

**A CASE STUDY ON THE INFLUENCE OF SOCIO -  
ECONOMIC STATUS OF WOMEN ON INFANT  
HEALTHCARE IN KERALA STATE**

**Reshma.C.U\***

**Sheheersha.S.K\***

**Dr.V. Saravanabavan\*\***

**ABSTRACT**

Kerala offers an interesting paradox of social advancement and economic stagnation. Women in the state inspite of enjoying better status and position compared to other parts of the country have low levels of participation in economic activity. The empowerment of women is anchored to their economic status in the society .This study is an attempt to understand the association between women's work and children's well being in a specific social setting. Increase in work participation of women outside the house tends to reduce the desired number of children as the opportunity cost of child bearing and rearing is high. Also, women who work outside home get better exposed to available options of contraception. There are two mutually compensating effects of women's participating on child survival and care. The first one is the positive effect accruing from mother's income. The mother's work participation enhances the family income, which in turn has a positive impact on child nutrition and health. The second is the negative impacts on children well being. The labour force participation of the mother can have an adverse impact on child health as the child may not get full attention from his mother and may even have to forego the benefits of breastfeeding. Objectives of the study are to understand women's work and its specifications, to examine the differentials in child health status in relation to the work characteristics of women, to analyze the causal mechanisms in the

\* *Research scholars,*

\*\* *Assistant Professor, Department of Geography, School of Earth and Atmospheric sciences, Madurai Kamaraj University, Madurai.*

association between women's work and child healthcare etc. Conceptual and analytical approaches used for the present study. This study employs multiple data sets that include both quantitative and qualitative information. Arc.GIS 9.3 used for mapping and SPSS used for statistical analysis.

**Key words:** Women empowerment – Child health care – Economic status – Work participation

## INTRODUCTION

Academic concerns and policy efforts towards enhancing women's economic participation have paved the way for understanding the impact of women's work on their families and vice versa. There are studies in demography that specifically deal with the association between women's work and child well-being. A wide range of studies in the field of demography focused on the positive influence of female education and employment - the two major factors that embody the status of women - on demographic outcomes. That analysis of the influence of female employment on child well-being however shows mixed evidence, both positive and negative, laying more emphasis on the social context in which the relationship takes place and being less definitive about the direction of causality. The present study is an attempt to understand the association between women's work and children's well-being in a specific social setting.

## OBJECTIVES OF THE STUDY

- To understand women's work and its specificities in the study context.
- To examine the differentials in child health status in relation to the work characteristics of women at the macro level.
- To analyze the causal mechanisms in the association between women's work and child health care.

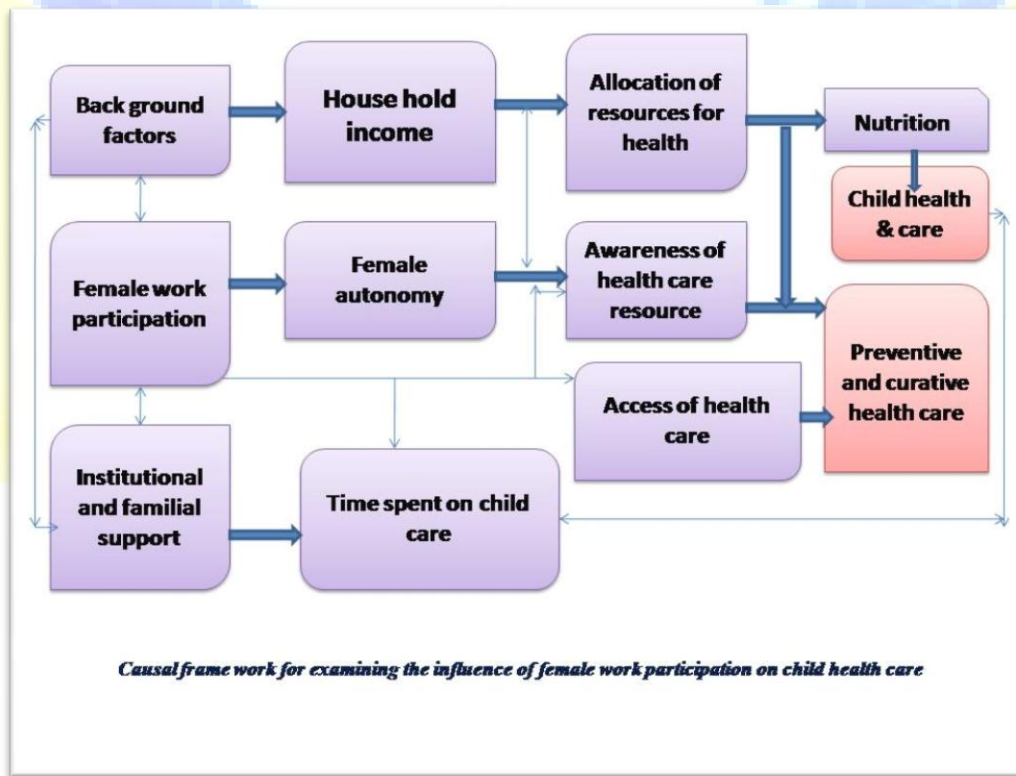
## HYPOTHESIS:

