Quality Day Care Services for the Young Child

Institute of Social Studies Trust, New Delhi

Supported by UNICEF

Policy Brief

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June 2013

The Institute of Social Studies Trust, New Delhi is grateful to the Social Policy Unit, UNICEF India for their support to the project 'Quality Day Care Services for the Young Child' which enabled this series of reports, including 5 case studies, a case studies synthesis report, a costing exercise and a policy brief on the provision of quality day care services for children under 3 in India. We are particularly grateful to Dr Ramya Subrahmanian (formerly with UNICEF) for her support throughout this project. We are also grateful to the organisations that have been reviewed for their provision of day care services, the participants of three workshops that contributed to the reports, as well as to authors of the reports.

CONTENTS

Introduction

Currently, there are a total of 53 million households (HHs) with children in the age group of 0–3 years, constituting a population of 312 million (312,260,590) out of a total population of 1.01 billion (1,019,774,152). This amounts to 30.62 per cent of the population living with children below 3 years (See Table 1 below).

Table 1: Total Households Having Children within 0–3 Years of Age

	SC	ST	OBC	Others	Total
Rural	49,49,884	95,72,566	1,68,42,910	89,16,539	4,02,81,899
Urban	3,74,354	20,83,358	55,54,798	52,65,111	1,32,77,621
All	53,24,238	1,16,55,924	2,23,97,708	1,41,81,650	5,35,59,520

Source: NSSO (2009–10); Estimated from unit-Level data of 66th Round, Schedule 10 (Employment-Unemployment), collated by Satadru Sikdar

I. Nutritional and Health Status of 0–3 Year Olds in India

Adequate food and nutrition, one of the important dimensions of care in early childhood, are not available to nearly half of all children under 3 years in India, as shown by statistics on the number of stunted or underweight children (44 per cent and 40 per cent of children under 3 years are stunted and underweight, respectively, according to NFHS-3). Chronic infections, water-borne diseases, lack of appropriate sanitation and inequitable care and distribution of food within the household are some of the widely prevalent causes of malnutrition. These conditions that cause infant mortality, hunger and malnutrition are widespread across the population in a variety of habitations/settlements in rural, semi-urban and urban areas. However, they are more acute among the socially and economically marginalized in India (see Tables 2 and 3 on malnutrition, and Figure 1 on mortality).

Table 2: Malnutrition among Children and Women across Social and Religious Groups

Table 1: Malnutrition among children across social and religious groups in rural India

	Children		Women	Children (Proportion of under-weight <Med-2SD)				
Social Groups	CMR	(Weight for age)<Med 2SD	BMI 18.5	Hindu	Muslim	Christian	Sikh	Others
SC	25.6	50.6	44.7	51.3	57.6	30.6	33.5	43.4
ST	38.3	56.1	48.4	56.9	36.5	44.1	NA	NA
OBC	18.7	45.7	39.7	45.6	46.7	27.3	19.6	NA
General	13.3	36.3	35.8	33.7	43.5	27.7	18.8	NA
Average	21.0	45.6	40.5	46.3	44.0	37.0	24.6	44.5

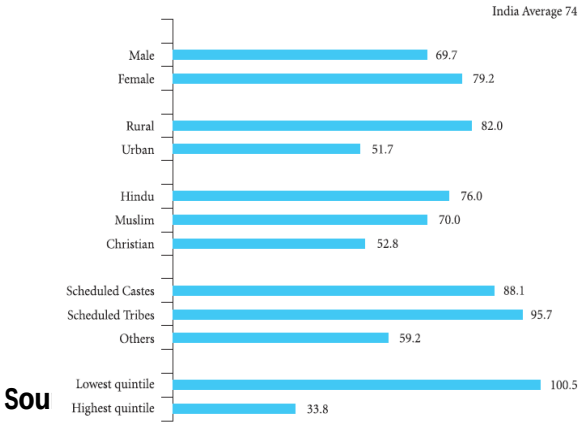
Source: S. Thorat and N. Sabharwal (2011), p. 1

Table 3: Nutritional Status of Children (Per Cent Underweight) in Different Social Groups by Wealth Index

Social groups	Wealth Index				
	Poorest	Poorer	Middle	Richer	Richest
SC	57.4	51.5	45.0	36.2	22.7
ST	61.0	54.2	48.0	33.1	24.5
OBC	56.6	48.7	42.3	34.9	19.3
General	48.7	46.2	34.0	29.6	17.2
All	56.3	49.2	40.8	32.9	18.6

Source: S. Thorat and N. Sabharwal (2011), p. 2

Figure 1: Disparity in Levels of Under-5 Mortality (per thousand) by Socio-Economic Characteristics



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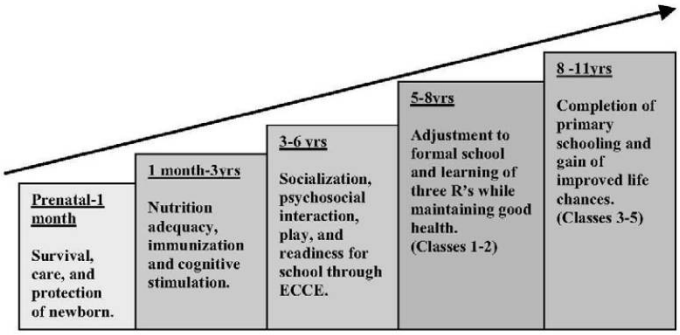
Source: R. Desai (2011), p. 18

II. Early Childhood Care:

The current understanding articulated in the Convention of the Rights of the Child (CRC) is that the period of early childhood care spans from conception up to 6–8 years. This period can be further subdivided into stages approximating specific age categories on the basis of a few select parameters (see Figure2 below). This policy brief will focus on early childhood from 0–3 years.

Figure 2: The Child Development Continuum – Substage Priorities

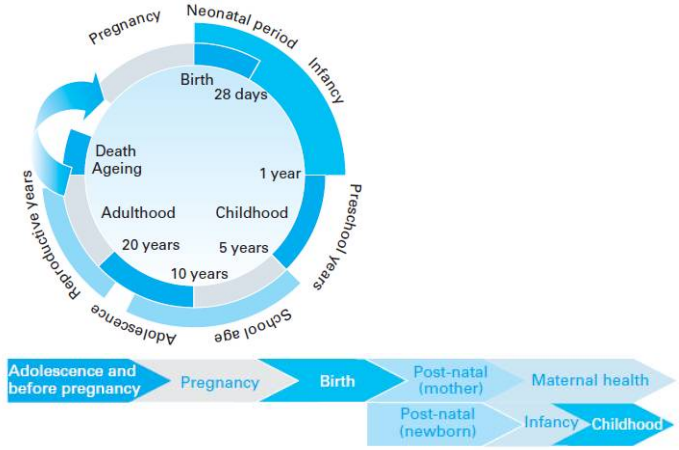


Source: D. Sinha and V. Bhatia (2009), p. 8.

A. *Linkages between Maternal Care and Early Childhood Health :*

The health of mothers and their newborn children is intricately linked. The Continuum of Care Framework captures these linkages from a life-cycle approach (see Figure 3 below).

Figure 3: The Continuum of Care



Source: State of the World's Children 2009, UNICEF, p. 27.

The framework brings to attention the fact that a woman's nutritional and health status from adolescence onwards, and not merely during pregnancy and maternity, is a critical factor influencing the health status of a newborn. Poor nutritional and health status of the mother before and after pregnancy is highly correlated to low birthweight of neonates, and low birthweight is a background factor in 70 per cent of neonatal deaths. The risk of dying in the first year of life of an infant born to a mother younger than 18 years of age is 60 per cent greater than that of an infant born to a mother older than 19 years, and if the child survives, she or he is more likely to suffer from low birthweight, undernutrition and late physical and cognitive development. Research from India also suggests that children of depressed mothers may face a higher risk of stunting (UNICEF 2009). Thus, it is of

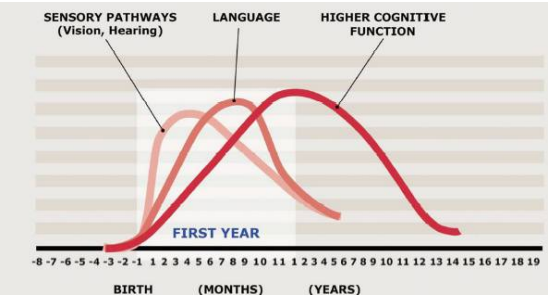
paramount importance that to ensure the 'survival, growth and development' of the child, due attention is paid to maternal care. Gender discrimination and inequity in India make this task of maternal care especially difficult and increases the risk of mortality and morbidity of the mother and the child.

