



Gender Rights in Early Childhood

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Early childhood, the period from conception up to the age of about six years, is now known to be the most significant stage of life, from the point of view of human development, and neglect or trauma at this stage can lead to serious damage, sometimes permanent. Five issues can be conceptualized as the rights of the young child, seen from a gender perspective, or, to put it differently, gender discrimination through the young child's lens.

1. The first one is the right to be born a girl.
2. The second is to the right to be born healthy.
3. The third is the right to mother's milk - the child's right to be breast-fed and the mother's right to breast feed
4. The fourth is the right to care (including development and education) in early childhood
5. The fifth is the right of the child's caregiver to recognition and reward


1. Sex selection

Though both infant and child mortality have fallen dramatically during the last few decades, - IMR from 129 per 1,000 live births in 1971 down to 47 in 2010, and CMR from 51.9 per 1,000 in 1971 down to 13.3 in 2010 (Census of India), a disturbing trend is the increasingly adverse juvenile sex ratio, which has been falling steadily in the last forty years. From 962 females per 1000 males, it has steadily declined - 945/1,000 in 1991, 927/1,000 in 2001 and an all-time low of 914 per 1,000 males in 2011 (Census of India). Various groups give alarming estimates of the number of "missing" girls in India every year, and one such estimate states it to be of the order of 4.15 million girls between 1 and 15 (Genderbytes, Wordpress). Much of this gap can be attributed to female infanticide in earlier decades, and later on, to sex-selection followed by abortion. So much so, that one wonders whether a female child even has the right to be born! — the most extreme case of gender discrimination.

Since sex selection concerns gender, and takes place before the child is born, it affects, not child rights, but women's rights. A woman's right to abortion is clearly defined and protected by the Medical Termination of Pregnancy Act - which clearly states the three main reasons which make a termination of pregnancy appropriate and legally acceptable for abortion—and sex of the fetus certainly is not one of reasons! Going further, another Act - PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques) Act - clearly states that sex selection is forbidden. The fact that it continues shows how anti-woman our society has become, in spite of constant public posturing about the role of goddesses and worship of the female deity. Clearly, many women are obliged to, rather than prefer to, abort a fetus of the female sex, because they are coerced to do so, and are not in a position to resist.

It is sad but true that advanced scientific technology has been dramatically used against women. Scientists will claim that science in itself is neutral, and is not either for or against anyone; this may be true in the strictest sense, but scientists are human beings, belonging to a society, and their values and attitudes are inevitably governed by the kind of beliefs and attitudes they have been exposed to through their social experience. It is notable that very few medical professionals have come out openly against these malpractices and one would not be wrong in coming to the conclusion that the majority of them, especially, in the private sector, also the most admired and influential sector, have been complicit in this crime.

While working with the campaigns organised by CASSA (Campaign Against Sex Selective Abortion) in Tamil Nadu in the '90s and later, one often found women gynecologists, who obviously used ultrasonic tests during pregnancy for various (both defensible and indefensible) reasons, ranged against male pediatricians, who spoke out for saving



and protecting lives and improving the health of the concerned infants. An ironic twist was that many of these medical professionals were couples on either side of the professional divide married to each other! - the mind boggles at the thought of whether and how the peace of their domestic lives together was disturbed by disputes on these issues!

2. Low Birth Weight

Globally, nearly 15% of infants are born with low birth weight (LBW) that is, less than 2,500 gms. Of these, more than half are in South Asia, and out of those, 75% are in India, adding up to 8.3 million LBW infants per year. There has been little significant decline in the last few years. (UNICEF 2006) NFHS III estimated in 2005-06 that nearly 21% of all births were LBW (NFHS III), Low birth weight, arising from maternal under-nutrition, especially in the last trimester of pregnancy, is linked to a range of negative outcomes – on brain development, body growth and composition, and metabolic development in the short run, leading to lower cognitive ability, (likely to affect future educational performance,) immunity to disease and work capacity in the long run. It is a cruel but spectacular illustration of the old saying -The sins of the fathers are visited on the children. In this case, this happens quite literally. The failure to feed and care adequately for the pregnant woman, for any reason, especially during the last trimester, leads to low birth weight in the child at birth.