- There must be some negative impact of the mothers being in the workforce on children's well being.
- There are significant inconsistencies showing both positive and negative impacts of maternal work on the child health care.

**METHODOLOGY AND DATA SOURCES**

The study employs multiple data sets that include both quantitative and qualitative information. Quantitative data include both primary and secondary source of information collected from women and children respondents. Primary data was collected by using a questionnaire schedule among 180 employed women. The sample selection was on systematic random sampling. The questionnaire was developed to assess their socio-economic development after their participation in work force and their maternal care. The secondary data includes the National Family Health Survey conducted by Kerala Health Mission. Secondary sources also includes books, journals, articles and reports from newspapers, weekly's, magazines, etc. were quantified and analyzed in qualitative and quantitative manner which revealed that there was considerable improvement in the socioeconomic status of women who participated in work force and there are some negative and positive impacts on child health care.

The central theme of the present study is to examine the relationship between women's work, and child health and care. The qualitative data have been used to interpret and supplement the results obtained in the quantitative analysis.



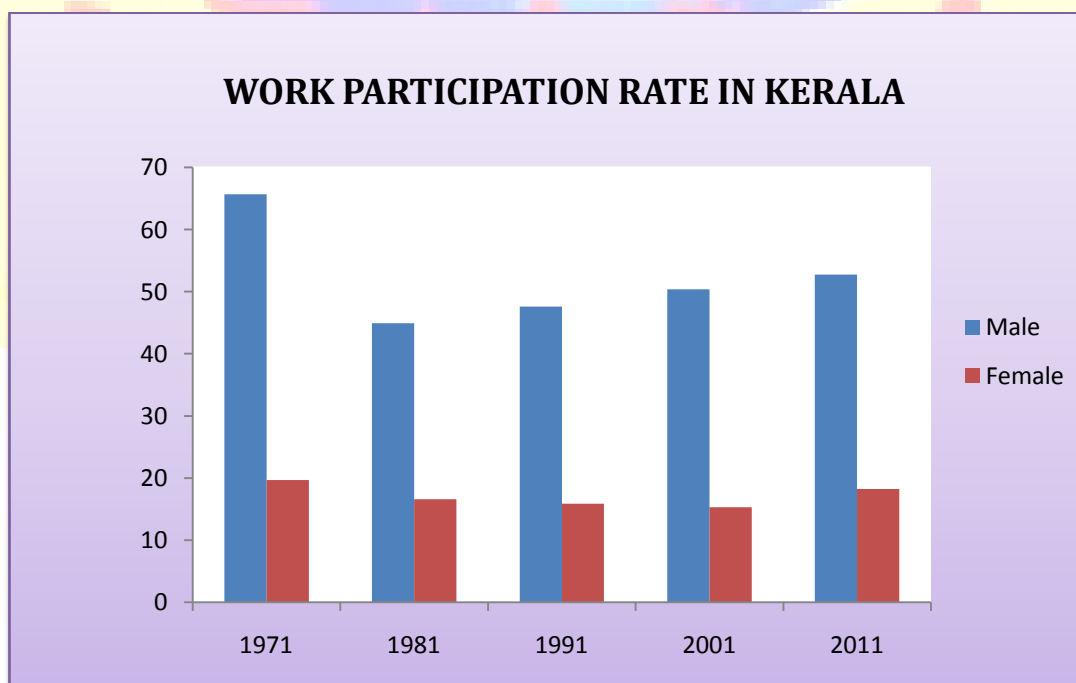
ANALYSIS AND DISCUSSION

*Women work force participation in Kerala*

There has been significant restructuring of the economic activities of poor women around micro-credit activities in Kerala during the last one decade. However, even though the achievements in social sectors are remarkable, the female work participation rates in Kerala are among the lowest when compared to that of other states. Hence, one of the development crises that Kerala faces is that of increasing economic marginalisation of women in the development process.

**TABLE.NO:1**  
**WORK PARTICIPATION RATE IN KERALA**

Year	Male	Female	Total
1971	65.66	19.70	42.68
1981	44.89	16.61	30.53
1991	47.58	15.85	31.43
2001	50.40	15.30	32.62
2011	52.73	18.23	34.78



- *Decentralized local governance, Kudumbashree and economic activities of women*

### *The Women Component Plan (WCP)*

In Kerala, the emergence of the new generation of Panchayati Raj Institutions (PRIs), with one-third representation of women, has been accompanied by a massive campaign to decentralise the planning process in the State. Nearly 35 to 40 % of the annual plan funds of the state government are being set apart for projects and plans drawn up by the local government institutions. These institutions were taken to be two steps to enhance the income-generating activities of women in Kerala. The first is the introduction of a new plan component, earmarking ten percent of plan funds for women beneficiaries, known as the Women Component Plan (WCP), considered as a unique feature of the Kerala's decentralized planning. Another major step was the initiation and promotion of self-help groups of women.