B. ***Period of 0–3 Years is Critical for Growth and Development***:

Breast milk if fed in the prescribed manner is sufficient nutrition for the growth and development of a child from 0–6months. The risk of malnutrition is at the highest from the time of weaning till about 2 years, when underweight, wasting and stunting begin to set in (Ghosh 2006). Attention to nutrition includes not only taking care of hunger, but also the provision of required amounts of nutrients and micronutrients through a complete diet.

The time up to the age of 2 years is also the period by which several pathways of the brain develop, and by the age of 3 years, 85 per cent of the child's core brain structure is formed. Specific pathways of the brain such as sensory, language and cognition are primed to develop at specific times in a sequential manner in this phase, and they build upon each other. For example, the development of the cognitive pathway is dependent on the establishment of the sensory pathways and language acquisition. There are optimum periods/windows for growth and development of neurons and synaptic connections in particular parts of the brain for a corresponding function/domain at critical age-specific times even within this period (Day, Kochar, Bawa et al. 2013) (see Figure 4 below).

Figure 4: Sequential Development of Neural Functions in Early Childhood



Source: M. Day, R. Kochar, S. Bawa et al. (2013), p.4

There are two critical features of cognitive development in this period; one is the full realization of neural development that depends on the interplay between the programmed pathways and the availability of a variety of external inputs – nutritional, interactional (physical, verbal, auditory, visual, socio-emotional) and health status. Latest neuroscientific research shows that there is a substantial increase in the density of brain synaptic connections in the child's brain in early

childhood as a result of positive emotional experiences (Day, Kochar, Bawa et al. 2013). The development of the first neural pathway, the sensory pathway, is based on the physical interactions of the child with the primary caregivers, and the language pathway requires verbal interactions with adults. Two, insufficient input in this critical phase leads to an irreversible loss of cognitive function. Dietary deficiencies, poor health, unsanitary environment, insufficient space for play, inadequate care, caregiver's mental illness, child ill-treatment are some of the other factors in early childhood that have a negative impact on early childhood development. Prolonged exposure to stressful situations not only is harmful to the child's physical and mental health, but also, equally important, is that it leads to high levels of the hormone cortisol whose presence has a deleterious impact on the neural connections being formed and affects both learning and memory (Day, Kochar, Bawa et al. 2013).

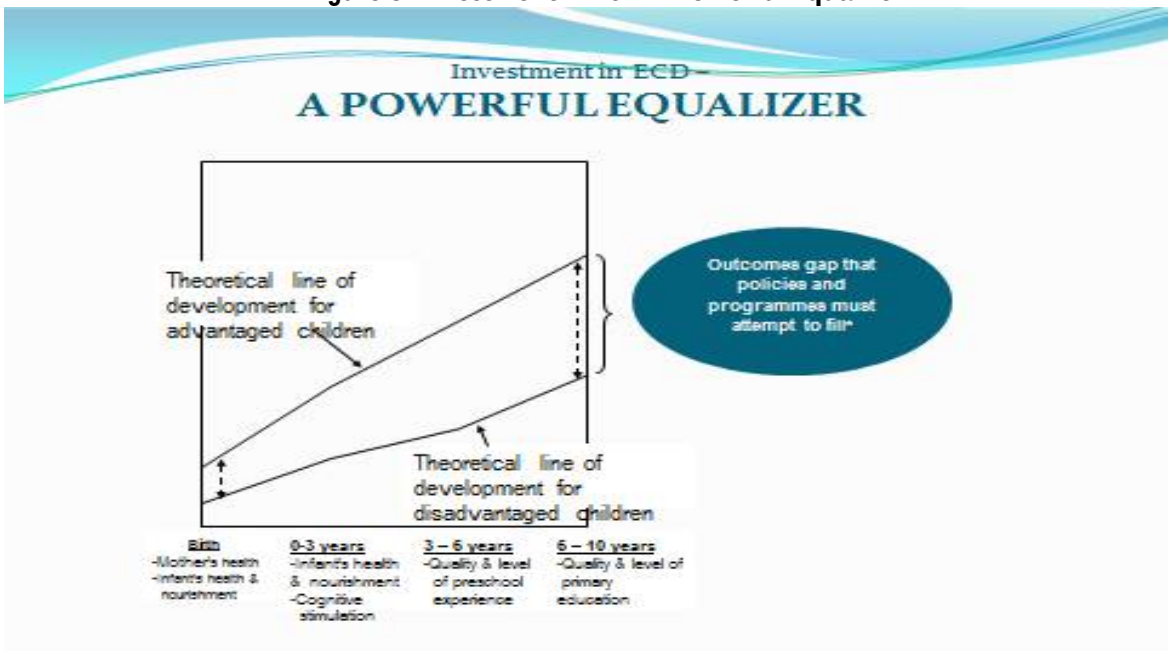
C. ***Effects of Deprivations in Early Childhood and Life-time Consequences***:

Children of 0–3 years who do not receive the necessary nutrition, health and care are unable to achieve full competence in functions of language, intelligence and behaviour. They suffer from developmental delays, the effects of which cannot be fully compensated even after corrective action in later periods. The impact of the deprivations in any of the dimensions is cumulative so that the greater the number of deprivations and time period the greater are the chances of developmental delay. The result is that a large number of children, especially from the socio-economically disadvantaged households, suffer a potential loss of cognitive capacities, which affect their outcomes in later life. A study of educational and psychosocial indicators for average children of school-going age in the Young Lives Project (cited in Dev 2012), comparing the poorest quintile with the richest quintile shows that writing skills were substantially lower for India's poor children compared with the rich (Dev 2012). Similarly, reading skills and grade aspiration are lower for the poorest quintile, while educational and psychosocial indicators are also lower for stunted children as compared with non-stunted children in India (Dev 2012).

These educational and psychosocial characteristics have long-term impacts on behavioural adjustment and economic success in adult life and reduce the chances of children in poverty to move out of poverty as adults.

D. ***Benefits of Holisitic Early Childhood Care and Education (ECCE)***: Quality ECCE provision based on a universal child-rights framework provides an opportunity for early intervention to narrow the gaps in future accomplishments in adult life between the children of the haves and have-nots owing to structural inequality and social exclusion (UNICEF 2013). It has the potential to enable children to avoid the trap of intergenerational poverty (see Figure 5 below).

Figure 5: Investment in ECD-A Powerful Equalizer

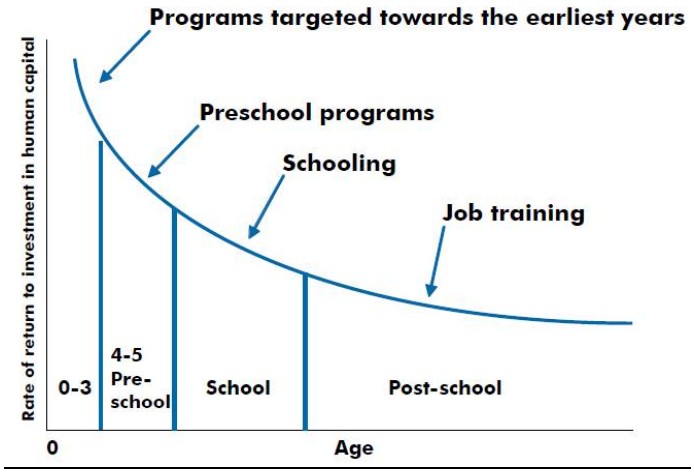


Source: UNICEF (2013), p. 6.

Early childhood is the period of foundation of human capital formation, and findings from longitudinal studies from USA show that the economic return from public investment in early childhood programmes can be as high as 16 times the original investment. Studies further show that investment in young children in the first 3 years of life has the highest rate of return to economic development (see Figure 6 below). Early childhood interventions promote economic efficiency and reduce lifetime equality, avoiding the problem of equity-efficiency trade-off encountered by most policies (Heckman 2008).

Figure 6: Rates of Return to Human Capital Investment at Different Ages[1]

[1] Figure 3 shows the return to a marginal increase in investment at different stages of the life cycle starting from a position of low but equal initial investment at all ages.

