>TOTAL</b>	<b>44211</b>	<b>5020</b>	<b>49232</b>
1.	Cultivators	17918 40.52%	334 6.65%	18252 37.07%
2.	Agricultural Labourers	21097 47.72	826 16.45	21923 44.55
3.	Livestock, fishing forestry hunting and Plantation	744 1.68	96 1.91	840 1.71
4.	Mining and quarrying	123 0.28	26 0.51	149 0.30
5.	Manufacturing, processing, Servicing and repairs (household industry)	1646 3.72	581 11.57	2227 4.52
5b.	Manufacturing, processing, Servicing and repairs (other than household industry)	919 2.08	717 14.28	1636 3.32
6.	Construction	216 0.49	144 2.86	360 0.73
7.	Trade and Commerce	423 0.96	412 3.20	835 1.70
8.	Transport, Storage and communication	49 0.11	115 2.29	164 0.34
9.	Other services, including professions	1076 2.43	1769 35.23	2845 5.78

Based on these figures Swaminathan, (1985) states that women of child-bearing age (15-49) in the labour force were 49.23 million. Of these 85% were classified as "ever-married" women including those divorced, widowed or separated. It is this group, defined as the "working mothers" group in the workforce that numbered 41.86 million. As Census 1991 findings are not immediately available, the 1981 figures expanded by 12% may give a rough estimate of the present position.



e 1.

Swaminathan (1991) uses 4 different ratios to arrive at average estimate of the number of working mothers of young children and the number of children aged 0-6 years who are in need of day care. According to these ratios the range provided for working mothers is from 18 million to 22.7 millions (average 20.3) and that of children between 0-6 years is 42.2 million -- 57.2 million (average 47.4). Taking an arbitrary figure of 40%, children between 0-2 years would approximately number 18 million. However, it is left to demographers to provide more accurate and authoritative estimates. The above merely indicates the likely magnitude of the need.

### Employment Trends

Worker population ratio (WPR) or the work force participation rate is a broad indicator of the level of employment in the economy. The female work participation rate rose steadily between 1961 and 1983 in both rural and urban areas. This could partially be due to the changing age - composition over the two decades - that is, a decline in the proportion of children between 0-14 years and a corresponding increase in the adult population would lead to a natural increase in WPR (Hiraway and Unni, 1990).

Banerjee (1989) states that for this period there was a small increase in the percentage of main workers in total female population for both rural and urban areas. There was a marked increase in the ranks of marginal workers, and women outnumbered men as marginal workers in both rural and urban areas.

The increase in the number of rural women main workers was mostly in agriculture, with an increasing number of women becoming cultivators rather than agricultural labourers. There was a fairly close relationship between a faster than

Total No. %
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840 1.71
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average increase in the number of women cultivators and the extent of diversification of male occupations. (opcit). However, if we take into account that of the total wage labour in agriculture, more than 50% is accounted for by women, and that this trend is slowly increasing, it lends credibility to the concept of "feminization" of agricultural labour." The most serious setback for women was the general shrinkage of employment in traditional plantations where they had always played an important role.

National Sample Survey data of 27th, 32rd and 38th rounds show that among women, there is an increasing proportion of casual wage labour in the total labour force; much more so than for male labour. The share of casual labourers among female wage labour increased from 88.5% in 1972 - '73 to 92.1% in 1983 in rural areas and from 16.6% to 24.9% in urban areas. These trends indicate deterioration in the terms of employment of the female labour force as reflected by (a) more and more women shifting from self-employment to wage labour and (b) even among wage labour, the increasing share of casual labour. This increased marginalization implying unfavourable working conditions with practically minimum or no benefits either in terms of worker welfare or maternity benefits signals increasing poverty and insecurity among women, which has negative impact on the health and well-being of mothers and children.

On the whole, it can be said that the largest proportion of working women in India are in low-paying, unskilled and low-status jobs in the unorganized sector. Only 35% of urban working women and 6% of the total number of working women are in white collar "professions" and traditionally "respectable" occupations for women such as teachers, nurses etc.

## Factors influencing women's work and child care roles

The changing trends in women's employment such as increasing casualization of labour and lack of occupational diversification have to be seen in the social, economic and cultural context. Many complex inter-related factors affect both the nature of women's employment and women's role as mothers. (Fig. 1)

