

# **ENABLING STRATEGIES FOR BREAST FEEDING FOR WORKING WOMEN**

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The importance of Breast milk for the young infant cannot but be reiterated at any and every fora for the scientifically proved benefits it provides to the child, mother and society. Breastfeeding therefore is an investment that cannot be undermined or ignored because of traditional practices, changes in lifestyles or restrictive policies and programmes.

## **Advantages of Breastfeeding**

Breast milk, as we are all aware is an invaluable balanced food for the children. It offers complete nutrition for the first six months of life and is usually adequate for this period. It is also the cheapest and most easily available and digestible protein source for the young infant. More and more evidence is available to confirm that breast milk is the best food for the baby. Apart from breast milk there is no other milk that has antibodies to protect the infant from infections in the early months of life.

Colostrum, the yellow secretion produced during the first 3-4 days of lactation, contains more protein but less sugar and fat than mature milk. The globulin content is high and it is rich in protective antibodies, particularly the polio antibody. Colostrum is very valuable as it protects the new born from various types of infection. However, it has been observed that there is a deep-rooted prejudice against feeding colostrum to the baby for the first few days. Hence efforts must be made to encourage the mother to feed it to the baby.

Bottle feeding, a substitute resorted to in the absence of breast feeding has many problems: it is almost impossible to prepare a hygienic bottle feed in a poor environment with shortage of fuel, clean water and clean utensils. The mothers lack of knowledge on how to prepare the bottle feed and the proportion of milk powder to water can be a problem. Because of the high cost of milk, it is but natural to add more water to the feed to make the tin of powder last long. As a result, the baby is underfed. The same sequence of events are likely to take place when fresh milk is used.

## **Duration of Breast Feeding**

Breast feeding should be continued for as long as possible, preferably until the child is 2 years old. However after 4-6 months many mothers do not have enough milk for this to constitute the sole source of food for the baby. Thus, some other foods should be started in addition. Unless this is done the baby will not gain weight. However, the introduction of additional food before the baby is 4 months old can adversely affect the production of breast milk because the baby will be less hungry, and will suck the breast less vigorously and less often which in turn will reduce the amount of milk secretion.

## **The Basic Requirement – Physical Proximity**

In a conference such as this, one is aware of the value of breast milk for appropriate nutrition, for building immunity and for ensuring bonding and emotional well being is for the young child. The challenge is on finding appropriate strategies to promote breast feeding for all infants in situations which threaten to separate the young infant from her mother.

Breast-feeding is possible only when **the mother and child are in close proximity and accessible to each other**. Now this crucial factor has to be borne in mind when promoting the practice of exclusive breast-feeding for the 1<sup>st</sup> six months and partial or supplementary breastfeeding upto 2 years at least.

### **Pressures on Women - its impact on the infant**

It is pertinent to highlight here the **multiple roles** played by women in Society – as workers (economically productive role) as home makers (consumer role) and as mothers (reproductive role).

The FWPR (Female work participation rate) has gone up from 22.3% in 1991 to 52% in 1995 (scope study) a clear indication on the pressures on women to work outside the home. Infact field reports clearly reveal that women return as early as 20 days after the birth of her child. (Sibling care study – Neenv 2002, Pathak & Patnaik 1991)

The National Sample Survey data of the 27<sup>th</sup>, 32<sup>nd</sup> and 38<sup>th</sup> rounds show that more **women enter the casual labour force than men**. These trends indicate deterioration in the terms of employment of the female labour force. Thus more and more women are shifting from self employment to wage labour and from wage labour to casual labour. This trend has implications for unfavourable working conditions with practically no benefits or safety net provisions leading to **increasing marginalization and poverty** which impacts the health and well-being of mothers and children negatively.

In such situations of economic distress women are constrained to seek work under any circumstances, leading to increasing pressures for childcare support. They either take their infants with them (carrying them over long distances and leaving them unattended) or leave them at home in the care of older siblings (scarcely older than the infants) where the child is completely deprived of breast milk for extended periods of time. Data from studies corroborate that stress affects the quality of lactation (Rehmatullah,95) and the above conditions contribute significantly to producing stress for most Indian Women with young infants.

Though many studies (Kumar et at, 1989, Gopalan 1989) have been conducted to investigate the link between working women and incidence of breast-feeding none of them offer conclusive evidence due to the limited scope of the studies. Two recent studies conducted on 2000 women in Tamil Nadu indicate that a large number of women were forced to drop out of the labour force at certain periods of their life due to the demands of breastfeeding and childcare. Others were forced to look for home – based, casual or less paying alternative because of breastfeeding and child care needs.