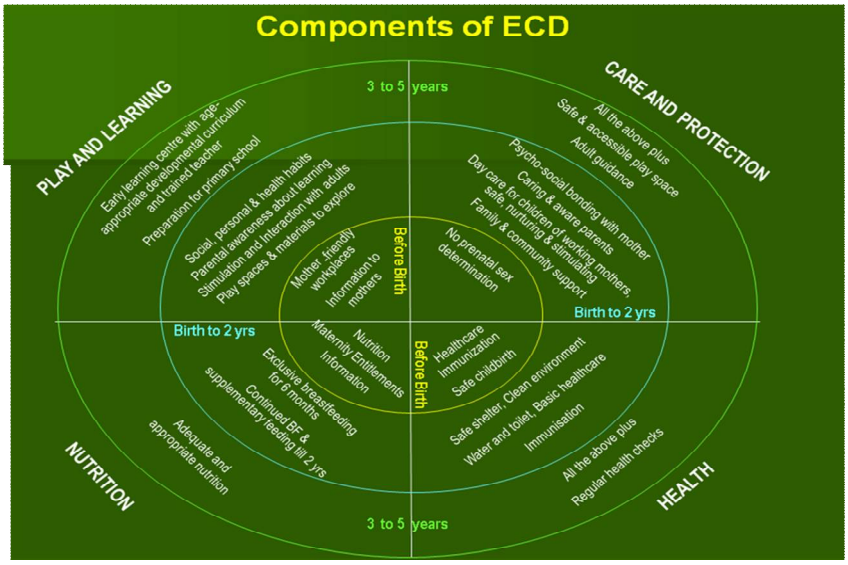


Source: J. Heckman (2008), p. 52

III. Early Childhood Care and Education – A Holistic Combination of Resources and Caregiving Process:

Early Childhood Care and Education includes four components, namely, health, nutrition, psychosocial stimulation/care and protection and education. For the 0–3 year olds, education is to be replaced by 'learning', as most children do not begin to show the ability to process information into conceptual categories before the age of 3. The nature of growth and development in 0–3 years is comparatively rapid and differentiated with different neural pathways and abilities coming into play at specific times within the period. Therefore the nature of inputs such as nutrition, medical interventions, environment, space, stimulation, care and learning required from the parents/care-givers varies over this period (see Figure 7 below).

Figure 7: Components of ECCE/ECD[2]



Among the several inputs of ECCE, some are in material resources, while others are services. The hallmark of quality service in ECCE is not merely the provision of these resources and services, but also the process of delivery of these resources and services. This process has to be highly contextual, flexible, and embedded in the precepts of nurturance of and affection for young children. The dimension of 'care' in ECCE is as central to its success as the resources provided.

A. Components of Care in ECCE[3]:

Care is considered to comprise three components:

1. Presence – consistent availability of a significant caregiver responsive to need in a predictable manner.
2. Relationship – a secure attachment between child and caregiver characterized by trust and confidence.
3. Caregiving activities – routines and activities, such as feeding, bathing, grooming, toileting, putting to sleep, comforting, etc.

The specific content of components of care change with the age of the child and/or the development stage of the child, but nurturance and affection are critical components of care throughout early childhood. The impact of other inputs is critically dependent on the relationship of trust and affection between the caregiver and the child.

[2] M. Swaminathan (2012b), part of documents shared with the distribution list of Alliance for Rights to ECCD, allianceforrteccd@googlegroups.com

[3] From M. Swaminathan(2012a), 'Implications of Care and Day', (Kochar, Bawa, et al. 2013).

B. ***Age-specific Development Care and Caregiver Requirements:***

The attainment of certain skills and competencies by the child indicates the completion of a specific developmental stage and the advent of the next. These serve as indicators for caregivers to change the specific nature of their engagement with the child. Caregivers have to change behaviours and undertake different kinds of activities to provide learning opportunities coterminous with the development stage. The physical demands of routine caregiving activities also change; for example, the need for presence is inversely related to the age of the child, and thus the caregiver may move away from the immediate vicinity of the child for longer periods as the age of the child increases.

The variation in the development stage and corresponding nature of care inputs required across the 0–3 age group clearly and strongly suggest that the dominant practice of clubbing all children in this age group within a single category for the programme, with provision of similar services, needs to be questioned. Even within a single programme, resource needs and services have to be differentiated in accordance with the development stage (approximately correlated to age). Additionally, it demands a caregiver knowledgeable of the child development stages and the corresponding care, stimulation and learning activities required for children at each stage of development. Awareness and training of the child caregivers (parents/relatives/paid workers) thus is of crucial significance if the child has to receive quality ECCE. Equally important is the fondness of the caregiver for children in early childhood, as a caring relationship between the caregiver and the child is indispensable to ensuring a safe, secure and nurturing environment. Thus, this characteristic of the caregiver/caregiving is to be valued as highly as other requisites, such as knowledge, competence, and efficiency, during the selection and hiring of personnel and monitoring and regulation of standards.

C. ***Critical Role of Mothers and Other Caregivers in Provisioning Care:***

Presently in India, most often, the mother is the primary caregiver of children in early childhood. This is in accordance with the gender norms that see childcare as the 'natural' correlate of childbirth and lactation. Recent research though suggests that while a stable emotional bond with a special adult is indispensable, it is not necessary that the mother is the primary caregiver; what matters most is the quality of relationship – it is has be supportive, warm and trusting (Day 2013). Studies also show a positive impact of fathers' involvement in childcare on children's overall social competence, social initiative, social maturity, and capacity for relatedness with others (ibid). Last but not least, latest research shows that except for the earliest days of life, care of young children need

not be restricted to a single primary caregiver; indeed it may be the opposite – children who have multiple yet consistent and secure attachments are less at risk than children who have one secure primary attachment (ibid). These findings suggest that the mother need not be the primary or single caregiver for 0–3 year olds, and other arrangements of child caregivers who fulfil the requirements of quality childcare may be explored as feasible alternatives. Most importantly, these findings call for stronger advocacy for the inclusion of fathers and men in the policies and programmes of childcare for the 0–3 year olds.

D. Early Stimulation and Traditional Cultural Practices[4]:

Early stimulation is an integral component of development care in early childhood. Traditional practices in India, such as singing of lullabies, infant massaging and interactive games have been on the decline in recent times owing to the absence of elders in the family as a result of the greater incidence of nuclear families, migration for work, etc. (ibid). Women-when-mothers, the primary caregivers of young children, thus do not have access to developmentally appropriate traditional practices of childcare. Also, women do not have access to alternative knowledge sources on childcare, and low levels of education, poverty and time burden serve as obstacles in garnering such knowledge. Further, modern medicine and traditional practices of childcare are not always in agreement, and women may be advised against adopting some potentially beneficial practices such as infant massaging. The importance of early stimulation to child development, though, necessitates that this 'lost knowledge' needs to be sourced, documented and disseminated to childcare centres and families with young children.

IV. **Women and Child (Care) :**

The topic of women and childcare has to be understood along three distinct axes. One is the axis of health of women-when-mothers, two is the axis of women in unpaid childcare, and three is that of women in paid childcare.

Women-when-mothers have special nutritional, emotional, physical, and psychosocial needs that need to be provided for their health and survival. Women (and often girl children) are expected to spend time on childcare as part of the reproductive work/unpaid housework irrespective of their participation in paid and unpaid work within the home or outside; the requirements of unpaid childcare are especially demanding on the time and energy of women-when-mothers of newborn

[4] This section has been informed by the information captured during the interview with Prof. Vineeta Kaur, CECED, Bharat Ratna Dr B. R. Ambedkar University, New Delhi.

and children in early childhood, and enabling 'motherhood' in this phase becomes critical. Within this group are a subset of mothers of newborn and children in early childhood who are engaged in paid work or as unpaid labour on household enterprises, and 'labourer mothers' have the most difficult time struggling with the triple burden of housework, childcare and paid work/unpaid labour. Care work is being increasingly commoditized in the public sphere. Women form the largest percentage of workers in this subsector of Personal and Community Care. The recent rapid increase in domestic workers and the preponderance of women workers in the governments' programme of care such as National Rural Health Mission (NRHM) and Integrated Child Development Services (ICDS) is evidence of the increasing feminization of this subsector (Neetha and Palriwala 2011).

A. Women's Health when Mothers:

'All pregnant women are at risk and can develop complications at any time during pregnancy, delivery and after delivery' (UNICEF – Maternal Health website). Recognizing this fact, the Continuum of Care framework draws attention to the importance of care to pregnant women, mothers at childbirth, in post-partum and postnatal period and during lactation, not merely for the health of the child, but also to ensure maternal health as well.

Women in pregnancy, childbirth or lactation also have unique nutritional needs. Pregnant/lactating women require additional energy for deposition of tissue and secretion of milk. Thus, their diet needs include greater quantities and variation of food as well as micronutrient supplements. But, pregnant women and lactating mothers in India often suffer from a combination of low dietary intake, increased physical activity, pregnancy in adolescence and pregnancy within two years of last delivery. This creates an energy deficit in pregnant women and lactating mothers and results in the deterioration of maternal nutritional status (Rathore no date).