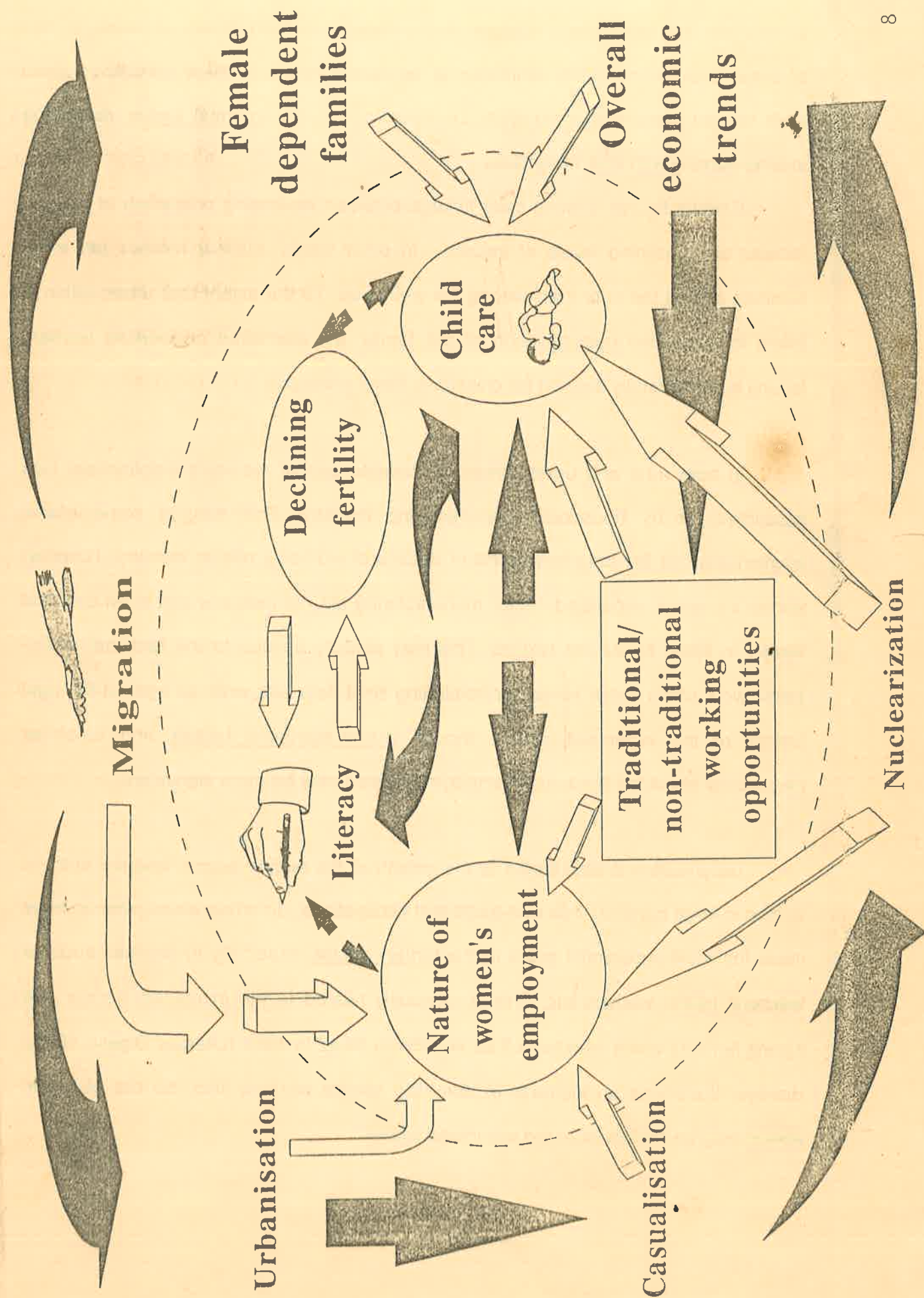
There was an increase in the rate of rural-urban migration between 1961-81. While marriage appeared to be the main cause for female migration, employment is cited as the main factor for male migration. (Census, 1981). While short distance migration, (i.e.) movement within the same district declined, interstate movements increased.

Women are less able to migrate long distances than men because of their other responsibilities - care of the young, elderly, homestead and animals. This relative immobility leads to an increase in the number of virtually female-dependent families, while at the same time forcing women into poverty, since employment opportunities are limited, and they have to do their men's work as well as fulfil domestic duties. The most poignant and publicised instance of this fairly widespread phenomenon is the so-called 2. "money-order" economy of the hill districts of the Himalayas.

Migration has also been a major cause of rapid urbanization. Urban population contained in cities and towns has nearly trebled since 1951. The growth is of the order of 346 and 197 respectively in 1981 taking 1951 as 100. (ibid). The average size of an urban unit almost doubled, from about 20,000 to 40,000 during the period 1951 - '81. Urbanisation is linked to the growth of the informal sector, as well



# WOMEN AND CHILD CARE RULES





as overcrowding, inadequate housing and sanitation, and the growth of slums, a third of urban populations being estimated to be slum-dwellers. These conditions again have obliged many women to enter the work force in the informal sector, combining income-earning with their other roles.

Census figures show a clear linkage between increasing proportion of nuclear families and declining levels of income. In other words, nuclear families are more common among the poor than among the well-to-do. To the extent that urbanisation is linked to increasing nuclearisation of the family, the pressures on working women, lacking informal family support for child care, have increased.

In both rural and urban areas, a sizeable part of women's employment was accounted for by household manufacturing industry. This has to some extent counterbalanced the long-term trend of decline of women's role in industry. However women's share in organized sector manufacturing did not increase and even declined steeply in some cases like textiles. This may partially be due to the fact that home-based work offers better scope for combining child care with work as against the rigid timings of the organized sector, though macro-economic factors and employer perceptions about the burdens of employing women may be more significant.

Urbanization is also linked to the growth of the tertiary sector, and the entry of women in large numbers into non-traditional occupations. In urban areas, women have made the most substantial gains in the tertiary sector, especially in services such as teachers, health workers etc. This is obviously related to the increased literacy rate among females which rose from 2.82 in 1951 to 39.42 in 1991 (Literacy Digest, 1991). However there was an increase in domestic service workers also. So not all urban women may be said to be in the organised sector.