So whilst on one hand, many Indian studies (Arulraj and S.Raja 1996, N Rama 1997) corroborate that breast feeding is widely practiced it is important to delve deeper and analyze the costs of the coping mechanisms (withdrawal, casual home-based work) adopted by the women to carry on breast feeding against all odds. The negative impact of staying off from work is reflected in the reports of reduced intake of food or increased borrowings which do not augur well for the well being of the mother or the young infant. The hidden financial loss arising out of reduced earnings, low productivity and well-being of the family needs to be computed and monetized.

### Current Provisions

The Constitution of India provides the basic framework for legislation concerning Maternity and Child Care support in the following Articles.

Articles 42	The State shall make provision for securing just and humane conditions of work and for maternity relief.
Articles 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.
Articles 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.
Articles 15(3)	The State can make special provisions for women and children.

In the light of the Constitutional mandate, we have certain legislations for working women in the organized sector. These are of two kinds – those which help the mother stay at home with the child through **maternity benefits** and those which enable the child to stay at the work place with the mother through the provision of **creches**. Proximity of both mother and child and therefore Breast feeding is ensured through these legal mechanisms.

### Maternity Benefits

In India the only two laws which directly have positive implications for breast feeding are the Maternity Benefit Act 1961 and the Employees State Insurance Act 1948. Under these provisions, a woman can avail of paid maternity leave of 3 months on delivery. Her wages and job are both protected and these provisions enable a mother to breast feed her child during the first 3 months without any tension of losing either her earnings or her employment.

**TABLE 2**  
**MATERNITY LEGISLATION**

<b>The Maternity Benefit Act, 1961</b>	<b>Employees State Insurance Act, 1948</b>
<b>APPLICATION</b>	
Government and non-government owned factories, mines, plantations, circuses, shops and establishments which employ a minimum of ten (in some cases twenty) workers	Factories (other than seasonal factories)
<b>ELIGIBILITY</b>	<b>+</b>
A woman must actually have been employed for at least 80 days out of the 12 months preceding the expected date of delivery	The wage limit for coverage under the Act is Rs.1600/- per month  An insured woman shall be qualified if the contributions in respect of her were payable for not less than 80 days in the immediately proceeding two consecutive contribution periods.
<b>BENEFITS</b>	<b>+</b>
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.	12 weeks of wages at the daily rate, and in case of sickness, 6 weeks and one month

However these are only applicable to 7% of the working women who are in the organized sector. Secondly the benefits under these provisions are only restricted to 2 children and that too only for 3 months and more or less compels them to extend their leave or resort to initiating supplementary milk feeding which goes against the recommendations of pediatricians or the interests of the young infant.

There are several limitations which enable employers to escape their obligations easily and these will need to be addressed if the above provisions have to become truly supportive and meaningful for the working mother. A study conducted by Niru Chaddha shows that only 25% of women availed of maternity benefits in a situation where 94% were entitled to it.

The provisions under the above law also leads to widespread discrimination in the employment of women and unless the benefits are viewed as a woman's and child's right to survival and enjoy the support and blessings of the state, the situation in terms of accessing these benefits is unlikely to change in the near future. The ILO Convention 2000 which is an attempt to cover all women and address some of the lacunae has not been adopted or ratified by the Indian Government and needs to be taken up urgently.

### **Creches – An Essential Requirement**

Maternity Entitlements at best can only promote breast feeding for the first three months. What happens after that especially when one knows that exclusive breast feeding is recommended for the first six months. One has to work out ways whereby the mother can access her child easily at suitable intervals to continue breast feeding

for at least two years. This can be possible through the **provision of creches** near a woman's place of work or residence.

Different statutes under different laws have tried to address the problem in a limited way.

### **Table 3 – Legislation Relating to Creches**

Notwithstanding these provisions the employers invariably find loopholes to escape from their legal obligations, thus depriving a large number of nursing mothers and children from their right to breastfeeding. The reasons for hesitation on the part of employers are not far to seek – additional expenses, risk and dangers of group care for the very young, unwillingness and inability to take on this responsibility are all factors which hinder the implementation of the above laws.

In the context of the above the requirement and usefulness of law and policy is subject to debate. However it is important to remember that the **legal structures provide important statements of intent and are essential tools for enforcement.** Beyond the law one needs polices and other enabling strategies to facilitate implementation at the field level.

### **Provisions for women in the Unorganized /Informal Sector**

No similar legislation exists for women in the unorganised sector where a large number of women may be self employed, in contractual work or working for very small establishments or in situations where there is no visible employer to whom the law can be addressed.

