INTRODUCTION

Children are a nation's most precious resource. The health and productivity of our society have roots in the quality of reproductive experience and the subsequent nurturing strategies of parents and childhood caretakers.

One half of the world's population lives in Asia and has to manage with less than one third of the total food resources, while Europe and America which have just one third of the world's population, have almost two-thirds of the total food supplies.

It is in the developing countries that the population has been increasing at a phenomenal pace. Fortunately India is one of the countries where the Green Revolution has been successful. The availability of food today is somewhat higher than what it was two decades ago, but the increased food production does not seem to have really improved the nutritional status of the vulnerable sections of our society. This is mainly because of a continued misdistribution of food.

As a result, malnutrition is a major public health problem in our country as it is in many other developing countries. This is in sharp contrast to the almost complete elimination of deficiency diseases in developed countries.
Malnutrition is a polite word for semi-starvation among children. It leads to disease conditions protein deficiencies can bring about Kwashiorkor – a state where the child becomes swollen with edema, has sparse discolored hair and is generally irritable and apathetic. When Kwashiorkor is coupled with a calorie deficit as well, Marasmus results. The term Energy Protein Malnutrition (EPM) has now replaced PCM and PEM as recent thinking recognizes that energy rather than protein may be the most limiting nutrient but that both are involved. Deficiencies of other nutrients like vitamins and minerals can even cause blindness, skin problems, rickets, anemia, growth failure and diseases of the brain. The damage is sometimes incurable and permanent.

The causes of malnutrition among Indian children are complex and interrelated. Poverty undoubtedly is the main cause but dietary habits of the people ordered by customs and religious traditions also play an important role.

In urban areas, the problem of malnutrition is even more severe than in the villages. Unhygienic living conditions, lack of clean drinking water, environmental pollution and working mothers aggravate the problem. There is a general controversy whether women's participation in income generating activities outside the home is supportive of or is detrimental to the welfare of the young children.
The plight of children in India is in no way different from that of children in most developing countries of the world. For the majority of the children, even the basic amenities of safe drinking water, and adequate nourishing food are out of reach. A healthy child will grow into a healthy individual — a resource for the nation. Conversely, an unhealthy individual is a liability. It is because of this realization that countries all over the world are making tremendous efforts to bring about policy and environmental changes to help children attain their full potential. Yet, in India, these changes are still to bear fruition and much more needs to be done.

**Historical Perspective:**

India’s commitment to children is framed in the Constitution Article 39 of the Directive Principles of State Policy that directs that children be “given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity, and that childhood and youth are protected against exploitation and against moral and material abandonment”.

In 1974, India reaffirmed it’s constitutional obligations to the children in the National Policy for Children by declaring that

"It shall be the policy of the state to provide adequate services to children both before and after birth and through the period of growth, to ensure their full physical, mental
and social development. The state shall progressively increase the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth."

Promises have been made by international communities to give every child a better future. There are 80 international law covenants and declarations regarding human rights of children. The United Nations General Assembly in 1959 adopted the declarations on the Rights of the Child. It stated that mankind owes to the child the best it has to give. There were ten principles, which formed the guidelines for the children's rights. In September 1990, the convention on the Rights of the Child drafted by the UN Commission on Human Rights came into force as an international law. The convention consists of 54 articles and is set of international standards and measures that intend to protect and promote the well-being of children in society. Among others, the convention draws attention to the rights of children related to their survival, protection and development. This includes the Right to Life, the highest attainable standard of health, nutrition and standards of living. The Right to Protection includes protection from exploitation, degrading treatment and neglect. The Right to Development covers support for early childhood development and care and social security. World leaders agreed on principle that the essential needs of children should be given high priority in the allocation of resources at all times and at all levels. All countries were to
prepare their own National Plans of Action to achieve their targets keeping in mind their specific situations, and available resources.

A detailed "National Plan of Action – A Commitment to the Child" was adopted in 1992 by the Government of India. The NPA has certain priority areas. They are health, nutrition, education, water, sanitation and environment. The state governments were instructed to frame their individual plans of action taking into account their specific needs and availability of resources. The NPA aims to improve the situation of children by the year 2000 A.D.