Available data establishes firm links between the levels of women's education, declining fertility and entry into better paid employment. (Govt. of India, 1993) This translates into the observable fact that better-educated women tend to go into better-paid jobs while having fewer children. Observation suggests that two children are now the acceptable norm for the Indian middle-class family, especially the two-job family. For such women therefore, the time spent in child-bearing and rearing may be a very small proportion of their working life; yet it must not be forgotten that because of distant workplaces and fixed hours in their jobs it may be difficult for them to combine breastfeeding with work.

The marked difference in the proportion of women in the organized and unorganized sectors also gives rise to some speculation. The labour force in the unorganized sector, which has been engaged since time immemorial in traditional occupations such as agriculture, plantation, forestry, dairying and construction etc. found ways to combine work with breastfeeding, though not always with satisfactory results. However it is not clear as to how the increasing number of women in non-traditional occupation in the secondary and tertiary sectors which involve a rigid work schedule with fixed hours and often long distances away from home can cope with the combined demands of work and breastfeeding. In spite of improvements in literacy and education, which are important determinants of women's upward economic mobility into better paid jobs, the opportunity that flexible unrestrictive working schedules allow to combine child care with work may probably be a major reason for the phenomenon that 90% of the female work force continues to be in the unorganised sector.

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It is worth mentioning even at this point that the legislation and rules developed for the plantation industry, if properly implemented, offer female labour the best possible conditions in the organised sector for combining work with breastfeeding.

### Conflicting Role Demands on Women

Leslie (1981) reviewing 28 studies from 20 countries examines the relationship between women's work and infant feeding practices and concludes that "the simple fact of whether or not women are in the labour force is not a key determinant of infant feeding practices. In fact most studies showed remarkably similar patterns of infant feeding between employed and non-employed women".

These studies did not however probe the overall pattern of household resource management but focussed narrowly on the question of the time available for feeding children, particularly for breastfeeding. Women's work outside the home was seen as the main factor reducing such time, so much so that several studies grouped together women working at home and non-working women !

The fact that women's work may have positive as well as negative effects on child nutrition, through its impact on household income, has been recognised in another set of studies examining the relationship between women's work and the nutritional status of children, usually defined in terms of anthropometric growth measures. (Ibid) No consistent pattern emerged of either a negative or a positive relationship between women's work and child nutritional status.

However, the major weakness of these studies lie in the fact that they did not take into account that causality for the above phenomenon may run in both directions. A child's nutritional status, seasonality of employment opportunities, availability of support services, possibility of breastfeeding/child care while at work etc. may affect the mother's employment decisions just as much as a mother's work may affect the nutritional status of her child. Both are likely to be highly correlated with overall household income and health.

It is worthwhile to consider the experiences of the ex-Socialist-countries in this regard. Studies have established important links between women's employment, child care support services and fertility rate. Promotive legislation which enabled women to stay away from work for periods of up to one year soon after the birth of the child, along with other benefits such as sick leave to be availed in case of child's illness, creches etc. brought about a marked reduction in the fertility rate. (Bodrova and Anker, 1985). This evidence indicates that women's decisions regarding both employment and fertility are influenced/determined by the possibility of combining work with breastfeeding/child-care.

### **Trends in Breastfeeding**

A collaborative study undertaken by WHO (1981) to enquire into contemporary patterns of breast-feeding in various strata of society in selected parts of the world has shown that in India, breast-feeding at birth was of the order of 96 % in the urban upper and middle-income groups, 99 % among urban poor and 100 % in rural areas. (The usual reason for not breast-feeding among the remaining minuscule group of women was lack of milk or mother's illness). With regard to continuation of breast-feeding, among the urban upper-income group it had declined to not more than 50 % and 10 %



at 6 months and 12 months of age of the infants respectively. However, among the urban poor and rural groups constituting more than 80 % of the population, breastfeeding continued among 90 %, 75 %, and 65 % respectively at 6 months, 12 months and 18 months of age.

At first sight, this study indicates that the maximum decline in breastfeeding is among urban upper and middle-income groups, even to an alarming extent. However, it is not at all clear whether and how this decline is related to the work status and occupation of the women concerned, since no data on this aspect is available. On the other hand, Gopalan (1989) observes that in the urban slums of Calcutta there is a fast replacement of the breast by the bottle even before the infant has completed three months of age. The proportion of women resorting to bottle-feeding is much higher in Calcutta slums than in Bombay, in spite of the fact that in the former women initiate nursing much earlier than in the latter. While Gopalan questions the ability of poor women with low socio-economic and nutritional status to exclusively nurse their infants, upto 4 months, the other opinion is that the problem may only be a perceived one and that the real cause of infants failing to thrive exclusively on breast milk may be quite different.

These paradoxes serve to emphasise the importance of obtaining disaggregated data for the various socio-economic and occupational groups. Research studies by both demographers and health workers are needed to establish links between trends in breastfeeding, as well as lactation, among women belonging to different occupational and socio-economic groups. For instance, while some speculation is possible about the implications for breastfeeding of the nature of women's employment, there is no definitive data about the number of women who are

forced to drop out of the labour force at certain periods in life due to the demands of breastfeeding and child-care. Equally vague is knowledge about the number forced to stay in home-based, casual or less-paying alternatives because of breastfeeding / child-care needs. Much more investigative research requires to be done to provide the answers to these questions.