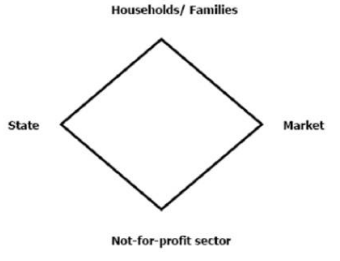
Women-when-mothers face risks of maternal mortality and morbidity, which continue for at least 42 days after birth and can even extend to six months to a year. Maternal deaths, related to pregnancy and childbirth, are significant causes of mortality for girls in the ages 15–19 years worldwide (UNICEF 2009). The main causes of post-partum mortality are severe bleeding, infections and hypertensive disorders. Maternal mortality is not the only risk for pregnant women and women in maternity. Maternal morbidity is also common and includes obstetric fistula, uterine prolapse, anaemia, infertility, chronic infection, depression and incontinence, among others. Poverty further limits women's ability to recover from maternity, as women from poor households face a greater threat from maternal infections, undernutrition and reduced access to health-care services (ibid). Research

shows that in industrialized countries, 10–15 per cent of women-when-mothers experience post-partum depression, but similar data are not available for India (ibid). Maternity morbidity, while debilitating in itself, may also lead to domestic problems including physical and psychological abuse, desertion, divorce and social exclusion (ibid).

B. ***Women's Labour in Childcare:***

The gender division of labour worldwide is such that women perform the bulk of the unpaid care work in the economy. Unpaid care work includes housework and care of persons. Currently unpaid care work in spite of its economic value is not given a monetary value, but it is estimated that if a monetary value was to be assigned to it, it would constitute 10 to 39 per cent of GDP worldwide (UNRISD 2010). However, the UN has promoted a System of National Accounts (SNA) that identifies production that should be included in calculations of GDP and production that should be excluded. SNA work includes the production of all goods (whether or not they are sold on the market). In respect of services, in contrast, only those that are sold on the market are included, and thus services performed in the home, such as housework in one's own home and unpaid care for children, elderly people, the ill and disabled, get included in the category of Extended SNA. Women's unpaid labour in housework and in childcare is not acknowledged in the discourse on achievement of MDGs, in spite of the critical importance of such unpaid care work to the achievement of MDGs, either as an obstacle for achievement of women-specific MDGs or as enablers for the child-specific MDGs. Worldwide, more women participate in unpaid care work, and women spend substantially more amount of time on it than men, although the gap in amount of work between men and women varies. The amount of time spent by women in unpaid care work is largely determined by the extent to which care responsibilities are assigned to the 'family'. The role of the family in provisioning care is a result of the complex interplay between four institutions – families, state, market and not-for-profit institutions. This relationship between the four is represented as a 'care diamond' (see Figure 7 below).

Figure 7: The Care Diamond



Source: UNRISD (2010), p. 2.

C. ***Health Status of Women-When-Mothers:***[5]

In India, as per NHFS-3 data, in 2005–2006, 57.9 per cent of pregnant women in the age group 15–49 years were anaemic; there was not much difference between rural and urban women (54.6 per cent vs 59 per cent, respectively). Of the ever-married women in the age group of 15–49 years, 33 per cent of women had a Body Mass index (BMI) below normal; women in urban areas fared much better than their rural counterparts (19.8 per cent vs 38.8 per cent, respectively). More than one-third of ever-married women suffered spousal violence (37 per cent). Rural married women were also worse off when it came to spousal violence – 40 per cent were subjected to spousal violence as opposed to 30 per cent of urban women. WHO and Ministry of Health and Family Welfare in India-2011 Report shows that 61 per cent of all women (69 per cent in rural regions and 31 per cent in urban areas) are married before the age of 16. And, since the norm for women to have children soon after marriage is widely prevalent, it is not uncommon for adolescent girls (recognized as children in CRC) to give birth to children. Further, 16 per cent of women in the age group of 15–19 were either already mothers or pregnant in 2005—2006, and WHO and Ministry of Health and Family Welfare in India 2011 Report stated that 50 per cent of Indian women have their first pregnancy by the age of 19.2 years. Thus, a substantial percentage of women-when-mothers of 0–3 year olds themselves are likely to be children, indicating their high levels of vulnerability.

D. ***Recognizing the Conflict between Women's Needs and Best Practices of Childcare – the Case of Breastfeeding:***

Exclusive breastfeeding for the first six months after birth is promoted as 'best practice' for ensuring nutrition of the infant and establishing the mother-child bond (UNICEF 1999). Yet, one finds that a large percentage of women worldwide do not follow this advice; for example, in India, only 46 per cent of women exclusively breastfed their children (NFHS-3), and exclusive breastfeeding falls rapidly from 72 per cent at one month to 20 per cent at six months (Gupta 2006). In the USA, in 2005, although 75 per cent of women began breastfeeding their newborns shortly after birth, by six months, only 12 per cent were exclusively breastfeeding their babies and only 42 per cent were breastfeeding at all (Harman 2010).

Studies in the USA show that some middle-class women suffered stress and feelings of inadequacy in their quest to meet the requirement of 'exclusive breastfeeding up to six months'. While some

[5] This phrase was first seen in Mina Swaminathan's writing and has been borrowed from there.

narrated experiences of suffering from exhaustion, others had distress stories to share about the difficulties they encountered in trying to ensure that their infants were provided breast milk when they resumed working (Orit 2001). The findings of a study on 25 Australian first-time mothers who believed in the 'breast in best' advice mirrored the travails of women recorded in the US studies. While some women experienced breastfeeding as a connected, harmonious and intimate relationship between themselves and their babies for others 'the breastfeeding relationship was difficult to reconcile with notions of identity that values autonomy, independence and control' (Schmied 2001,p. 234). Those who did not experience breastfeeding as rewarding or were unable to continue for the advocated six months of exclusive breastfeeding had to grapple with the guilt of being 'bad mothers'. The study drew attention to the fact that the prevailing discourse of 'breastfeeding' is almost exclusively focused on the 'biological' and excludes any reference to 'how the practice contributes to a woman's sense of self and embodiment' (Schmied 2001, p. 235). Moreover, poor working women in the USA have complained that exclusive breastfeeding is an oppressive middle-class practice that has been imposed on them (Orit 2001).

In India, a large part of the reason for low levels of exclusive breastfeeding in the first six months, according to experts, is the feeling, common among mothers, that they do not have enough breast milk for their baby (Gupta 2006). Advocates of infant and young child feeding (IYCF) suggest that the way to combat this is to increase counselling, improve breastfeeding skills and build women's confidence (Ibid). However, that there may be more to a woman's not following the advice on breastfeeding is suggested by working mother's voices:

'I had three months of maternity leave. I was lucky that I was working until the last day before my delivery otherwise I would not have been able to spend all this time with my baby…I had to join work otherwise getting another job would have been difficult. Also, my family needs the financial assistance that my job provides."[6] *'Success did not come easily to me,'* she explains, *'I had to fight for it. I work in the sales department where I am competing with my male colleagues. Five months out of my job definitely weakens my position."*[7]

These voices of working women are testimony to the difficulties and choices working women have to make in the face of contradictions between the maternity benefit policies and the advice of exclusive breastfeeding. Mina Swaminathan rues the fact that in India, while there is an Act recognizing 'the rights of infants to receive mother's milk, paradoxically no enactments have been made to support the right of the woman to breast-feed' (Swaminathan 1993, p. 8). Women's

[6] 'Breastfeeding: A Working Mother's Dilemma'(2007).
[7] Ibid.

difficulties in trying to combine full-time jobs with motherhood have been recorded by Balasubramanian and Mirai Chatterjee, who locate the opportunities of paid work forgone by women agricultural labourers to continue breastfeeding (see Swaminathan 1993).

These studies give strength to those who suggest that 'the relationship between the needs of the mother and the young child may not necessarily be in harmony… (and) breastfeeding decisions are based on a complex array of factors that include her physical health, the demands of other children and members of the family; the family's living conditions and the other demands on the woman's time and energy' (Orit 2001). Moreover, promoting exclusive breastfeeding and breastfeeding on demand 'without simultaneously providing positive social support measures may be damaging to children as well as unfair and unjust to women' (Swaminathan 1993, p. 8). Thus policymakers need to listen to women's voices, respect the decisions of lactating mothers, and promote practices that enable women and benefit both the mother and the child.

E. ***Time Burden on Women:***

Women in India spend less time than men in paid work, but the total amount of time women spend on all types of work (paid and unpaid) is much higher than men. A recent study on time-use patterns of women and men in SNA and Extended SNA in India showed that women in India, on an average, spend 354 minutes per day on SNA work while men spend a mere 36 minutes. Further the total amount of time, per day, women spent on work an average was 534 minutes, while men spent 468 minutes; this amounts to a greater time burden of 66 minutes per day for women (UNRISD 2010). This wide gender gap in unpaid care work is because women in India are largely responsible for the unpaid care work performed within the home; this includes housework (for example, cooking, cleaning, fetching water, etc.) and care of persons (feeding a child, bathing an elderly or sick person, etc.). Women's care work in the home is also increased because of the Indian state's policy of gendered familialism, whereby the state has absolved itself of the responsibility of care of young and old and pushed for their care as a private matter to be provided for by the 'family' (Neetha and Palriwala 2011). Since the gender norms dictate that women are the 'natural carers', Indian women are burdened with unpaid care work – care of persons and housework.