### **Government Response**

There are certain schemes available to address the needs of women and children in the unorganized sector like the ICDS scheme (where 25% of the anganwadis are required to run as creches) and the Scheme for Working and Ailing Mothers (wherein 15000 creches are run as against a need of 8,00,000 creches). The schemes are rigid, (inflexible design & timing) with low financial allocations and limited reach, making it impossible for most of the really needy women to avail of these facilities.

**Table: 3**  
**Schemes affecting lactating women, and children of 0-2 years**

<b>Name of scheme</b>	<b>Date of starting</b>	<b>Provision</b>
<b>National Level</b>		
Scheme of Assistance of Creches for Working/Ailing Mothers*	1974	S
Maternity Assistance Scheme	1974 1995	N
<b>State Level</b>		
Employment Guarantee Scheme	Maharashtra 1974	C
Tamil Nadu Integrated Nutrition Project	Tamil Nadu 1980	N
Maternal Protection Scheme	Gujarat 1986	C
Muthulakshmi Reddy Childbirth Scheme	Tamil Nadu 1988	C
Scheme for Pregnant Agricultural Labourers	Andhra Pradesh 1990	

N = Nutrition

S = Services

C = Cash support

The ICDS which is the largest scheme, covering the whole of India has had limited impact as a support service for women in the unorganized sector because of its fragmented approach which focuses on the delivery of specific services and lack of attention to day care for children.

It does not respond to the specific needs of the women as workers and mothers. The rigid timing and locations of the centres, are not at all conducive to women taking advantage of even the limited creches that are running under this scheme.

Secondly it is important to highlight here that mothers are aware of what constitutes the “**right**” environment for their infants and intellectually boycott or refuse to take advantage of low quality creches running at sub optional levels (Swaminathan 1994). Field experiences show that mothers look for airy, well ventilated, clean spaces for their infants. They also realize the value of trained, childcare workers who are able to provide loving and protective care to the infants.

Under the financial allocations available within the above schemes, quality of services is adversely affected due to absence of trained child care worker, appropriate equipment and space.

According to data available from the Dept. of Women & Child Development, Ministry of HRD, GOI the total number of children from birth – 6 years being covered by the above schemes is approx. 30 lakhs. There is however no special provisions for the available on the under twos who would stand to benefit by being breastfed if their working mothers could access these supportive mechanisms.

### **Mobile Creches Response:**

Mobile Creches, which has been working with the women in the unorganized sector for the last 34 years and is committed to ensuring the rights of the child worked out an enabling strategy to ensure that all infants were breastfed. This was made possible through the **provision of a creche near the worksite**, where the mothers could come back to feed their children at appropriate intervals. In cases where the creche was not near the worksite, and the mother found it difficult to come back at intervals to breast feed the child, Mobile Creches facilitated breast feeding by making available **a trained childcare worker** who found innovative ways of feeding the child breast milk (advising mothers to express milk, storing and feeding at regular intervals etc.)

At construction sites where the presence of a creche is mandated by law, the Mobile Creches staff had to **dialogue** extensively with the contractors and the Project Managers to allow “**Nursing Breaks**” for the lactating mothers as many of them did not allow mothers to leave work. They had their own perspectives as it cut down on their productivity and outputs. Meetings were conducted and the employers were ensured that the breaks taken would be used for the purpose for which they were taken. Secondly a “**roster**” was worked out to ensure that work did not suffer and only 2 mothers were allowed to come to the creches for a duration of 15 minutes.

Apart from this there was need to convince the mothers of the need to breastfeed their infants and not misuse the breaks for other purposes. The advantages of Breast Milk were highlighted and conveyed to the mothers through meetings and other community media. Informal interaction and dialogue helped to dispel myths and superstitions. The need to maintain hygiene and cleanliness of their breasts before breastfeeding was reinforced and reiterated at every available opportunity.

At the Mobile Creches urban slum centres where the creches were close to the women's residence and nursing breaks were not feasible, ways of expressing milk and leaving it with the childcare worker for feeding were encouraged. There were also instances where breast milk was not enough, in which case exclusive breast milk was not possible and had to be supplemented.

In a study conducted on **Breast Feeding Practices** the results corroborate and support the strategies that have been identified and employed by Mobile Creches at their centres. A total of 568 mothers from slums and construction sites were interviewed, by the field staff who enjoyed an excellent rapport with the mothers and therefore ensured the accuracy and reliability of the information obtained.