Of equal importance is the need for intensive case-studies which will throw light on the management of lactation and strategies used by women in different categories in combining work with breastfeeding.



## PART II

### PRESENT LAWS, POLICIES AND SCHEMES AFFECTING BREASTFEEDING

This section analyses the existing laws, policies and schemes that seek to address the need of working women for support to breastfeeding while under employment.

The Constitution of India provides the basic framework for legislation concerning maternity and child care support in the following Articles.

Article 42	the State shall make provision for securing just and humane conditions of work and for maternity relief.
Article 47	the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.
Article 39	the State shall also in particular direct its policy towards securing e) that the health and strength of workers, men and women and the tender age of children are not abused and f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity
Article 15(3)	the State can make special provisions for women and children.

In the light of the constitutional mandate, we have certain legislations for maternity benefits and other support services like creches for working women in the organised sector.

**TABLE 2**  
**LAWS AFFECTING BREASTFEEDING**  
**(LACTATING WOMEN AND CHILDREN 0-2 YEARS)**

1.	Employees State Insurance Act	1948
2.	Factories Act *	1948
3.	Mines Act *	1950
4.	Plantations Act *	1951
5.	Maternity Benefit Act	1961
6.	Bidi and Cigar Workers Act *	1966
7.	Contract Labour Act *	1970
8.	Inter-state Migrant Workers Act *	1980
9.	Infant Milk Substitutes Act	1992

\* Provide for creches at the work place

### Maternity Legislation

The two primary acts dealing with maternity benefits are the Maternity Benefit Act, 1961 and the Employees State Insurance Act, 1948. Earlier maternity protection was provided under different State Acts on the subject and three central Acts, namely the Mines Maternity Act 1941, the Employees State Insurance Act, 1948 and the Plantations Labour Act, 1951. There was considerable diversity in their provisions relating to qualifying conditions, period and rate of benefit. The present Maternity



lations for men in the Benefit Act of 1961 was enacted to reduce the disparities. Since its enactment several amendments have been enacted successively (1972, 1973, 1975 and 1988) to improve its scope.

The main features of the Maternity Benefit Act (as amended) and the Employees State Insurance Act, 1948 are summarized in Table 3.

**TABLE 3**  
**MATERNITY LEGISLATION**

The Maternity Benefit Act, 1961	Employees State Insurance Act, 1948
<p style="text-align: center;"><b>APPLICATION</b></p> <p>Government and non-government owned factories, mines, plantations, circuses, shops and establishments which employ a minimum of ten (in some cases twenty) workers</p>	<p>Factories (other than seasonal factories)</p>
<p style="text-align: center;"><b>ELIGIBILITY</b></p> <p>A woman must actually have been employed for at least 80 days out of the 12 months preceeding the expected date of delivery</p>	<p>The wage limit for coverage under the Act is Rs. 1,600/- per month</p> <p>An insured woman shall be qualified if the contributions in respect of her were payable for not less than 80 days in the immediately preceeding two consecutive contribution periods.</p>
<p style="text-align: center;"><b>BENEFITS</b></p> <p>Total of 12 weeks of paid maternity leave plus one month in case of illness arising out of premature delivery, miscarriage, etc. Nursing breaks - two breaks per day till child is fifteen months old</p>	<p>12 weeks of wages at the daily rate, and in case of sickness, 6 weeks + one month.</p>

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 absent 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 preceeding 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.

### **Amendments**

1. The Act originally provided for three months leave, six weeks before and six weeks after the birth. This has been amended (in 1988) to permit the mother to distribute the before - after leave at her convenience, with the proviso that not more than six weeks shall be taken prior to the birth. This is a very positive step, enabling the mother to be with the new-born infant for longer than six weeks after birth.
2. While originally the eligibility period of service was 180 days, it has (since 1988) been reduced to 80 days which is also a progressive step.
3. Very significant are the recent (1992) amendments introduced by the Government of West Bengal and Maharashtra extending the period of maternity leave to four months, and six months in the case of Haryana and Punjab.

### *Limitations of the Act*

1. Since the scope of the Act is restricted to establishments employing 10 or more women, it automatically leaves out the 90 % of working women in the unorganised sector (such as small establishments, self-employed, contract labbur, seasonal and temporary workers etc. with the exception of bidi workers who are separately covered.)
2. While 4-6 months of exclusive breastfeeding is recommended by pediatricians, the Act provides maternity benefit for a period not exceeding three months. Since most women would prefer to take some part at least of the leave before child birth, 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.
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 to extend the period of breast feeding.
4. The Act does not cover women who adopt a new-born child, even though an adopted new born child also needs the same post-natal care and attention from the mother.
5. In situations where women are employed in contractual home-based work as in the bidi and cigar industry, illiteracy and lack of maintenance of records make calculations of eligibility very difficult. Hence it is not possible for many women to avail of the benefit, except where there are strong unions or organisations to help.