Care of young children exacerbates this time burden, as the demands of routine care and feeding of children under 3 years are heavy on the caregiver. Mothers of young children 0–3 years, like other women, are active participants in the activities of unpaid care within the family, and those from poor families/farming families/artisanal families are also engaged in paid work/unpaid family labour as

well. These 'labourer mothers' have the most difficult time struggling with the triple burden of housework, childcare and paid work/unpaid family labour. This time poverty of women-when-mothers is likely to be especially acute for young married women, because their low status in the family leads to them being overburdened even more with unpaid work in the household.

Mina Swaminathan estimates that feeding children under 3 years would require two and a half hours a day (divided across five time segments at various times of the day) of a woman's time.[8] It is a matter worth pondering whether women-when-mothers, given their heavy time burden, would have the time and energy to devote the necessary time to provide the early stimulation and nutritional/feeding requirements for the under-3 child under these circumstances.

F. ***Women in Paid Work and Unpaid Family Labour – Consequences for Early Childhood Care*:**

A majority of Indian women from poor households are engaged in paid work, or in the family farming, or NFS enterprises or artisanal work as unpaid labour (Desai 2011). More than 90 per cent of working women in India are in the informal sector, where there is no legal requirement for provision of maternity benefits, including paid leave or provision of crèche for young children. Therefore, women in paid work outside the home, who do not have any female adult support at home, are forced to take their children to work, where they are exposed to unsafe and harsh working conditions of the workspace such as construction sites, local markets, and agricultural farms. In these workspaces, because of involvement of their mothers in paid work, the children are deprived of the necessary interaction, stimulation and sometimes even nutrition. Or else, the children are left behind at home to be cared by other adults, such as kin and neighbours in the community; these persons often are able to provide custodial oversight by being present in the vicinity to ensure safety, but are unlikely to be able to provide the required developmental care. Otherwise, the young child would be kept in the custody of an older sibling who herself is a child. In effect, in the absence of crèche facilities, the young child of a working mother is exposed to several unavoidable risks beyond the control of the mother. Poor women understand the risks of such childcare arrangements, and thus there have been demands for institutional childcare from women workers. The widespread need for crèches for children of women in paid work was highlighted by a recent study on needs assessment of day care (Sharma, Raman, and Dhawan 2012). The key findings of the study with regard to day care are given in Box 1 below.

[8] M. Swaminathan (2012). Documents sent to the distribution list of Alliance for Rights to ECCD.

Box 1: Key Findings from the Study of Need Assessment for Crèches and Childcare Services (2012)

- Across the states, 87 per cent of the respondents stated that they found it difficult to work and take care of their child because of lack of time, inability to work properly, lack of safety and neglect of children.
- While 77 per cent respondents wanted crèches near the home, 20 per cent wanted a crèche near their workplace.
- While 69.4 per cent would prefer a full time crèche, 16 per cent would prefer an AWC and 13.3 per cent would prefer childcare at home.
- As much as 97 per cent said that they would use a crèche if made available.
- Almost half the respondents (49.24 per cent) would use a crèche for no less than 8 hrs; among these, 16.5 per cent wanted the crèches for use for the whole day.
- Women who would like to use the crèche for at least six hours a day were 73 per cent.
- Only 1.5 per cent would use crèches according to the timings of the AWCs.

Women from the middle and upper classes have the luxury to shift this burden of 'childcare' onto the shoulders of 'paid care work'. They may employ domestic workers for paid childcare within the home or enrol their child in crèches available in the private market. There is little quality control in the services provided in the private crèches and most function as centres of custodial care; development care is largely absent. Clearly, women themselves recognize their inability to allocate sufficient time to the care of their young children and are seeking alternative arrangements that reduce their own burden and provide better ECCE to their young children.

G. *'Working' Women and Day Care for Children:*

It is an incontrovertible fact that 'women work' whether or not they participate in paid work. Equally accepted is the fact that women-when-mothers have a unique set of care requirements of nutrition, health and rest. The latter is required to recover from the physiological, physical and emotional circumstance of pregnancy and childbirth. However, the burden on women of unpaid care severely limits women-when-mothers' ability to recover from the 'maternity'. Women have to attend to household work soon after childbirth and the care of the newborn adds to their workload. The result

of women being burdened with unpaid care work and insufficient time for recovery translates into lack of good health for the mother with its attendant negative consequences for breastfeeding, health and childcare.

Feminists argue that the state has to recognize the discrimination and harm to women owing to the unequal gender division of labour during 'maternity' and accept the responsibility of 'care' for the 'child citizen' (Misra and Subrahmanian, forthcoming). The state has to make 'day care' available to women-when-mothers as a 'maternity entitlement' and as 'children's right to ECCE'. Feminist economists add an economic perspective to this debate. They argue that society benefits from the contribution of working adults to the economy, and thus children must be treated as a public good (ibid). Currently the cost of 'care' for this future adult is unfairly borne by individual women, while the benefit is reaped by the society. Thus, the state needs to step in and provide the necessary inputs of human capital formation in the public sphere; in effect, ECCE must be provided by the state and not borne by women within the family alone.

Poverty worsens the predicament of women-when-mothers, as it pushes women into engaging in productive work inside and outside the home either to supplement family resources in kind or through earned income, but at the cost of care for the child. Poor women-when-mothers cannot provide time to take care of the young children within the confines of the home and neither the state nor the employers provide childcare facilities to enable them to provide quality development care for their children.

In the absence of centre-based childcare arrangements, the ultimate sufferers are children from disadvantaged/vulnerable households, who are deprived of quality holistic care owing to the inability of their families to provide for them because of their poor livelihood, health and education conditions. In the context of high levels of poverty and exclusion, the state has the responsibility to provide childcare as a public good and enable the child to overcome the trap of intergenerational poverty.

H. *Indian State Guarantees for Day-Care as Maternity Entitlement:*

The only stipulation the Constitution makes vis-à-vis 'maternity' is maternity relief under Article 42. Article 42 states that, 'The State shall make provision for securing just and humane conditions of work and for maternity relief.' This Article is limited with regard to 'maternity entitlements', as it relates to maternity entitlements only in the instance of paid employment. Nowhere in the

Constitution is 'women's unequal burden in childcare recognised' and the state urged to make provisions to reduce this 'burden' by providing for 'childcare facilities'.

Article 42, though, was considered sufficient basis for the Maternity Benefit Act, 1961, which makes it obligatory for the employer to provide maternity leave with pay and medical benefits. The Act is applicable to only the organized sector and thus leaves out more than 90 per cent of women employed in the informal sector. It falls far too short of the demand of civil society, especially women's groups, for quality day care for all children as 'maternity entitlement' to all women. Even today, after more than 50 years of enactment, the implementation of this Act is very tardy. While government organizations implement the provisions of the Act, private employers find loopholes to circumvent it (BPNI Bulletin 2011).

V. Historical Overview of Policies in Early Childhood Care:

The policies on childcare have emerged along two distinct premises – one of 'development and care of children' and the other as 'child care as support for working women'. While the discourse of 'child care as support for working women' appeared in national policy first, it is the theme of 'development and care of children' that has received more attention and pre-eminence since. The following sections discuss each of these separately.

A. *'Development and Care of Children' in Five Year Plans and Policies:*

The First Five Year Plan itself paid attention to issues of health, nutrition and education of children under 6 years, albeit from a welfare perspective. This progressive slant of thinking is evident from the perception that childcare is a specialized task requiring the building of a cadre of trained childcare workers and for which the state had responsibility to provide adequate financial resources (Bhaktry 2006). Yet, in spite of this encouraging early beginning, it was only in the mid-1970s that nuturance of children achieved prominence in national policy.

The National Policy for Children formed in 1974 recognized children as an important asset of the state and declared the state's responsibility to nurture them through provision of adequate services both before and after birth and through the period of growth to ensure their full physical, mental and social development (Ministry of Child Development 2006). Soon after, in December 1974, the National Children's Board was constituted under the chairmanship of the Prime Minister, and this surge of activity on children culminated in the launching of the scheme of Integrated Child Development Services (ICDS) in 1975. The entry of ICDS indicated a shift in policy discourse from a child-welfare to a child-development approach. The ICDS, as conceptualized and designed with its six

service components for 0–6 year olds, was a comprehensive and holistic approach to child development. However, in practice, for the most part, ICDS became a centre-based Supplementary Nutrition Programme with a limited centre-based preschool component. (Planning Commission 2011; Dreze 2006).

