

# **DOES MATERNAL EMPLOYMENT AFFECT CHILD CARE ARRANGEMENTS AND BREASTFEEDING DIFFERENTLY TO BOYS AND GIRLS? EVIDENCE FROM RURAL NORTH INDIA**

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**Summary.** This paper explores the extent of sex differences in child care and breastfeeding patterns in the context of women's work using data from a cross-sectional study of (12-36 months old children (N=202; 96 males and 106 females) of 112 working women who returned to work after the birth in Mewat region of Haryana State, North India. The study concludes that women's work participation is a crucial factor in the differential care of boys and girls. The results show that though women face the challenge of combining productive and reproductive roles, the effects of production differs markedly for boys and girls. A significantly higher proportion of girls were left with inadequate care, breastfed for shorter duration and weaned early as compared to boys.

## **Introduction**

Work besides being a large source of stress restricts the period of time a mother and child are together. The mother's work status determines the amount of time and care a mother can give to her child, and it may determine the amount of resources (income) available to the mother and thus her access to various goods and services. Women's work may also have an effect on child health through lack of time for breastfeeding. In a society with strong son preference attitudes, women's work can be a crucial factor in the differential care of boys and girls as compared to women who remain at home because productive labour and reproductive responsibilities pose competing demands upon the time of working women. However, previous studies have mainly investigated the impact of mother's work on infant health and nutritional status, with attention to possible influence on infant breastfeeding and supplementary feeding patterns. And the results obtained in those studies are mixed and appear to be inconclusive. This paper explores the extent of sex differences in child care and

breastfeeding patterns in the context of women's work in Mewat region of Haryana State, North India.

The majority of the Mewat region falls in Haryana which is a State of the northern region of the Indian Union. Haryana State as a whole is fairly well developed and it has the second highest per capita income in India (Government of India, 1998) but Mewat has remained a backward region even after Independence. The area lags behind the rest of Haryana on almost every yardstick of development index, even though the farthest point of Mewat is no further than 145 kilometres from Delhi, the national capital. The overall literacy rate in Mewat is 23.1 percent, whereas for Haryana as a whole the literacy rate is 55.3 percent (Mewat Development Agency, 1994; 1995b). The Infant Mortality Rate (IMR) in Mewat is 91 (Jatrana, 1999) while for Haryana State as a whole the IMR is 68 (Registrar General of India, 1997). Mewat is predominantly rural, covering an area of 1874 sq.km. with 491 villages and 5 towns (Mewat Development Agency, 1995a). A large part of around 7 hundred thousand inhabitants of this region have agriculture as its main occupation.

### **Methods**

The data employed in this study were obtained by conducting a field survey between April 1996 and February 1997, as part of (PhD field survey) a larger study of factors affecting infant and child survival in two blocks of Haryana State of North India. Three villages with 500-3000 population were selected from each block on the basis of simple random sampling. This was done to eliminate villages that were too small or too large. In the sampled villages, all those households which had experienced a live birth in the three years preceding the survey (Holi festival 1993-Holi festival 1996) were visited. A reference to Holi, an important festival in India, was expected to facilitate recall and thus, reporting of births and deaths. Of 950 children born during the reference period, 83 had died during infancy and the remaining 867 had either survived beyond their birthday or were censored by the survey date. In the survey, a mother who had a live birth during the reference period was considered as a respondent. If there were more than one woman in the household who had a live birth during the reference period, all were selected for the survey.

This paper is based on a subset of 12-36 month old children (N=202; 96 males, 106 males) of 112 working women who returned to work after the birth. The quantitative survey consisting of a structured questionnaire was administered to obtain information about type of work, return to work after delivery, care of the newborn at the time of work, initiation of breastfeeding, duration of breastfeeding, age at weaning, and reasons for stopping breastfeeding. The qualitative component comprised of case studies, informal interviews with mothers, and participant observation. In this study mother's work refers to whether or not the mother was in some form of employment during the reference period, for which the women was paid in cash or kind.

(Table 1 about here)

One important limitation of this study is the small number of cases on which the analyses are based. A partitioning of the sample according to various background characteristics of its members sometimes produce such small sub-groups that estimates are unstable and the interpretation of the results difficult. Hence the categorisation of the explanatory variables was based on theoretical grounds, as well as on the basis of the distribution of cases with respect to the different variables. Since, the underlying purpose of this survey design was the maximisation of the quality of the information while at the same time obtaining a sample size large enough for analysis. The fixed budget of time and money necessitated a choice between quality and quantity. Quality of information was generally favoured over the size of the sample. With this in mind, sample villages were visited several times before interviews were conducted.

## **Results and discussion**

### **Household and outside the household work after delivery**

After the birth of a daughter, the mother is denied the customary rest and she is expected to start housework immediately after the birth. Forty six percent of the working mothers start household work within 30 days of the birth of a girl child as compared to only 11% following the birth of the boy child (Table 2). Only 7.3% of the working mothers start housework after 45 days of the birth of a female child as compared to 54.6% doing so after the birth of the male child. Similarly high rate of early return to paid work following the birth of a daughter demonstrates discrimination against daughters. Sixty-one percent of the mothers returned to work within two months of birth of a female child, while only 32% mothers did so following the birth of a male child (Table 2).