Existing laws, policies and constitutional provisions at the highest levels gives an impetus to the efforts being made to meet the basic needs of children. All programs for children are focused on the 0-14 years age group.

Article 24 of the CRC (Convention on the Rights of the Child) states that every child has the right to enjoy the highest attainable standard of health. The National Health Policy of 1983 stresses the launching of special programs for the improvement of maternal and child health. The government has set itself the goal of attaining 'Health for All' by 2000 A.D through the provision of primary health care services. The health of women and children form the focus of most of these programs.
A major child health goal of the NPA is to reduce the infant mortality rate to below 60. This would mean 100 percent immunization coverage, eradication of polio, elimination of neonatal tetanus, reduction of deaths due to measles, diarrhea and acute respiratory infections (ARI) by 2000 AD. The major goal of the plan related to maternal health is reduction of Maternal Mortality Rate (MMR).

The MCH (Maternal and Child Health) program is a part of the primary health care service. Related programs are the UIP (Universal Immunization Programme), Oral Rehydration Therapy, and Prophylactic schemes against nutritional anemia among pregnant women and against blindness due to vitamin A deficiency.

The development of health facilities and the use of package programmes for maternal and child health care has paid rich dividends. There is a gradual decline in the incidence of diseases and mortality rates. IMR (Infant Mortality Rate) has declined from 146 per 1000 births in 1961 to 74 in 1993 and 72 in 1995. The maternal mortality rate is 420 deaths per 100,000 births. This figure is from the National Family Health Survey conducted during 1992-93. The report however also states that there is no way to assess the completeness and accuracy of these estimates.

The nutrition of the child is clearly mentioned in Article 24 and Article 27 of the CRC. Among other requirements, the
article states that “State parties shall take appropriate measures to combat disease and malnutrition including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate food and clean drinking water”

Though a lot has been done by the Government of India through nutrition intervention programmes to reduce the magnitude of malnutrition among children and women, there are still about 250 million people suffering from varying degrees of malnutrition

One of the Nutrition Intervention programmes is the Integrated Child Development Services Program of the Department of Women and Child Development. It was launched in 1975 during the fifth plan period with 33 projects and had expanded to 3381 projects in 1994. The ICDS covers rural, urban and tribal areas.

The ICDS offers a package of services including supplementary nutrition, immunization, and health checkup and referral services to children below 6 years and also to expectant and nursing mothers. Nutrition and Health education to mothers is also important. The supplementary food distributed to children and pregnant women is expected to meet one third of their daily requirement of calories and proteins. 17.3 million children and 3.7 million expectant and
nursing mothers receive supplementary nutrition. While evaluating the ICDS, NIPCCD has found that the programme has brought about desirable changes in the nutritional status of the children.

Some other programmes of the Department of Women and Child Development and the Department of Family Welfare are the Special Nutrition Programme (SNP), Balwadi Nutrition Programme (BNP) and Mid Day Meals Programme for school children. The National Goitre Control Programme, The National Iodine Deficiency Disorders Control Programme and Anaemia Prevention and Control Programmes are some others run by the government.

In 1993, the National Nutrition Policy was adopted. The problem of malnutrition was tackled through nutrition intervention programmes for the vulnerable groups. The goals of the policy are in accordance with the objectives of the National Plan of Action. A National nutritional surveillance has also been set up. A databank on nutrition provides vital information on nutrition available in different sectors.

An analysis of the Indian Nutritional Status shows that the average calorie intake has increased. The consumption of proteins, fats and oils needs to be increased. The National Nutrition Monitoring Bureau (NNMB), 1990, states that only 9 9% children (1-5 years) are normal. 43.8% suffer from
moderate degree of PEM and 8.7% from extreme form of malnutrition

Article 24 of CRC also recognizes the child’s right to clean drinking water and environmental sanitation. Safe drinking water is a basic necessity for survival. Children being most vulnerable are more susceptible to waterborne infections and diseases like diarrhea, cholera, typhoid, dysentery, and worm infestations. Chemical and biological contamination of the available water supply affects children the most and results in physiological disorders.