In the mid-1980s, policy focus on children shifted from a child-development strategy to an education-centred strategy. The National Policy on Education (NPE) was formulated in 1986. The NPE viewed ECCE 'as the crucial input in the strategy of human resource development, as a feeder and support programme for primary education and also as a support service for working women'. Support through day-care centres for working women was to be provided to release girl children engaged in younger sibling care into the education stream. NPE led to the inclusion of the Early Childhood Care and Education (ECCE) nomenclature in the policy discourse for the first time, although ECCE was understood primarily as a 'preschool education programme' for the 3–6 year olds (Ministry of Human Resource Development 1986).

The thrust towards education in care during early childhood continued in the next decade. The Acharya Rammurti Committee, formed in 1990 to review the NPE, recorded its concern at the slow progress of implementation of the NPE and made path-breaking recommendations – enlarge the scope of the constitutional directive (Article 45) of providing free and compulsory education to all children under 14 years to include ECCE; include ECCE in the minimum needs programme of the government; and establish a central fund for childcare services at the national level to meet resource requirements for ECCE (Report of the Committee for Review of National Policy on Education 1996). None of the recommendations was officially accepted, and the Central Advisory Board on Education (CABE) set up a new committee, the Janardhan Reddy Committee, to consider modifications in NPE while taking into consideration the report of the Rammurti Committee. The recommendations of the Janardhan Reddy Committee retreated from the high level of commitment to ECCE proposed by the Rammurti Committee. Instead of ECCE being included as justiciable component of childcare by the state, it was merely to receive high priority and be suitably integrated with the ICDS programme, wherever possible. Day-care centres continued to be looked upon favourably as a support service for universalization of primary education to enable girls engaged in taking care of siblings to attend school (NCERT 2006).

'Child survival, protection and development' made a re-entry into the policy agenda in the Seventh Plan (1987–1992) period. The Seventh Plan promoted early childhood survival and development through programmes in different sectors – one being the strengthening of the universal immunization programme by the Ministry of Health and Family Welfare. The Eight Plan deepened

the commitment to child development by envisaging the universalization of ICDS by 1995–1996. Two National Plans of Action (NPA 1992) – one for children and the other exclusively for the girl child with a focus on removal of gender bias and enhancing the status of the girl child in society – were formulated. The state was committed to progressively increasing the scope of services so that 'within a reasonable time all children in the country enjoy optimum conditions for their balanced development'. In 1992, the Government of India ratified the Convention on the Rights of the Child (CRC), which stresses the right of the child to survival, development, protection and participation. It was also in this period that the National Nutrition Policy was formulated (1993) and the National Plan for Action on Nutrition (NPAN) was put in place (1995) (Child Protection in the Eleventh Plan, Sub Group Report, 2007–2012).

The Ninth Five Year Plan (1997–2002) prioritized development in early childhood as an investment in the country's human resource development, with a Special Focus on the Girl Child, instituting a National Charter for Children to ensure that no child remains illiterate, hungry or lacks medical care. It continued to lay a special thrust on the three major areas of child development, viz., health, nutrition and education through universalizing ICDS, expanding the support services of crèche/day-care services and developing linkages between the primary schools and of the childcare services to promote educational opportunities for the girl child. For the first time in policy discourse, we see an acknowledgement that the first 6 years in the lives of children are critical for the development of children and that it is necessary to reach the younger children below 2 years (Protection in the 11th Plan, Sub Group Report, 2007–2012).

The Tenth Five Year Plan (2002–2007) finally adopted a rights-based approach to child development, as seen in its aim of reaching all young children in the country to ensure their 'survival', 'protection' and 'development'. It emphasized that the first 3 years are the most crucial and vulnerable. The National Plan of Action for Children, adopted in 2005, identified the Constitution and the UNCRC as the guiding framework for realizing all rights for all children. It took a holistic view on child rights and set out a range of positive measures, one of which was the establishment of the National Commission for Protection of Child Rights (NCPCR) (Planning Commission 2006).

In 2006, the Department of Women and Child Development was finally upgraded to a ministry. Continuing to follow the rights-based approach, the Eleventh Five Year Plan (2007–2012) focused on the continuum of child development from the prenatal period up to 6 years of age and proposed rights-based interventions through the ICDS. During this Plan period, in response to the Supreme Court judgement on universalization of ICDS, the government gave its approval for 14 lakh anganwadi centres (AWCs), took steps towards their professionalization, such as the introduction of

the mechanism of Annual Program Implementation Plans (APIP), a 5-tier monitoring and review mechanism from the national to the anganwadi level, as well as a revision of cost, nutrition and training norms (Ministry of Women and Child Welfare [MWCD] 2011).

The Twelfth Plan proposes a significant range of programmes aimed at addressing the lacunae in the continuum of childcare needs that impact women and children, especially children under the age of 6 years. A key intervention is the strengthening of ECCE by restructuring the ICDS into a Mission Mode and redefining ICDS from non-formal preschool education to ECCE, with AWCs functioning as vibrant ECCE centres. The Plan, though, continues to privilege centre-based intervention for the 3–6 year olds. The 0–3 year olds are to be targeted through home-based intervention as policymakers continue to insist that 'family is the best' for ECCE of the 0–3 year olds (Planning Commission 2012a).

The National Child Care Policy has been developed in 2012 and the final draft of the National ECCE Policy is awaiting approval from the Cabinet Committee (12th Five Year Plan Social Sector, Volume III, 2013).

Role of Civil Society and Judicial Intervention in Early Childhood Care Policy:

The emergence of ECCE for the 0–6 year olds and specific attention to the needs of the 0–3 year olds in policy agenda have its roots in civil society activism for nutrition of children. The widespread incidence of hunger and malnutrition led to the lodging of the Public Interest Litigation (PIL) in 2001 by a civil society group, the People's Union for Civil Liberties (PUCL). The Supreme Court ordered the universalization of the ICDS, calling for 1.4 million AWCs to be established in all, with each centre offering services for an area having about 1,000 people. The order provided legal entitlements to government interventions on malnutrition (see Right to Food website). In 2002, the Supreme Court designated Commissioners who were mandated to investigate violations of interim orders, to monitor and report on their implementation status within each state, and to respond to hunger-related emergencies. This PIL and the attendant Supreme Court orders sparked the rise of the Right to Food (RTF) Campaign. The RTF Campaign has successfully put the issue of malnutrition on the national agenda.

A parallel group, the Jan Swasthya Abhiyan – the Indian chapter of the worldwide People's Health Movement and a coalition of over 100 health-related networks and organizations — has worked with the state since 1999 and was instrumental in affecting a change in state discourse on health and malnutrition. Since malnutrition and poor health are acute among the 0–6 year olds, the activities of these groups have focused attention on the under-6 age group and the challenge of holistic care and development for this age group. The Supreme Court's close monitoring of issues on hunger and

malnutrition provided teeth to the activism of these civil society groups. The universalization of ICDS has made a platform available to the state for widespread outreach to achieve its ECCE commitments in the Education For All (EFA) and CRC goals and towards the improvement in the Human Development Indices (Dev Mahendra 2003). The universalization of the ICDS and the state's avowal of ECCE have provided the space for groups such as the Alliance for Network of Child Rights, Forum for Crèches and Child Care Services (FORCES), Mobile Crèches, SEWA and others working on issues of ECCE and day care for poor working women to enter into dialogue with the state and influence policy on ECCE. Indeed the state, in this instance the MWCD, has invited some representatives from civil society groups as members on the Working Group to formulate the draft of the new ECCE policy. MWCD has also had wide-ranging consultations with civil society groups on the draft of the ECCE and has incorporated many of the suggestions into the subsequent policy draft. Nevertheless, differences between state and non-state actors on ECCE remain. The most difficult issue is the demand of civil society groups for day-care services for children from birth onwards as 'universal maternity entitlement' (Consultation on Strengthening Legal Entitlements for the Child Under Six 2012).

B. ***Policies on 'Childcare Support for Working Women'*:**

The first demand for creation of crèches for Indian women emerged from the subcommittee of women set up in 1939 to outline Women's Role in Planned Economy (WRPE).[9] The Committee suggested the creation of crèches through a scheme of social insurance (Khullar 2005). The crèches were one of the several programmes suggested as welfare services for the working women.

The 'Towards Equality' Report of the Committee on the Status of Women that documented the poor status of women in the country jolted the Government of India (GoI) into action on women's welfare. The Central Social Welfare Board was entrusted with the task of promoting, through grants-in-aid, crèches and day-care centres in residential localities for working and ailing mothers from poor households that would be run by voluntary agencies (MWCD 2009). The Report on the Working Group on Employment of Women (Planning Commission 1977) also recommended the setting up of childcare centres as part of the Minimum Needs Programme throughout the country.