(Table 2 about here)

### **Care of the new born when the mother goes out to work**

Table 2 also includes information on the care of the newborn when the mother goes out for work. It illustrates that more daughters are left alone or with neighbours who are less able to attend to their needs. In contrast, sons simply will not be left alone, but will be attended to by mothers-in-law or elder siblings. A significantly larger proportion of boys were left with adequate care<sup>1</sup> (75%) when the mother went out to work, while the corresponding figure for girls was 44%.

### **Work and differential feeding**

The resumption of employment also had a differential effect on the breastfeeding patterns for boys and girls. As is clear from Table 3, more boys (84% vs 64% girls) were exclusively breastfed for six months (the recommended duration by WHO). The working mothers introduced supplementary food at 6 months to boys versus 8 months to girls, thinking insufficient milk production to their sons. But they

don't complain insufficient milk production to their girls. Thus, boys are given supplementary food sooner than girls, which accords with the tendency of mothers of boys to feel greater concern about the adequacy of their milk. The average age at weaning for girls and boys of working mothers was 11 and 16 months respectively. The reasons for this were brought out during informal discussions with women. They say that when they have a daughter and wish a son, they wean the child sooner in order to conceive more quickly. Thus, female children are breastfed for shorter duration or weaned sooner which would contribute to earlier conception following female birth. No significant difference in the breastfeeding patterns of boys and girls of non-working mothers was found (results not shown).

(Table 3 about here)

### **Work, differential care and neglect**

It has been documented elsewhere that in Mewat a son is valued more than a daughter is (Jatrana, 1999). The productive labour in the courtyard and in the hills, and child care responsibilities, pose competing demands upon the time of working women who are involved in full-time agriculture, livestock and household work. Thus working is a crucial factor in differential care of boys and girls. Under such circumstances, the care given to boys differs markedly from the care girls receive. Women face a conflict between familial roles and their economic roles. Hence it may be argued that for mothers of young children, participation in income-generating activities diminishes the time available for child care, which in turn results in inadequate care for girls because girls are less valued. This is particularly true for poor societies like Mewat where women are in income generating activities because of poverty. More than 80% of the working women are in unskilled profession like labour in mines or agriculture.

Much of this argument regarding maternal employment is based on the notion that the mother is the natural caretaker for her young children. Hence, when the mother is employed, particularly when she works away from home, children who are less valued are left either without a caretaker or in the care of other siblings or some

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<sup>1</sup> Child care strategies could be divided into *adequate* which was care at home either with grand mother, with a sibling who was at least a teenager or an adult female relative, and *inadequate* care was considered to be care by another child, being taken to the place of work, left alone or with neighbours.

other form of inadequate care. These children may not be given appropriate food or may be more vulnerable to other health hazards such as accidents. This is particularly true when the alternative care provider is another child, such as an older sister (Engle, 1989).

In Mewat as in other poor areas working mothers are involved in lot of work, affecting the care of their young children:

Akmali, belonging to a lower economic stratum and mother of two children (a five-months-old and a one-and-a-half-year-old daughter), works as a full time wage labourer. Her husband works in the municipality. She has to play a dual role: a familial role as wife, mother and housewife and the other role as employee. She not only works for eight to ten hours at her work place, but on returning home she devotes another five to six hours to her domestic obligations including care of children. Obtaining essentials like drinking water and ration supplies<sup>2</sup> of cereals or kerosene is a time consuming process. The family needs at least two cooked meals and each time cooking is a long and time-consuming process. In the absence of any storing facilities and hand to mouth earnings, shopping for food is invariably a daily exercise. Thus for Akmali, household tasks constitute a full day's work. Since she does a full day's work for wages, it is natural for her to expect some help in the domestic chores from the family members. But neither her husband nor other family members share the household chores. Her two daughters are too young to help her with any work. Her husband sometimes undertakes outdoor activities like fetching vegetables, or groceries. The main reason for non-sharing of housework is a custom or tradition. Since it is customary for men not to engage in housework, those who render some help, undertake only those assignments which are considered less demeaning for them. In his free time her husband sits around, chatting, smoking or chewing betel while she is busy with cooking or other household activities (Field Notes, Mewat, 1996).

### **Differential treatment in breastfeeding**

International authorities agree that infants should be exclusively breastfed during the first six months of life (American Academy of Pediatrics, 1997). In Mewat almost all infants are breastfed. But differential treatment of boys and girls is also evident in breastfeeding. Informal talks with the mothers during the field survey indicated that in cases of insufficient breastmilk, male infants, even in low-income families received a regular supply of supplementary milk while female infants went without it. It was also brought out during discussion with mothers that when they have a daughter and wish for a son, they weaned the daughter sooner in order to conceive more quickly. NFHS data supports this finding in Haryana State:

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<sup>2</sup> Supplies from fair-price shops.