The study revealed that 66% of mothers fed colostrum to the newborn babies and approx. 36% were aware of its importance, as being rich in nutritive value and providing protection from illness. Half of the 34% who did not feed colostrums did so because of traditional beliefs.

It was also found that 70% of the mothers continued breastfeeding as long as there was milk, but did not take the **exclusive breastfeeding** norm very seriously. Whilst 35% exclusively breastfed their children for 6 months, there were mothers who continued to do so even till 1 year which has implications for the onset of malnutrition due to absence of nutritional supplements after 6 months.

46% of mothers at construction sites were able to breastfeed their babies at 2 hours interval or on demand as against 36% mothers in slums areas.

**The study proves beyond doubt that the presence of a creche with trained workers at work sites or near residences is conducive to breastfeeding.**

### **Learnings for Replication**

The Mobile Creches experience provided useful insights into how and why the legal provisions can be made workable and successful.

At Construction sites where Mobile Creches centres are available, the mothers return to work sometimes as early as 15 days after delivery because of the trust that they have that their child will be well looked after.

At all the centres being run by Mobile Creches, special care is taken to ensure that there is –

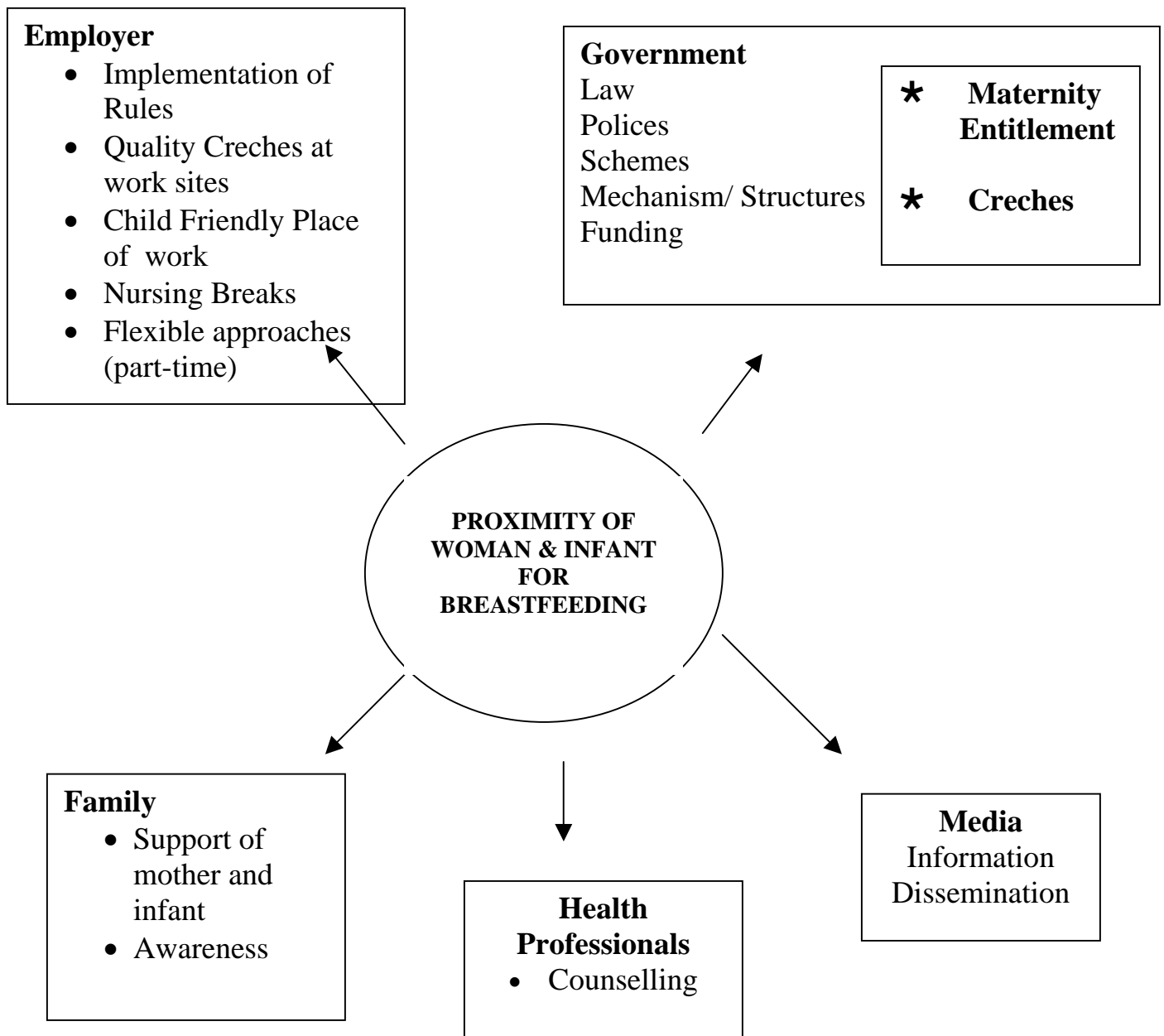
1. Clean and adequate space for the children (airy, well ventilated)