Shramshakti, the Report of the National Commission on Self-Employed Women and Women in the Informal Sector, published in 1986, was the first official recognition of the intimate interlinkage between the needs of women and young children. It explicitly acknowledged the triple burden of housework, childcare and paid work of poor working women and articulated the need of crèches as

[9] This subcommittee was one of the several committees set up as part of the structure of the National Planning Committee; the latter in turn was formed to chart the course of Planning in independent India.

an essential support service for these women and not merely as services for promotion of health, welfare and development of the young child. It suggested the promulgation of a 'single comprehensive Maternity and Child Care Code which would supersede all existing legislation', which would serve as the basis for an integrated approach in the future (Swaminathan 1993).

The New Education Policy (1986), recognizing that the gendered nature of care work in the family put the burden of sibling care on the girl child whose mother was a 'working mother', was the first policy to endorse day-care services as support services required for the working women and the girl child (MWCD 2006).

The National Perspective Plan for Women, formulated in 1988, recommended several strategies to improve the availability of crèches to working women. It recommended the provision of crèche services universally for all women working in the organized and informal sector; it proposed that children under 3 years be provided crèche facility through the ICDS anganwadis, and it recommended that the existing law stipulating crèches for enterprises having 30 women employees be changed to 30 persons to counter circumvention of obligation to establish crèches for women employees.

The National Policy for Empowerment of Women, 2001, went a step further. It proposed the expansion and improvement of 'support services for women like childcare facilities including crèches at work places, educational institutions, homes' to ' create an enabling environment and to ensure full participation of women in social, political and economic life' (MWCD 2006; Planning Commission 2006). The Development of Women and Children in Rural Areas (DWCRA) Scheme also advocated the provision of crèches as a support service to women participating in community work. Thus, we see a clear departure here from previous discourses on policy; for the first time, we see the linkage of day-care services to women's activity other than paid work. Crèches were proposed to enable participation of the 'woman citizen'.

The National Crèche Fund set up in 1993 had envisaged that 25 per cent of the crèches assisted under the fund would be ICDS centres extended into crèches. It had also proposed that anganwadis be converted into anganwadi-cum- crèches by the end of Eighth Five Year Plan. Even after more than a decade of operation of the fund, neither of these proposals has taken shape. Yet the Tenth Plan (2002–2007) reiterated its commitment to the strengthening of the National Crèche Fund because of the increasing need for support services in the form of crèches and day-care centres for the children of working and ailing mothers (NCERT 2006). The National Crèche Fund and National Crèche Scheme for Children of Working & Ailing Mothers was merged into Rajiv Gandhi Creche Scheme in 2006 (Sinha and Bhatia 2009).

Discussion: In spite of the repeated commitments in several Plans and policies for having day-care services, to date, the supply of crèches is woefully short of demand. Further, in spite of the mobilization and repeated demands of women's and child rights groups, state policy has never upheld the discourse of day-care services as maternity entitlement of women. This is in spite of the fact that in 1993, India ratified the Convention of Elimination of Discrimination against Women (CEDAW), and CEDAW places the obligations on the state to adopt the necessary measures to assure equal opportunities among men and women, guaranteeing their rights in the work environment and establishing obligations for employers to implement payment for maternity leave or social benefits without loss of employment (Gooneskare 2005). Day care continues to be perceived as a 'support service' primarily to women in paid work and recently to the woman citizens engaged in 'community/public activity'.

VI. ECCE Policy (Revised Draft)[10]– Analysis from a Gender and Care Perspective:

The ECCE policy that is being finalized by the MWCD continues to address ECCE for children in the age group of 0–6 years as an unenforceable right unlike the Right to Education of children from 6–14 years. Further, it does not provide crèche or day care as a centre-based option available to all mothers/parents/families. AWC-cum-crèches for children below 3 years will be provided only on a pilot basis and their numbers increased only in response to community demand. This denial of the option of day care to all children under 3 years in the light of multiplicity of deprivations faced by children in this age group is in effect a retreat from the GoI's commitment to the CRC.

The ECCE policy draft adopts an approach of 'Special plans for marginalized and vulnerable'. Such an ad hoc strategy suggests a denial of the widespread and entrenched character of 'marginalization and vulnerability of young children (0–6 years) in India across social groups, economic classes, geographical regions, states, in urban and rural settings and in conflict zones. It does not augur well for a strategy of universalism with inclusion.

The ECCE policy draft continues to be firmly entrenched in the discourse and practice of gendered familialism and does not guarantee the services of a crèche to families; once again, women are burdened with the responsibility of childcare. This is especially so, because the policy does not advocate or include promotion of men's/fathers' participation in childcare in the family or in the community as one of its objectives. Further, in continuing to assert that the family is the best place for growth and development of the young children, it tends to gloss over overwhelming evidence of

[10] The draft of the ECCE examined here is the 2nd Revised Version available with the civil society stakeholders such as FORCES Group and Mobile Creches.

violence and abuse against children and women in households and its harmful impact on growth and development of children under 3 years.

There is no reference in the ECCE policy towards ensuring quality of human resources by guaranteeing the rights of 'childcare workers' at the centres of the ICDS/private and voluntary sector services. Absence of 'worker status' has several negative impacts on 'quality', such as, voluntary exclusion from seeking employment as AWC staff by qualified, competent, and capable persons; disincentive for motivation and learning on the job; low valuation of the services provided by the service provider as well as the user; and further feminization of labour in the sub-sector of Personal and Community Services, leading to a stronger association, in perceptions as well, between women and childcare/care work.

The draft ECCE policy disregards the extensive evidence of the negative consequences of lack of provision of quality childcare services to children under 3 years and its impact on mothers working both within and outside the home. Further, it completely overlooks the successes of policies and practices, national and international, enhancing growth and development of children under 3 years through quality day care and the widening of women's opportunities to participate in employment and in public and political processes through reduction of care work responsibilities of women.

A. ***Gender in the Draft of ECCE Policy:***

The second draft of the policy on ECCE does not recognize the intersecting nature of the needs of the child and the mother. This is a departure from the policy pronouncements in India since the *Shramshakti Report* and is a blow to the persistent demand for 'maternity entitlements' from women's and child rights groups. In the draft ECCE policy, there is no mention of pregnant women, and the word 'mother' is hardly mentioned (five times), but when referred to, it does not include recognition of women's rights to maternity entitlements. [11] Further, the draft policy document states that the 'Policy is applicable to all early childhood care and education programmes and related services that are offered from conception onwards to children'. Thus pregnant women or women-when-mothers are excluded from its target population in spite of the well-recognized fact that pregnancy, childbirth and lactation make demands on women's bodies, energy and time.

[11] 'Women' is mentioned only three times – twice in relation to administrative matters (section 10.1) and once while mentioning other programmes for reproductive health (section 2.3.3). 'Mother' is used once with respect to balanced inputs in the programme from caregivers (section 2.1); once in discussion of crèches in the country (2.3.2); once with regard to 'their (children's) age-specific needs' (section 3); once with regard to the administrative use of the mother-child cards (section 6.3); and twice with regard to community participation (sections 10.5 and 10.6).

Moreover, the policy does not recognize the specific problem of 'missing girl-children' either through sex-selective abortion or discriminatory feeding and care practices after birth.

The draft policy proposes community crèches as the primary arrangement of day-care provision by the state. It states: 'universal access to integrated child development for all young children remains the primary responsibility of the government through ICDS...The AWC-cum crèches...will be developed, piloted and scaled up, if necessary, in response to community needs'. While the draft policy recognizes the responsibility of the state in ensuring better implementation of crèche services and facilities under various statutory laws (including Mahatma Gandhi Rural Employment Guarantee Act [MGNREGA]) by respective ministries and sectors, it falls far short of recognizing a wider set of maternity rights. It talks of neither amending the statutory laws nor instituting a fresh law to ensure children's rights to ECCE and women-when-mothers' right to day care. Such a weak or absence of commitment to day care for children of 'women in paid work' from the state will lead to the deprivation of children of poor working women-when-mothers of much-needed ECCE. The low priority in the draft ECCE policy to working women and their children is apparent from the lack of institutional arrangements envisaged by the Ministry of Labour for ensuring adherence to ECCE during implementation of crèches under statutory law, unlike that envisaged by the Ministry of Human Resource Development (MHRD).[12]

The draft ECCE policy does not address the issue of 'feminization and exploitation' of women personnel in the centre-based provision of ECCE either in ICDS or in the private sector; unlike domestic workers and construction workers, women personnel in the ECCE domain continue to be denied the status of 'worker' with its attendant rights and guarantees.

The absence of a gender perspective in the draft of the policy is also evident from the lack of reference/attention to issues of gender bias in the learning environment – in the National Curriculum Framework, in the Quality Standards and Specifications, in the Regulatory Framework for ECCE or in the play and learning materials. There is no mention of maintaining gender-disaggregated data in the management information system (MIS) and gender-sensitive monitoring to assess and promote the goals of gender equity within and across social groups. Research, evaluation and documentation are not understood as opportunities to study inequities of gender and inequities in other social groups and/or to promote strategies and programmes that achieve the goals of universalization with quality and equity.