Boys are breastfed for a slightly longer period of time than girls in India as a whole. The duration of breastfeeding is much shorter for girls than for boys in Haryana, Rajasthan and Madhya Pradesh. One reason for the shorter period of breastfeeding for girls is the parents' desire to have another child sooner after the birth of a girl than after the birth of a boy, in the hope of having a boy for the next birth. Although the intent of parents may not always be to provide less adequate nutrition to daughters by weaning them earlier, the effect is the same (Rangamuthia *et al.*, 1997: 12).

Greater concern for the safety of infant boys was apparent from my visit to the *Anganwadi*<sup>3</sup> centre when it was a day for vaccination. Struck by the almost complete absence of girl children, I questioned four women who also had daughters but who had not had them vaccinated. The following response from one of those four mothers, who was also engaged in paid work is an example of the relative lack of concern for the health of little girls:

There is no need to care for the girls, not even in infancy. They are like *Kikar* (acacia, a thorny plant which grows without any care). Girls will grow up without any care just as the *Kikar* tree grows up without any care. But boys are like *Shisham* (a precious timber wood tree which needs special care to grow). Moreover, caring for a girl means caring for someone else's *baag* (garden) because she is a *Paraya Dhan* (other's property) and will go to others' house after marriage (Field Notes, Mewat, 1996).

## Conclusion

Results from this study clearly reveal that resumption of employment affected more to boys than to girls. The woman herself suffered more in case of birth of a daughter as she is refused the customary right to rest for at least 45 days. She returned to work sooner following the birth of a daughter. The study concludes that women's work participation is a crucial factor in the differential care of boys and girls. The results show that though women face the challenge of combining productive and reproductive roles, the effects of production differs markedly for boys and girls. A significantly higher proportion of girls were left with inadequate care, breastfed for shorter duration and weaned early as compared to boys. This issue may be related to the overall preference of sons over daughter in the society as was clear from the

comments from some of the mothers-both working and non-working. 'Even the ants need sons for the continuation of *vansh* (family)' said one working mother. Another women who was not in paid employment said 'A couple can do without a daughter but not without a son. If a man does not have a son, there will be no one to take his name after his death'.

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<sup>3</sup> Anganwadi centre is the focal point for the operation of Integrated Child Development Services (ICDS) at the village level. ICDS is currently the major national program of human resource development in India.



## References

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**Table 1 Distribution of children (12-36 months old) of by socioeconomic and demographic characteristics of mothers, Mewat, 1996**

Characteristics	Children
<b>Education of mother</b>	
Literate	52 (26)
Illiterate	150 (74)
<b>Education of father</b>	
Literate	95 (47)
Illiterate	107 (53)
<b>Father working as labourer</b>	
No	99 (49)
Yes	103 (51)
<b>Type of family</b>	
Joint/ extended	85 (42)
Nuclear	117 (58)
<b>Owning any land</b>	
Yes	95 (47)
No	107 (53)
<b>Owning any livestock</b>	
Yes	164 (81)
No	38 (19)
<b>Maternal age at childbirth</b>	
< 20 years	79 (39)
20 + years	123 (62)
<b>Types of house</b>	
<i>Pukka</i> / cemented	44 (22)
<i>Kachcha</i> / not cemented	158 (78)
<b>Total</b>	<b>202 (100)</b>

Source: Mewat field data, 1996

Note: Figures in parenthesis are percentages to total children aged 12-36 months old whose mothers were working.

**Table 2 Percentage distribution of children by sex and household work, outside household work and type of care when mother goes out for work, Mewat, 1996**

Variables	Male	Female
<b>Started household work after delivery</b>		
Within 15 days	5 (5.2)	11 (10.4)
15-30 days	6 (6.0)	38 (35.6)
30-45 days	33 (34.2)	49 (46.7)
More than 45 days	52 (54.6)	8 (7.3)
$\chi^2$	<b>.000</b>	
<b>Outside the household work</b>		
One month	5 (5.2)	38 (35.4)
Two months	25 (26.1)	27 (25.4)
Three months & more	66 (68.7)	41 (39.2)
$\chi^2$	<b>.000</b>	
<b>Care of the new born when the mother goes out for work</b>		
Taken to the place of work	20 (21.0)	25 (23.7)
Neighbours	3 (3.4)	29 (27.3)
Elder siblings	28 (28.7)	14 (13.2)
Mother-in-law, or some elder person in the family	45 (46.9)	33 (31.1)
Left alone	-	5 (4.7)
$\chi^2$	<b>.000</b>	

Source: Mewat field data, 1996

Notes: Figures in parentheses are percentages.

**Table 3 Percentage distribution of children by sex and breastfeeding characteristics, Mewat, 1996**

Variables	Male	Female
Exclusive breastfeeding for six months	81 (84.3)	68 (64.1)
Mean age at introducing supplementary food	6 months	8 months
Mean age at weaning	16 months	11 months

Source: Mewat field data, 1996

Notes: Figures in parentheses are percentages.