## RECOMMENDED READINGS

- ❑ **Arulraj M.R. and Raja S Samual 1995** *Balancing Multiple Roles* Research Report No 1 MSSRF, Chennai 1996
- ❑ *“Bachon Ko Sambhalte Bacha”* – A study on Sibling Care by Neenv Delhi Chapter of FORCES – 2002.
- ❑ *Breast Feeding Practices* - Unpublished study – Mobile Creches – 1999
- ❑ **Gopalan, C.** *Maternal and Infant Nutrition in West Bengal*. Proceedings of the seminar on Promotion of Breast Feeding, Bengal Rural Welfare Service, 1990.
- ❑ **Gupta A, Sobti & Rhode, IE** : *Infant feeding Practices among Patients of Pediatricians & general Practitioners*, India Journal of Pediatrics Vol. 59 , 1992
- ❑ **Narayanan, Rama** *“At What Cost ?”* Research Report No.2, MSSRF, Chennai 1997
- ❑ **Pathak and Patnaik Pushpe**, *Women in the Informal Sector* NIUA,1991
- ❑ Proceedings of *“A Policy Dialogue on Maternity Entitlement and women in the unorganized sector”* February 2001 – FORCES
- ❑ **Rahmathullah, Lakshmi** *“Breast feeding in the low socio-economic group – a matter of concern”* The India Journal of Pediatrics, Volume 62, No. 1,1995
- ❑ Report on *“The Situation of Breastfeeding in India”* submitted to CRC, NGO committee August 2003,
- ❑ **Sharam Shakti 1988** Report of the National Commission on Self Employed Women & Women in the Informal Sector GOI, New Delhi
- ❑ **Swaminathan, M and Rama Narayanan 1995** *“Impediments to Breast Feeding”* ‘an Analytical Review’ paper presented at the workshop on Empowerment of Women/ Breast feeding, NIPCCD
- ❑ **Swaminathan M.** *“Empowering women to breastfeed : Education for Whom ?”* MSSRF – proceedings Nutrition Society of India Vol.44.1997
- ❑ **Swaminathan M.** *“Women, Work and Breast Feeding”* a paper prepared for workshop on Infant Feeding Practices and the Law 1994.
- ❑ The working group on Women and Child Development/Steering Committee on “Social Welfare & Nutrition” for the formulation of 10 the five year plan
- ❑ TN- FORCES Charter on *Maternity Entitlements*
- ❑ TN – FORCES Document – *Integrated Approach to Maternity Entitlements* Prepared by **Swaminathan**, *“Worker, Mother or Both, Maternity and Child Care Services for Women in the unorganized sector”*

## ROLE OF STAKEHOLDERS IN ENABLING BREASTFEEDING



**CHILDHOOD--FOR THE UNDERPRIVILEGED CHILD**

**INFANT MORTALITY**--Almost 2 million children in India die every year before reaching their first birthday mostly from easily preventable causes.

**POVERTY** --160million children in India are below 6 years of age. 60million are below the poverty line depriving them the right to even the minimum standard of living.

**MALNUTRITION**--India has an estimated 75 million malnourished children. Highest in the world. Malnutrition sets in between the ages of 4 months to years when the child is in a "state of perpetual hunger.

**ILLITERACY** - 50%of the children in the age groups 5-15 years do not go to school.

**CHILD LABOUR** --45% of the children in India are employed -the largest such number in the workforce in the world.

**THE NEGLICTED GIRL CHILD** --50%of the girls enrolled drop out by the 5th grade. To share in household chores and to look after their younger siblings. Female literacy is at a poor 38% compared to male literacy at 68%.

**PLIGHT OF THE MOTHER** --90% of the women below the unorganized sector with no security of wages or access to welfare systems and long hours of work in a place far from home.

**LACK OF CARE** --60 million children of women in the unorganized sector require daycare facilities. Government scheme reaches only 5% of these children.

0-5 year period is one of rapid growth, maximum learning and greatest vulnerability. It is the most critical period in the life of a child. The availability of a caregiver in these formative years is what we aim for and is critical to the development of the child.