The potential of self-help groups is acknowledged as an institutional mechanism to promote income-generation activities of women by involving them in thrift and credit activities and micro-enterprises. Hence, self-help groups came to be accepted as an ideal institutional mechanism for the implementation and management of many of the development projects created under the WCP.

- *Kudumbashree self-help groups*

The Kudumbashree programme of the State, for poverty eradication by organising women's self-help groups, has brought them under the local governments and integrated them with the functioning of the local governments. The Kudumbashree initiative of the Government of Kerala is characterised as a 'women-oriented' poverty eradication programme with women's empowerment as one of its major goals - one that is actively projected in the media. Kudumbashree places women from BPL households at the heart of the poverty eradication efforts of the State. It was begun in 1998 by the Government of Kerala with the aim of eliminating poverty within ten years, by 2008. The present structure, however, began to evolve earlier, in 1991, when the Community-Based Nutrition Programme (CBNP) was initiated by the Government of Kerala with active help from UNICEF to improve the nutritional status of women and children.

The success of the CDS model in urban Alappuzha and in rural Malappuram led the Government of Kerala to scale up the strategy to the whole of the State in 1998 under the name Kudumbashree, with the State Poverty Eradication Mission taking the responsibility of

implementation through the Department of Local Self-Government. The Kudumbashree has since followed a multi-pronged strategy which includes convergence of various government programmes and resources at the community-based organisation, efforts to involve the CDS structure in local level anti-poverty planning, and development of women's micro-enterprises and thrift and credit societies. While micro-credit is one of the many strategies initiated by Kudumbashree, it has been gaining importance and visibility within the programme.

- *Child caring responsibilities of women*

Since the main responsibility of biological reproduction lies with women, the rearing and caring of children are traditionally considered its natural extension. Advocating of female employment outside home is a strategy for improving their socio-economic status, but the impact of such employment adversely affects their primary role as childcare providers. The family remains as the major social institution for childcare in less industrialized societal settings. Also, there are public state-owned institutions like anganwadies, which run pre-schools. Private childcare centres are also available that are more prominent in urban areas and working mothers belongs to middle class and upper middle class often utilize privately run child care facilities.