The National Drinking Water Mission (NDWM) has been functioning since 1986. Its aim is to implement the various water programmes and integrate them with other rural development programmes. The NDMM has been renamed after the former Prime Minister Rajiv Gandhi and is now known as the RGNDWM. Its norms for water are 40 l/day per capita. Sanitary means of excreta disposal are also emphasized in the NPAC.

Article 18 of the convention stresses on the availability of childcare services. All appropriate measures should be taken to ensure that children of working parents have the right to benefit from childcare services and facilities for which they are eligible. Some programmes, which are directly related to this article, are Day care centers for children of ailing mothers. This is mainly for children up to 5 years of age of
migrant, agricultural and construction laborers whose monthly income does not exceed Rs 1,800 per month. The services include supplementary nutrition, health check-up, immunization etc. The Department of Women and Child Development has set up a National Crèche Fund. The World Bank has provided credit for it. The fund helps to set up new crèches and anganwadi cum crèches as and when required.

Besides these governmental agencies, a number of NGO’s (Non Governmental Organizations) are working for the welfare of children. They endorse the present WHO/UNICEF concept of primary health care. They accept as a fundamental starting point that health care for the preservation and promotion of health is one of the most basic human rights as declared in the Universal Declaration of Human Rights. NGO’s have a long history of active involvement in the promotion of human well-being. They possess certain strengths and characteristics, which enable them to function as effective and dynamic agents in this process. They have exhibited a special capacity to work within the community in response to expressed needs. They provide important links between the community and the government. NGO’s support the view that the promotion of primary health care must be closely tied to a concern for total human development. The totality of human development encompasses the physical, mental and social and spiritual well-being of an individual. Primary health care must be an integral part of the overall development of society.
development cannot be fragmented. Social and economic factors are closely interrelated and interdependent. Health and nutrition education are of no use if food production is inadequate and food distribution is faulty. Provision of a source of clean water to a community will have an impact on water borne diseases only insofar as the community is educated in its use and management.

In the early seventies there emerged an institution for day care for the children of the working mothers of the lower income groups. The plight of the children of the migrant Rajasthani laborers struck a chord and Meera Mahadevan responded by establishing a "simple shelter under a tent." It meant looking after the babies, non-formal education of the school and engineering low cost thought provoking activities for the children. At night adult education classes were also held for those who were interested in improving their lot.

These Mobile Crèches function mainly in the metropolitan cities like Delhi, Mumbai and Pune. More than 2 lakh children have already benefited from this scheme. As is stated in the National Nutrition Policy, 1993, the condition and nutritional status of the children in India especially among the lower income groups cannot improve unless the approach is holistic. Children cannot be viewed in isolation. When very young they are like an appendage of their mothers and their physical and social health is totally
dependent on the mothers or caretakers as also their physical and social environment.

Most women in the lower economic strata have to take up some sort of remunerative work due to dire economic necessity. This work is either within the four walls of their home or outside in fields or factories. Their work pattern consequently plays an important role in the health of their children. Sometimes the very survival of the family is dependent on the woman's income.

The decade 1975-85 was declared as the International Decade for the Women by the United Nations. 140 nations made a commitment to strive for women's development, as they constituted half the human race. It was more or less during that time that academic literature moved away from studying women's role in the family to her role in society and her workplace. There has always been a multidisciplinary approach to women's development though her economic behavior has been central to most studies.

The Indian Constitution guarantees equality of opportunities in employment matters and it directs the state to secure equal rights to "adequate means of livelihood, equal pay for equal work, and just and human conditions of work".

Industrialization and consequently mechanization has excluded large numbers of women from active participation...
in the productive process. The majority of those who participate are just about tolerated, not treated equally and the conditions of work leave much to be desired. Women workers are subjected to exploitation of various kinds with no easy avenues for protection.

All women's organizations are becoming more vocal, legislations and public awareness has initiated actions favoring women. This has made a perceptible dent in the organized sector but in the unorganized sector it has gone unnoticed. Women in the organized sector form only 6% of the total number of women workers. 94% of the women working in India belong to the unorganized sector (See Appendices).