6. There is scope for employers to evade the law by showing that less than the minimum number required are employed. Further, in determining need, the actual number of women employed is less important than other factors like the age and marital status of the women employees.

7. The provision for nursing breaks becomes meaningful only if the mother has access to a creche or nursing facility near enough to the work place, or resides very near the work place. Keeping in mind the low availability of creches, this provision may be implemented only rarely.

8. Though the medical bonus provided has been raised from Rs. 25/- to Rs. 250/- it is still inadequate, in the light of rising costs of health care.

9. The interpretation of these laws can be manipulated to suit employers. However, in two court cases, (Bajpai, 1992) namely **B. Shah v. Labour Court, Coimbatore** (AIR 1978 SC 12) and **F.M. Kolia v. Manager, the Tiles and Pottery Limited** (1981) 22 Guj Lr 528 the courts ruled in favour of 'Social Justice' holding that Sundays and rest days in the first case, and seasonal days of closure in the second case, should be included as days worked for purposes of calculating benefits. However, many more such instances may not have gone to the courts at all. The issues brought up in the court cases relate to entitlement and not to the health and welfare of mother and child or to breastfeeding.



The various Acts providing for workplace creches are discussed in a later section. The most recent legislation is the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (41 of 1992). The Act seeks to promote breastfeeding by regulating and restricting the promotion, distribution and donation of infant foods in the market. Stringent rules are laid down regarding the information to be provided on the containers of infant foods. Essentially the Act is intended to control the pharmaceutical companies, manufacturers, suppliers etc. as well as the involvement of health professionals in the trade. One may go so far as to state that it is a law by the medical profession for the medical profession and does not have any element that will actively promote breast feeding. Further, a minority, however small, mothers / children will always exist who have to resort to artificial feeding due to reasons like death of mother or lactation failure / problems.

### Schemes / Programmes for Lactating Women and Infants 0-2

Several significant and innovative schemes are being tried out in different parts of the country to reach lactating women and children below two years of age (Table 4). They can be grouped into three - those offering cash, nutrition and services. Four provide cash support, two offer nutrition and one (two) services.

**TABLE 4**  
**SCHEMES AFFECTING BREASTFEEDING**  
**(LACTATING WOMEN AND CHILDREN 0-2 YEARS)**

1.	<b>NATIONAL LEVEL</b>  Scheme of Assistance to Creches for Working /Ailing Mothers	1974
2.	ICDS	1974
3.	Scheme of benefit to pregnant agricultural labours	?
	<b>STATE LEVEL</b>	
1.	Employment Guarantee Scheme	Manarashtra 1974
2.	Tamil Nadu Integrated Nutrition Project	Tamil Nadu 1980
3.	Maternal Protection Scheme	Gujarat 1986
4.	Muthulakshmi Reddy Childbirth Scheme	Tamil Nadu 1988

1. The scheme of assistance to creches is discussed in the section on creches.

## **2. Integrated Child Development Services Scheme**

The objectives of the ICDS (set up in 1974) are six fold-including supplementary nutrition, health checkup, referral, immunisation, nutrition education and pre-school education. The positive features of the scheme are:

- a. Children between 0-6 years 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% 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 immunisation, growth monitoring and supplementary feeding.

However the weaknesses are several:

- a. The coverage still amounts to only 62 percent of poor children, and most of the children covered are in the 3 + age-group. (Sawan Hong, 1989)
- 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 of 3 + (Khullar, 1992). Children 0-2 years receive a nutritional supplement, but no custodial care, so time / space is not offered as support for breastfeeding, though advice is given.
- c. A possible reason for under-utilisation of the scheme, is that working women are often unable to fetch children to and from the centre, at the specified times. This also has adverse effects on the schooling of older girls, who have to take over child care responsibilities while mothers work.

- d. Low uptake of nutritional supplements by pregnant and lactating women, and children below two years, may be caused to a considerable extent by the failure to respond to mothers' work role and timings. The lack of flexibility in responding to diverse situations has led to limited results for the 0-2 age group.

### **3. *The Employment Guarantee Scheme of Maharashtra***

The scheme seeks to fight rural unemployment and to generate equal opportunities for both men and women in terms of work and wages. (Rajhans, 1986) Keeping in mind the special needs of women workers, the scheme originally had three distinct components.

- a. Food distribution as part wages
- b. Maternity benefit of one month's wages provided to women who have worked for 150 days during the year prior to delivery.
- c. A creche for children below the age of 5 years.

Of the three, the first was in vogue during the 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 grains supply.

In the case of childbirth, 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-organised the benefits have not been available. Information is not available at the moment about the creche aspect, whether they run regularly and satisfactorily etc.

#### **4. Tamil Nadu Integrated Nutrition Project**

The Project (TINP) operative since 1980, and funded by the World Bank, is the only one of its kind and attempts to reduce the incidence and prevalence of malnutrition and improve the health of children in the most vulnerable 0-2 years age group as well as pregnant and lactating women. 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 scheme has recorded a dramatic 55.5 percent 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 1989). 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 percent uptake of nutritional supplements by women. (Ibid).