There have been, naturally, very few long-term follow-up studies of low birth weight infants to indicate how and in what way their future development is affected; besides, this would be unethical, as in humane terms, every effort should be made to try and make up for the deficiency when discovered, rather than follow them up without any remedial action. However, the propensity to develop certain diseases like diabetes, obesity, hypertension and heart disease in later life has also been shown by recent researches. (Bhat et al, 2013.) Barker et al (2007), who followed a cohort in Helsinki also found that small size at birth followed by accelerated growth from 3-11 years led to similar results, as well as poor responses to stressful living conditions in later life. Chaudhuri et al (2004), tracked a group of LBW children and found them to be poorer in intelligence, visual-motor performance, motor competence and school performance, with learning disability in both

reading and mathematics, in comparison to the control children. Thus, it seems that a series of problems both in childhood, at school, and in later adult life can be linked to low birth weight as well as maternal under-nutrition, thus making poor maternal health itself a proxy indicator of gender discrimination. Here again such discrimination starts very early in life, much before birth, but has long-term consequences.

3. Exclusive Breast feeding

Exclusive breast feeding is now recommended for infants from birth up to the age of six months, followed by continued breast feeding up to the age of two years along with complementary foods - a recommendation approved and advocated by WHO. Yet the rates of exclusive breast feeding in India are very low.

Exclusive breastfeeding requires close and continuous proximity between mother and child throughout the day, since young children feed at irregular intervals, and also for mother-child bonding, which is the essential first step in psychosocial development.

But this may not always be possible for poor working mothers. Women's compulsions arise out of having to engage not only in productive work, both paid and unpaid, but also in home management and housework, and above all, the invisible but time-consuming work of care---not only of children, but also of the old, sick, disabled and animals in the household. Yet it is only of late that the term "women's unpaid care work" has come into use, and its timing, extent and variety is beginning to be assessed. The Time Use Study methodology offers immense scope to document this largely invisible burden of work, but has been little used so far. However, it already offers us tantalizing glimpses, such as, that while Indian men enjoy two hours leisure in a day, women only get five minutes per day (CSO) and that further, while the average Indian man works nine hours a day, the average Indian woman works for fourteen hours a day! How then do women find time for exclusive breastfeeding?

The Maternity Benefit Act, for instance, is only applicable to the organized sector, in which only 11 percent of the female work force is engaged. Only maternity entitlements for all women will enable the lactating mother to stay out of the labour force for a long enough period, and thus not only facilitate

Breast feeding status by age (youngest children under three years living with mother)

Age (months)	Not breastfeeding	Exclusively breastfed	Plain water only	Non-milk liquids / juice	Other milk	Complementary foods
<2	2.7	69	16.2	2.6	7.8	1.7
2 – 3	1.5	50.9	23.1	4.9	14.6	5.0
4-5	1.5	27.6	25.6	6.4	20.2	18.6
6-8	4.0	9.7	18.8	3.2	11.6	52.7

Breastfeeding status refers to a 24-hour period (yesterday and last night) Children classified as breastfeeding and consuming plain water only, consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non –milk liquid/juice, other milk and complementary foods (solids and semi - solids) are hierarchical and mutually exclusive and their percentages add up to 100 per cent. (NFHS III, 2006)

breast feeding but also strengthen the mother-child bonding. The National Food Security Act (2013) does indeed, and commendably, for the first time, offer maternity entitlements of nine months duration (the last three months of pregnancy and six months after childbirth) to all women, but the amount offered – a paltry fixed sum of “not less than Rs.1,000” (likely to be interpreted as just that and no more) is hardly adequate to enable any woman to stay off the work force for more than a few days, at today’s prices. Another cruel irony—at last she is recognized as a mother and gets a maternity entitlement—but its “too little too late”, and so of little use to her. Exclusive breast feeding is one of the several issues which cannot be solved till the issue of “women’s unpaid care work” is confronted and dealt with.

4. Day care

The fourth issue goes beyond the family and enters the institutional arena of providing the needed services for adequate child care to all mothers. The child below two years not only needs food adequate in quantity and quality, as well as continued breastfeeding, but has to be fed at frequent intervals during the day. Four or five feeds (if not more), taking approximately twenty minutes each, along with the time needed for preparation, storage, and reheating (when necessary), would amount to 2-3 hours per day. How can a poor working woman find time for all this during her busy working day? Many poor working women are absent from home for long hours, often leaving the young child in the care of older siblings; this lack not only becomes a major cause of child malnutrition, disease and mortality, but also deprives the older

child of school education. And food is only one of the many elements of child care.