It is argued that much of the adverse consequences of maternal work on child well-being are induced by the effect of poverty rather than the work. Hence, in order to understand the association in a better way, it is better to conduct the study among the poor rather than apply statistical controls over observed social realities. In this study households have been selected from the BPL (Below Poverty Line) list of the village panchayaths of different parts of Kerala and identified 180 currently married women having at least one child below the age of seven. The analyses using NFHS data are not limited only to poor women. Though it provides information on the standard of living index categorized as low, medium and high, due to small number of children in each category, disaggregation has not been done while analysing the impact of work status on child morbidity incidence. However, the living standard has been considered as an explanatory variable.

One of the major objectives of the present study is to understand women's work outside home in terms of its specificities. It includes women empowerment in terms of their socio-economic conditions and their work status. Since one of the important themes of the present study is to understand the ways in which women's work influences the caring responsibilities of

women and how far it transforms their own space within the family and community by giving them an individual agency.

The context of the study field, the state of Kerala has undergone significant changes in the direction of redefining the economic space of poor women during the recent past. The decentralization process carried out in the State has incorporated a special plan component, Women Component Plan (WCP) and organized women into self help groups under a state wide programme called "Kudumbashree".

The conceptual issues involved in understanding women's work such as noting the undercounting and undervaluing of women's work, and the specificities of women's work viz. the multiplicity of activities and the intensity of work time, have been discussed. To address these issues effectively, an appropriate methodology of data collection is employed.

Quiet often, studies that analyse the causal relationship between women's work and child well-being use the conventional understanding of work. They use the concept of labour force participation as employed by the official statistical collectors of information on women's work. As a result, they adopt a dichotomous categorization of women's work, as in the labour force and outside the labour force. The assumption made while using this categorization is that mothers who are in the labour force have considerably less amount of time at their disposal for childcare, which might have significant' adverse consequences on the well-being of their children. However, all working mothers or non-working mothers may not be categorically homogeneous in terms of the time at their disposal for childcare. The hypothesis that is proposed here is that there are significant variations among working and non-working women, in terms of the time input for childcare that results in varied impact on child well-being.

- **Time use survey method to measure women's work**

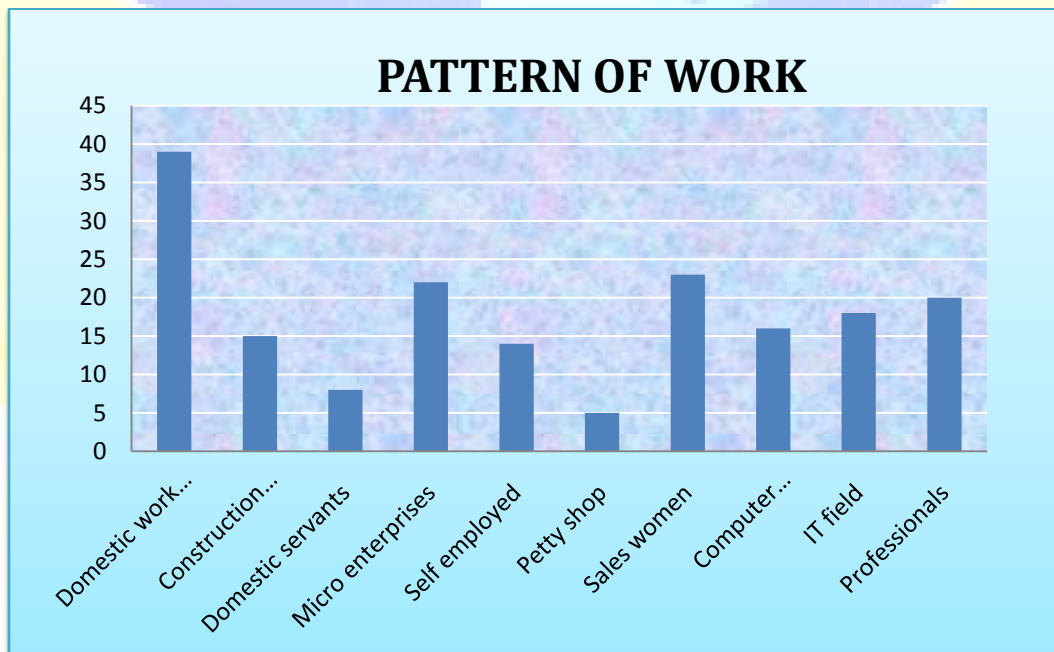
The most preferred method to understand both market production and non-marketed household production of goods and services is time-use surveys in spite of its methodological weaknesses. One criticism often made against is that time use surveys tend to measure only direct market use of time, which leaves a great bulk of human activity unmeasured, namely, the time spent on non marketed production and leisure activity. Moreover, the reported hours of work appear to be substantially over-stated relative to actual hours in the work place (Juster and Stafford 1985).