The positive features are:

- a. The well-structured organisational pattern and administrative machinery
- b. Food supplement rather than cash dole as the main tool 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, distribution.
- c. Rehabilitation often temporary, since poverty rather than ignorance about nutritional needs, is the main cause of malnutrition
- d. Lack of sensitivity to women's double roles as mothers and workers has led to poor uptake of supplements by lactating women and there is no 'time and space' type of support for breastfeeding.

##### **5. Cash Benefit Schemes for Childbirth**

The Muthulakshmi Reddy Scheme for Childbirth, operative in Tamil Nadu since 1988, extends cash support of Rs. 350/- in two instalments 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). A similar scheme called Maternal Protection Scheme is operative in Gujarat since 1986.

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 reaches the women in full and in time might be used for other purposes by the family. A study of the scheme in Gujarat (Bhatt, et al, 1986) 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 adopting 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.

Yet another Central Government scheme which provides cash support to agricultural labourers in three instalments, two prior to and one after the delivery by linking it with ante-natal services is operative in some parts of the country. However, further details are not available at the moment.

### *Some Comments*

Almost all programmes and schemes for pregnancy and childbirth target women as general members of the poverty group, with little attempt to adjust to women's occupational role demands such as timings. The low uptake of supplements and services can be partially attributed to this weakness. Even so, programmes and

schemes targeting pregnant / lactating women as a whole may be more useful than laws reflecting conditions in the organised sector, which are difficult to implement in the unorganised sector, as in the case of the Employment Guarantee Scheme in Maharashtra, and the benefits provided by the Bidi and Cigar Workers Act and similar legislation.

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.

#### **Creches for Young Children (0 - 2)**

The primary needs, nutritional and psychic, of the mother-child dyad at this stage are close proximity and constant interaction. The second potential support service for them would hence be creches for infants close to the workplace which enable mothers to maintain proximity and interaction while continuing to breastfeed. As all the laws and schemes regarding creches refer to children in the age-group 0-5 years, facilities for children 0-2 years and the support for breastfeeding must be seen in this context.

#### **Laws regarding creches**

• Laws with reference to creches exist primarily in relation to the organised sector. The Factories Act (1948) the Mines Act (1950) and the Plantations Act (1951) make it obligatory for the employer to provide creches for children aged 0-6 wherever more



than a stipulated minimum of women are employed in factories, mines and plantations, while the Bidi and Cigar Workers Act (1966) the Contract Workers Act (1970) and its upgraded version, the Inter-State Migrant Workers Act (1980) attempt to extend the same concept to the unorganised sector.

**TABLE 5**  
**LEGISLATION RELATING TO CRECHES**

Name of Act	Min. No. of workers	Min. No. of children	Age of eligible children	Provision	Authority to make rules
Factories Act 1948	30	--	Up to six years	A suitable room or rooms for the use of children with trained women in charge	State Govt. shall make ru regarding location, construction, accommodation, furniture and equipment, amenities and facilities, milk and refreshments, breast feeding by mothers etc.
Plantations Act 1951 (d) & w)	50	20	"	"	State Govt.
Mines Act 1952 Section 58	No min. number specified	--	"	Room or rooms, amenities and supervision	Central Govt.
Beedi & Cigar Workers (Conditions of Employment) Act 1966	50	--	"	Room or rooms and trained incharge	State Govt.
Contract Labour (Regulation & Abolition) Act 1970	20	--	"	Two rooms to be provided for children, one play room and one sleeping room	Chief Labour Commissioner Central Govt.
Inter-State Migrant Workers Act 1980	"	"	"	"	"

Modelled on those of industrialised 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. Besides, they are extremely impractical to implement in the case of occupations like agriculture, construction, quarrying and home-based work.

#### ***Lacunae in the laws***

1. A major flaw 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, seasonal workers etc.

Besides, if child care is 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.

2. Another shortcoming is the placing of administrative as well as financial responsibility on employers, who may lack the willingness and the expertise to run creches, rather than on professionals or agencies specialised for the purpose. This only results in reducing attention to the quality and nature of day-care, focussing instead on numerical targets.

3. The rules regarding "refreshments" for children stipulate milk, thus undermining the stated intention to promote breastfeeding.

4. 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. In some respects, such as allowing breastfeeding, and the provision of supplementary milk and linen, the rules are in favour 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 individualised programme, lack of play materials, medical care and medicines, weaning foods and undue emphasis on group care, the rules are insensitive to the needs of the younger child. It should be driven home that lack of facilities for maintenance of hygiene and sanitation at the creche premises could be highly detrimental to the health and well being of infants.

### ***Implementation***

Implementation of the laws relating to creches is very weak and faulty, there being little pressure from the traditionally male-oriented trade unions in the organised sector in this matter. In terms of quantity, it is highly inadequate even in relation to the small population concerned. It is estimated (Swaminathan 1991) that while there may

be about 3 lakh "eligible" women in this sector, with about 6.5 entitled children 0-6 years, creches cater to only about 50,000 children.

In terms of quality, the picture is generally of custodial care, with some variations (Swaminathan 1985). There are a few excellent instances of well-organised creches in the industrial sector. By and large, however it is a dismal story -- ranging from mere custodial care in more or less unpleasant conditions to brazen non-compliance. While token compliance is found in the case of the nationalised 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, with outstanding examples especially with regard to children 0-2 years, (Swaminathan, 1989). In some instances, 'satellite' creches in the field have provided a welcome opportunity / support for breastfeeding.