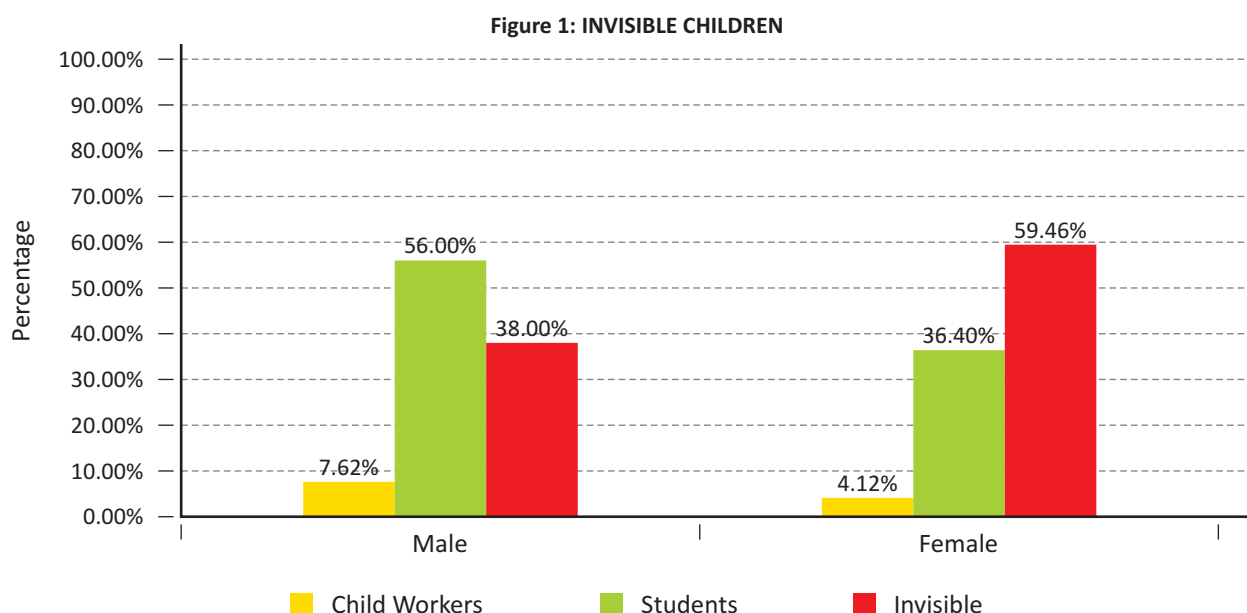
Our child care services, however, have been unable to address this issue, arguing endlessly about how to get the food to the child, rather than how to feed and take care of the child. The debate about “take-home” food and “on-the-spot” feeding has been going on for years. In the first approach, the disadvantage is that the food might be shared by the whole family; while in the second case, the child cannot finish the full daily portion of food in a short time. The underlying reason for the impasse is that the ICDS is “service-based”, not “care-based”, and has not yet conceived of the possibility of day care services for young children which would enable them to be both fed and cared for while their mothers are at work. With 11.5 crores of women in the work force, (ninety percent of whom are in the unorganized sector) and about 3.5 crores of them estimated to have children below six, day care would seem to make obvious sense as a solution. Besides, day care would also allow the sibling caregivers, especially girls, to go to school.

An ILO study (1996) estimated that about 38 percent of boys and 60 percent of girls can be termed “invisible children”, that is, they are neither at school nor at work. Girls are almost double the number of boys in this category. A good guess would be that many of them, especially the girls, would be involved in care of younger siblings and this is an impediment to their education. So day care makes sense for this group too. But in its absence, the price is paid by young children, older girls and women - here too one can see gender discrimination at work.

5. The right to recognition and reward for work

Finally, an emerging issue-that of gender discrimination within child care services, which are largely handled by women, while little gender discrimination is found in the case of other professionals like health care and education professionals. There are more than three million female child care workers in the country (as well as the same number of helpers) whose status is deplorable, by any standards, keeping in mind their huge contributions to society. Still not considered "workers", but mere "volunteers"; receiving a dole of a petty amount as "honorarium" rather than a "wage" for toiling for children several hours a day, doing multifarious tasks, from sweeping and cleaning to cooking and feeding, taking attendance, height and weight and other measurements, and teaching and caring for young children; their skills

unrecognized and unpaid for; considered to have no need for training, as women should "naturally" be able to take care of children(!); burdened with multifarious duties as their daily work schedule expands; they are a silent and exploited group, denied the training, the wages or the working conditions that skilled workers deserve. If they continue to put up with it, it is only for lack of alternatives. So low are children in the priorities of the nation, that even those who labour for them are not spared. Is it not time to restore their dignity? Not insultingly, by giving them an honour as a recognition now and again, but more meaningfully, by recognizing their work through better wages and working conditions and offering more meaningful capacity building and scope for advancement. Would a similar state of affairs exist if these workers were men? Here comes the bogey of gender again!



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