This sector which employs a large portion of the female workforce covers marginal workers as well as workers living on the borderline of starvation. There are a lot of activities that are being diverted to this sector because of the nature of the employment. As a consequence, these poor women will gradually be relegated to the background, their jobs will continue to be low paid and their share in the products of development will decline. It is a vicious circle. There are several factors that have hampered women's integration into the development process of the country. The lack of a well-defined policy indicating areas where the women need special protection and assistance leaves them without access to knowledge, skills and employment.
Another aspect is that there seems to be some preconceived notions regarding the efficiency of women workers. Employers feel that women cannot be employed on a regular basis as they take frequent leaves of absence; they cannot be taught skills and thus will affect the productivity. This results in wage discrimination.

Some of the reasons why women are found in the unorganized sector are because basically they are immobile. They do not move independently for a better paying job leaving their families behind. This is the reason that forces them to accept low paying jobs. Another reason is that the age group 15-40 years is the age of the larger part of the female workforce. This also happens to coincide with the reproductive age of women in India. Thus, during the period they will take time off for child bearing and child rearing. It is also possible that these roles will interfere with their ability to learn new skills that would improve their earning capacity. Illiteracy proves the backbreaking blow.

Sudha Kumari, in her article, says that the introduction of new crops, new technologies, increasing modernization of agriculture, increasing landlessness and sub division of land has affected job opportunities for women. She also goes on to state that most of the women in the unorganized sector are unaware of the concept of a trade union. They never fight for equal wages and are unaware of welfare measures. What they never had, they never miss, and even in the home
situation they are content with leftovers. The consciousness of being considered equal does not exist. They are content with what they have.

In the National Perspective Plan for Women, 1998-2000, the core group in its report, states that one of the major reasons for women’s work becoming increasingly limited to the unorganized sector is that women lack the opportunity to acquire skills and training which could improve their job prospects. This is related to the prevailing social relations between men and women. Women have to bear the burden of the domestic chores, which, in a poor household is time consuming and labour intensive and hence they do not have the time and opportunity to acquire skills and training for better jobs. This in turn leads to their being relegated to jobs that are labour intensive, time consuming and low paid.

Jobs in the unorganized sector are characterized by low pay, long hours of work, low productivity, low skills and lack of job security. There are few labor or trade unions to facilitate the mobilization of women workers and knit them into a conscious workforce. The nature of occupation in this sector is varied and it cannot be easily categorized. There is inadequate legislation and the law enforcement agencies are ineffective, particularly in regulating their work conditions.

Accurate data on the extent and nature of women’s work is an essential pre-requisite in the development of employment
policies and programmes (NPPEW, 1988) Data relating to the employment of women in India is currently available from six major sources. There are

1. The Decennial Population Census
2. Surveys undertaken by the National Sample Survey Organization
3. Studies conducted by the Directorate General of Employment Training and Labour Bureau
4. Annual Surveys of Industries compiled by the Central Statistical Office
5. Periodical reports from the State Governments
6. Individual studies conducted by the central and state governments, universities and research organizations

In most of South and South East Asia, the female working poor find themselves at the bottom of the three hierarchies of gender, class and ethnicity or caste. The interaction of class exploitation, patriarchal domination, ethnic oppression and discrimination constitutes the core of their chronic disadvantages.

Employees fit into a two-tier labour market. The upper tier consists of those employed in the organized private and public sectors on a more or less regular basis at wages or salaries adjusted with changes in the cost of living. The lower tier covers the vast sections of agricultural labor, coolie and construction labor of all kinds, all kinds of service
workers hired on a casual basis without job security and worker benefits and at wages which are below the legal minimum.

The number of workers in the more crowded lower tier – the informal and unorganized sector – has been expanding much more than the upper tier. Female concentration in the ultra exploited lower tier is not only pronounced in most of the South and South East Asian countries but has increased over time. A large part of the growing mass of female working poor consists of low wage casual laborers. More than 90% of the female workforce in India belongs to the unorganized sector (Bardhan, 1989).