## **Day-care Programmes / Schemes**

### **1. Creches**

The major scheme for day-care in the unorganised sector is the Scheme of Assistance for Creches for Working/Ailing Mothers, launched in 1974, which is intended to provide day-care for the children (0-6 years) of women labourers 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 (Swaminathan, 1991) that there are only about 10,000 creches 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, in its Annual Report for 1991-92 states that there were 12,500 creches serving 3 lakh children, Children below 2 years are known to be very few in creches, though exact statistics are not available. However estimates indicate that the under-twos may form less than 10 % of children in creches as against 40% of all children aged 0-5 years.

TABLE 6

CRECHES FOR WORKING WOMEN AND CHILDREN 0 - 6 YEARS

		Number of children needing / eligible (0-6 years)	Number of children in creches (0-6 years)	Remarks
1.	Statutory Sector	6.5 lakh (entitled only)	50,000	1. Only 3 lakh women are eligible mothers 2. Number of children 0-2 years not known
2.	Voluntary Sector (creche scheme)	5.6 crores	2.5-3.00 lakh	1. Number of children 0-2 years known-estimated less than 10% 2. Except in Tamil Nadu Kerala, day-care not provided. 3. Infrequently situated near mother's work place.
3.	Public Sector (ICDS)*		Not applicable	1. Services do not include day-care for any age group except in Tamil Nadu and Kerala 2. Lactating women covered 18.40 lakh (1988) 3. Children 0-3 years covered 18.40 lakh

\* 1.4 crores children are receiving the package of six services. This does not include children covered under the noon meal centres in Tamil Nadu

In most parts of the country (Kerala and Tamil Nadu being the exceptions) the creches 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 creche workers to be paid a pittance, far below the Minimum Wages for unskilled labour. The creches 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 the 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 programme is mostly either custodial or heavily oriented to formal education.

The weaknesses of the programme 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, programme content and criteria in line with the stated objectives.

## 2. ICDS

The creche scheme is, however, minuscule in comparison to the major child care programme 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 laid down in 1974. However, the programme of Action of the New Education Policy (1986 and 1992) states that a certain percentage of centres will be turned into creches / day care centres within a decade.

The proposal frequently made in the last few years to link up ICDS with primary schools in order to support girls' education through creches also appears to have remained a dead letter. 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.

### **3. Private Creches**

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 creches run along commercial lines and mostly concentrated in the large metropolitan cities, which serve the middle-class urban working woman, for whom there is no statutory provision. Information about the number and quality of these creches is very limited (Nakhate 1987) 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 creche 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 creches for poor working rural women are also to be found in this group of creches, which are often run without Government financial assistance by religious or denominational charities. Little detailed information is available about them.

### ***Some Comments***

Though all programmes and schemes refer to children 0-6 years, in reality the services are mostly utilised by children above two years of age.

The reasons for this are several -- the difficulties and dangers of group care of young children; the inability and unwillingness of employers to take up this responsibility; the low wages of creche workers and lack of finances leading to unwillingness of voluntary agencies to enter the field; and the inherent bias of the scheme for creches against younger children, reflected in the provisions for food and staff-child ratio.

As far as the location of creches at / near work sites is concerned, difficulties of transportation, hazardous work-site environments and maternal convenience are serious. While voluntary agencies find it difficult to locate in the work place, creches in residential areas cannot promote breastfeeding, unless mothers are home-based, workers. World-wide experience has not found the work place to be the best location for creches, except where work place and house-site coincide, as in institutional campuses.

It is not surprising, therefore, that few Indian mothers have the option of a healthy, safe and convenient creche for infants at the work site. On the whole, creches for young children which can promote breastfeeding 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 programme varies from fair to excellent, since mothers do not patronise those which they perceive to be inadequate or inappropriate.





### Part III

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

A study of the complex web of mutually interacting factors affecting the relationship between women's working and childrearing roles leads to the understanding that women need considerable support from family, society, state and employer to successfully combine work with breastfeeding. Analysis of the existing laws, policies, and schemes relating to maternity and child care, and the manner in which they promote or obstruct breastfeeding showed that there are several glaring gaps in legislation, in conceptualisation of programmes and in implementation at all levels.

Fig. 2 attempts to summarise these findings and conclusions by classifying women into various socio-economic and occupational categories, and identifying which groups would be most responsive to which kinds of intervention to promote breastfeeding.

### *Organised Sector*

The women in the three vertically descending boxes on the extreme right, though few in number, are most restricted from breastfeeding by the timings and place of their work. They represent those who would benefit most by appropriate legislation, and of

course, its proper implementation. The lowest right-hand box is left empty since it is assumed that below poverty line conditions would never (or rarely) be found in the organised sector.

FIG 2

### Working Women by Socio-Economic Scale (SES) and Nature of Work

SES \ Nature of Work	Unorganised Sector (90%)		Organised (10%)
	Home-based	Outside Home	
Affluent (urban and rural)	Apparently not affected	What numbers?	What numbers?
Middle-class (urban)	Apparently not affected	Sizeable number	Sizeable number
Lower-middle class (urban)	Large number	Large number	Sizeable number
Working-class (rural and urban)	Large number	Large number	What numbers?
Below poverty line / (urban and rural)	Large number	Large number	May not exist?