[12]The ECCE policy section 10.4 states: 'convergence with MHRD and State Departments of Education will be of key importance, particularly for the adoption of child centric and play based approaches and extend the school readiness interventions for children of 5 plus years of age. Mechanisms will be instituted to facilitate this convergence so as to ensure continuity and inter-linkage, with specific reference to Section 11 of the Right to Education Act.'

Therefore, it can be unequivocally stated that the ECCE policy reinforces the ideology of gendered familialism by devaluing gendered care practices through the invisibilization of the mother and by limiting women's opportunities for full employment. Understood together with the strategy of the Twelfth Five Year Plan to make women responsible for the monitoring and implementation of what should be public services targeting them and children, this argument exposes the devaluation of care practices of women, the refusal of the state to take responsibility to reduce the double and triple burden of labour women bear and their devaluing of women as cheap and free labour on call to subsidize the state.

VII. Restructured ICDS-Services: What It Provides the 0–3 Year Old Children and their Mothers/Families:[13]

The ECCE policy states that ICDS is the institutional mechanism through which ECCE will be provided to 0–6 year olds. One of the central criticisms of the ICDS has been that it neglects 0–3 year olds. This section will assess the 'Broad Structure of Framework of the ICDS Mission' that lays down the content and institutional management framework for restructured ICDS program vis-à-vis the ECCE needs of the 0–3 year olds.

A. ***AWCs-cum-Crèches:*** The restructured ICDS has taken cognizance of the criticism of neglect of 0–3 year olds and strengthened the core package of six services and added new services. However, the restructured ICDS does not include the service of a crèche or day care in all its centres. In the next five years, only 5 per cent of AWCs are to be converted into AWC-cum-crèches, and this amounts to a total of 70,000 AWC-cum-crèches. Of these, 43 per cent are to be constructed in the urban areas, 17 per cent in the metropolitan cities and 40 per cent are to be situated in the rural areas. Priority for crèches in rural areas will be given in the high-burden districts. This is a major setback for the demand for crèches from the perspective of both women and children.

The positive features of the AWC-cum-crèches are that some measures have been taken to improve the quality of centre-based care. Additional crèche workers are slated to be hired to attend to the needs of the under-3 year olds, in recognition of the different needs of this age group and for improving the worker-child ratio. The need for additional space for AWC-cum-crèches has been recognized, and resources have been budgeted for additional space to enable children to play, learn and rest without being crammed into existing areas. The crèche worker is to be provided with training for care and stimulation for the under threes and for crèche management.

[13] The ICDS document perused here is the 'ICDS Mission: Broad Implementation Framework', October 2012.

The provision for crèches to remain open for eight hours a day and for supplementary nutrition for children who stay in the crèche for the entire day are measures that will benefit poor working women and their children, as the burden of care on working women is reduced and the food requirements of the child are taken care of. Conferring states the flexibility to pilot this model in partnership with NGOs or engage NGOs with expertise in crèche management as external resource organizations is also a welcome step, as it allows for the possibility of multiple models of day care within the ICDS platform itself; most importantly, it opens up the space to have day-care facilities at worksites – a demand from a significant number of women.

B. ***AWCs:*** In the regular AWCs, the ECCE component of ICDS is aimed at the 0–3 year olds, although from home. The critical interventions are home-based guidance for parents, early stimulation, monthly monitoring of child growth and development milestones, supplementary nutrition for children, pregnant women and lactating mothers (henceforth, P & L mothers), and Fixed Monthly ECCE days. While the attention to early stimulation and closer monitoring of development milestones is a welcome addition, the primary concern is that the single anganwadi worker (AWW) will be overburdened with work. This will be more acute, since the AWCs are to be open for at least six hours as per the new guidelines. The quality of the home-based services from AWCs is liable to suffer as a result unless the envisaged convergence with the Accredited Social Health Activist (ASHA) and auxiliary nurse mid-wife (ANM) gets streamlined.

The proposal to recruit youth (like adolescent girls trained under the SABLA program) /community women volunteers on a stipend basis and to hire part-time personnel on an ad hoc basis for the provision of home visits is a retrogressive step on two counts. One, it will most likely lower the quality of services for care and stimulation; this is an instance where the rhetoric of professionalization in policy is undermined by the practice of using poorly paid contract female labour without adequate training under the guise of volunteerism. Two, it propagates the feminization of care in the paid and unpaid care economy.

The newly initiated village-ECCE days focused on getting human labour, time and resource contribution from the community – in effect, imposing a financial burden on the community under the garb of community participation and ownership; the ICDS contribution to the village-ECCE day is less than Rs 100 per month! The monthly village days will also serve as platforms for entry of market providers under the banner of 'innovations', and in the context of poor implementation of quality services and no curbs on service fees, these are likely to push more children out of the net of public services into that of the market.

C. ***Gender in ICDS:*** The Care and Nutrition Counselling component delivered to individual families having young children is entirely directed to the P & L mothers and mothers of children under 3 years. This exclusion of fathers promotes the gender bias in unpaid work and, most importantly, reduces the impact of these interventions, because young women neither have voice to take decisions regarding issues such as feeding and childcare, which are culturally entrenched, nor have the ability to make a decision on issues of family planning such as spacing. Services under the Care and Nutrition Counselling are targeted to other members of the family and community only in collective settings of the intervention of care, nutrition, and health and hygiene education. This almost exclusive focus on mothers is observed even in the new service, that is, Nutrition and Counselling Sessions to be organized for 12 days and subsequent rehabilitation at home, aimed at the prevention and management of moderate and severe malnutrition. Further, the design of the programme is such that women are required to be available for these sessions during the working day, an instance of the women unfriendly, male-breadwinner and gender familialism perspective in operation. Women in paid work and especially women from poor families, whose children are the most likely candidates for this service, may not be able to forgo the wages and may find it difficult to avail of these services in the absence of some monetary compensation.

The above example on Nutrition Counselling is one among many other practices in the restructured ICDS that instead of promoting participation of fathers and reducing women's burden continue to add to women's unpaid care work.

VIII. Way Ahead:

The examination of the past and recent policies has revealed that 'gendered familialism', the bedrock of state policy in the care economy, remains firmly in place. Thus the task ahead is to continue the struggle to establish a new paradigm of care in the state discourse and policy and action that is gender equitable vis-à-vis the care economy, and yet, at the same time, establishes women's maternity entitlement within the framework of the 'rights' discourse.

The more immediate task is to continue the lobbying and advocacy for state responsibility for day care/crèches for all children under the age of 3 years in the context of high levels of poverty and social exclusion. Here, more research is needed to understand the ways in which poor families provide for the various critical components of ECCE and the local initiatives that have emerged to support these families to nurture and educate their children. Research is also needed to unearth and record the traditional practices of childcare to incorporate the beneficial ones in culturally appropriate contexts and disseminated as best practices.

Advocacy for guaranteeing 'worker rights' to ICDS and paid childcare workers in the market and voluntary sector needs to continue, because denying 'worker's rights' discriminates against women workers in the labour market, and it has negative implications for quality of services offered in the day care/crèches through ICDS as well as the private market.

In the absence of day care as maternity entitlement, it is necessary to work with the Ministry of Labour and the unions to push for the implementation of 'maternity entitlements' in the formal sector and their adoption in the informal sector. In parallel, efforts have to be made for inclusion and enforcement of new ECCE guidelines of Quality and Curriculum in statutory and 'Welfare' crèches.

Learning from the successes of the Right to Food Campaign, women's and child rights groups would be advised to seek legal assistance for constitutional recognition of the need for universalization of day care and its acceptance as a maternity entitlement. Thus drafting a law for day care and pressurizing the state to promulgate one is a dual strategy that needs to be adopted.

Voices of a cross-section of women on childcare of the young have to be heard, and their needs, difficulties and demands recorded and included in future policy and law on women and childcare. Currently, there is little information available on the ways in which women and families provide care to the 0–3 year olds and their thoughts on how they would like to do so in the future. There is insufficient data available, for example, on the age at which women and families enrol their children in day care; the number of hours that such young children are left in the day-care centre, the determinants of decisions by women and families to transfer a child to the day-care centre, etc.

Finally, going beyond children, there needs to be more focused research on women-when-mothers of young children. This research needs to include issues as diverse as the health status of women, the experiences of women in child rearing, the costs and benefits to women of rearing their own children within the home; the learning strategies employed by women to cope with 'motherhood'; the extent and nature of participation of young and older men in child rearing; the differences in men's participation in child rearing by education, employment and location, among others,; men's feeling of fatherhood and the nature of participation in childcare they desire; role of older women in the family and community in adoption of childcare practices; and the influence of media and peer group in adoption of childcare practices.

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