Women are socially conditioned in such a way that they undermine their own status as workers. The underestimation and underreporting of work done by women is especially true of states in North India (Raju, 2000). Housework like cooking, washing, fetching water, collection of fuel and fodder, tending livestock and the major role of child bearing and rearing accords the woman the status of a non-worker. Any home based economically productive work is also not graded as work in any national statistics.

The status of women in a society is a significant reflection of the level of social justice in that society. It usually involves a complex set of interrelated factors. The woman's status is often described in terms of her level of income, employment
education, health and fertility, as well as the roles she plays within the family, the community and society. The work, which a woman does - agricultural, industry or home based, her contribution to family income and her role within the family as wife and mother, is unquestionably significant.

It is only recently that there has been increased political and public attention to the burdens placed on women by their multiple roles. Social pressures still push a woman to let her reproductive role subsume her productive one. While there have been some studies of the ways in which women cope with their manifold roles, these have been mostly concentrated in the organized sector and have often originated in other countries.

In India, where the overwhelming majority of the female workforce is in the unorganized sector, schemes for income generation for women can help to break the barrier of poverty. Due recognition and appreciation of their multiple roles and how the women handle them is necessary.

Childcare has traditionally been exclusively the woman's responsibility and hence the manner in which the woman balances her income generating work and childcare roles is of special significance. In 1989, the Shramshakti report of the National Commission on Women in the informal sector, stressed on the urgent need to make visible this large section of "invisible" workers and protecting them legally.
The young children of these workers would as a consequence be the main beneficiaries. The report goes on to state that the entire earnings of these women are spent on the upbringing of the children and betterment of the family members.

Open unemployment is rare in India, particularly among women. Most poor people cannot afford to be idle. They work but their work is underemployment in low visibility and low productive unorganized sectors.

For the purpose of the present study the following terms have been defined—

Work – economically gainful activity
Factory based Work – any income generating activity in a factory
Home based Work – any income generating activity in the home
Working Woman – a woman working in a factory
Non-working woman – a woman who is not involved in any income generating activity outside the home
Childcare – the activities carried out by the biological mother or a mother substitute addressing the developmental needs of the child
Caretaker – is any person who attends to the developmental needs of the child for a considerable period of time per day.
**Working mother of young children** – is a mother having at least one child below 6 years of age and involved in an income generating activity for at least 6 hours per day.

**Unorganized Sector** – comprises of all the occupational categories not included the public sector and not covered by statutory provisions in the private sector.

This study was based in Aligarh, a city in Uttar Pradesh. This large North Indian state is characterized by exceptionally high levels of mortality, fertility, illiteracy, under nutrition, social inequality and a slow pace of poverty decline (Dreze and Gazdar, 1999). A large part of India's total population lives in Uttar Pradesh – 139 million at the time of the 1991 census.

Female life expectancy is below 55 years and the under 5-mortality rate is as high as 141 per thousand, not very different from sub Saharan Africa (HDR, 1994). The U5MR is the highest among all the major Indian states.

According to the recent National Family Health Survey, Uttar Pradesh comes second to Bihar in terms of the incidence of under nutrition among children below the age of 5. Another area in which UP seems to fare worse than most is that of gender equality – the female male ratio is as low as 879 per thousand. This ratio is even lower in western UP (0.84). Aligarh is a city in Western UP.
The present study is an attempt to assess and compare the nutritional status of the young children (1-6 years), the most vulnerable section of an already economically deprived group of working and non-working women. Some significant factors – the physical and social environment – associated with malnutrition have also been identified.
**General Objective:**

To assess the nutritional status of children of working women of the lower socio economic groups

**Specific Objectives**

1. To assess the nutritional status of children (1-6 years) of working and non-working women through anthropometry taking into account their gender

2. To understand and compare the interrelationship between the mother's economically productive work patterns – home based or factory based, and the child's health status

3. To study the effect of the physical environment, type of family and family income, on the health status of the child

4. To identify the effects of the caretakers other than the mother, on the nutritional status of the child