Note: It is not possible to obtain exact numbers for each category

#### KEY



This group can be touched by legislation



The difference between the two categories may be socio-cultural rather than economic



These groups require cash and nutrition support, and some structure / statutory body for programme implementation



Grey area

## Unorganised Sector

The women in the four (or six) lower left and middle boxes, the most substantial and widespread chunk of working women, are most vulnerable in terms of poverty and consequent need to work. They are also most likely to be more fertile, less educated, living in female-dependent households, in home-based work or casual jobs, than the others. They are also, because of the nature of their work, the hardest to reach and hence least likely to be affected by laws. (The failure or inability to implement the existing laws shows up the futility of the approach of trying to extend the same laws from the organised to the unorganised sector). For this group, maternity and child care support should be a State responsibility since the employer, employee relationship is not clearly established. Schemes providing cash and nutritional support would enable women's temporary withdrawal from the labour force as well as services. However, devices can be found to involve employers financially. Women in the two upper left-hand boxes are assumed to be able to handle their roles within the structure of family support and their own resources, with minimal state intervention.

The remaining two categories form a grey area, since there is inadequate information about their needs, for which they are likely to be dependent on the private sector, and their numbers. It is possible that they might benefit by some combination of laws (e.g. by regulating private creches) and innovative schemes such as part-time work, flexible timings, family day-care etc.

With this background, some basic recommendations can be made based on the premise that restrictive actions and laws, while often necessary, can never achieve the objective fully. For that, enabling laws and promotive policies and schemes are needed.

## RECOMMENDATIONS

### Legislation

#### 1. Long-term

The formulation of a comprehensive code known as the *Maternity and Child Care Services Act*, which is sensitive both to the rights of the child and to gender justice, should be the long-term goal.

#### 2. Short-term

In the short run, the following amendments to existing laws are proposed

- i. Maternity Benefit Act: in order to promote breastfeeding -- maternity benefit should be provided for sixteen weeks (or four months) at least from the day of childbirth, with special provision for pregnancy leave during the last two or four weeks of pregnancy, and additional provision for extension of maternity leave on half pay for a further prescribed period. Nursing breaks of 40 minutes duration each (20 minutes for feeding and 20 minutes for travel) may be allowed till the child reaches the age of 12 months, where there is a creche facility or nursing arrangement nearby.
- ii. Shops and Establishments Act: in order to benefit the large number of women working in the tertiary sector, appropriate clauses regarding creches and child care services should be incorporated into this Act.



iii. Creche Provisions: in the six Acts presently providing for creches, the following amendments are required:

a. Delinking the provision from the number of female workers employed, and linking it instead to the number of children (of the appropriate age-group) of all workers.

b. Enabling employers to group together for provision of common child care services.

c. Enabling employers to fulfil their financial responsibility for child care services for their workers by support to services run by NGOs and professionals equipped to run them.

d. Modifying the corresponding rules relating to creches under these Acts in order to bring them in line with the holistic conception of child care, and discriminating between the needs of children of different age-groups.

iv. Minimum Wages Act: in order to ensure gender justice as well as recognition of the full-time and skilled nature of their work, child care workers should be included in the schedule drawn up for the purposes of the Minimum Wages Act

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### 3. Implementation

The implementation of programmes and policies relating to maternity and child care services would become the responsibility of the local bodies (Panchayats and Nagar Palikas) in the near future. With one-third representation of women in these bodies, there should be scope for greater attention and support for matters concerning women and children.

#### Programmes and Schemes

It is necessary to develop programmes which are sensitive to the needs of children of different age-groups and to women's occupational roles, demands and schedules, especially with regard to promotion of breast-feeding. Some of these would be:

1. Financial and nutritional support to the mother so that she can temporarily or partially withdraw from the labour force.
2. Upgrading the quality of creches so that they meet the needs of young children and are more flexible to mother's needs and timings,
3. Development of innovative child care models, such as family day-care, involving parents and community and responding to mother-child needs, and their promotion through the voluntary sector.

4. Provision of incentives such as tax reliefs, rather than punitive action, to encourage group action by clusters of small employers to provide common facilities and work-site creches

5. Laying down minimum standards for creches, in all sectors, and incentives to promote voluntary regulation of creches in the private sector.

6. Provision of incentives to the private sector to encourage innovative ways to promote breastfeeding like part-time work, home-based work, nursing breaks etc. as special facilities for women workers during the period of breastfeeding.

### ***Structure and Finance***

Appropriate structures to finance, launch, guide and monitor such programmes are essential for long-term success. Existing institutions and support structures like the Central and State Social Welfare Boards, and other national and State bodies should not only offer funding for maternity and child care services but should actively identify and support flexible local initiatives, innovative ideas and diverse models based on community support.

*A National Maternity and Child Care Fund*, or two separate Funds, together with a network of State and regional Funds, should be set up to support the entire range of maternity and child care services. These services may be implemented at the local level by a variety of agencies such as trade unions, local governments, women's organisations, NGOs, clubs, parent groups, business houses, schools, employers and community. The apex bodies may offer important services like training, monitoring and guidance, in addition to finance.