- **The nature and specificities of women's work in the study setting**

The present study employs time use survey for measuring women's market as well as non-market work. Questions on their type of work, time management, selectivity of work, leisure etc. have been discussed. Also, they were asked to list all activities in a typical day, as well as the allocated time for the same. The time use survey has provided an apparent picture of the nature of women's work in the study area and a description of the same is given below.

**TABLE.NO:2**  
**PATTERN OF WORK**

Type of work	Numbers	Percentage
House hold domestic work only	39	21.67
Construction work helpers	15	8.33
Domestic servants	8	4.44
Kudumbashree micro enterprises	22	12.22
Self employed	14	7.78
Petty shop	5	2.78
Sales women	23	12.78
Computer operators	16	8.89
IT field	18	10
Professionals	20	11.11
Total	180	100





The above table shows that 39 among total respondents are engaged in household domestic work only. It constitutes 21.67%. 15 numbers among them (8.33%) engaged in construction work. 8 among them (4.44%) working as domestic servants. 22 among them engaged in Kudumbashree micro enterprises. 14 (7.78%) among them worked as self employed. 5 among them (2.78%) getting their daily earnings from petty shops. 23 (12.78%) among them working as sales women. 16 among them (8.89%) working as computer operators in private firm. 18 (10%) among them are working in IT field. 20 women working as professionals. This includes teachers, doctors, engineers, advocates etc. Many of other women in rural Kerala engaged in variety of income-generating or expenditure saving activities such as poultry keeping, dairy, maintaining a kitchen garden, tailoring for the family etc. In addition to this, activities such as sending children to school, collecting water from the public tap etc. are some of their time consuming activities. A multiplicity of work has been found in the study field. In general, women do domestic work as well as provide market labour and indulge in self-help activities in varying degrees. The self-help activities are at two levels. Some of the respondents are only members of the group and are involved in the activities of the group such as weekly meetings, collecting thrift, providing thrift loans and other development activities. Whereas some other members set-up micro enterprises as a group-based activity and carry out income-generating activities.

Another aspect is that many of the respondents who are reported to be engaged in economically productive work are involved in more than one activity. Hence the multiplicity in the work is one of the specificities of women's working lives in the study setting too. The intensity of work is yet another dimension of women's work. However, a considerable number of them manage different tasks single-handedly and its impact on their own physical and mental health is an important aspect, which calls for scholarly concern and policy attention.

It has been found that the more the number of activities they perform, the less the amount of time they spend on childcare. The total time spent on work increases along with increase in the number of tasks. A subsequent reduction is found in the time spent on childcare. Compared to women who are combining all selected categories of work, i.e. performing domestic work, market labour, Self-help group activities and running micro enterprises, women doing only domestic work and self-help group activities spent almost double the time on childcare. However, this does not provide a detailed picture of the distribution of maternal time across various caring activities. The activities in the childcare regime and the amount of caring work

being taken up by all members of the family are discussed in this paper. Though the amount of time that mothers spend with children is reduced when they engage in more than one income-generating activity, whether such maternal work adversely affect child health is, the research question that has been examined, using both secondary and primary data sources.

### **The impact of women's work on child health and care-a quantitative and qualitative exploration of primary data**

The impact of women's work on child well-being is assessed using primary data collected from the study field. The method of analysis includes both qualitative and quantitative inquiries. Using primary a survey instrument, information has been collected on various aspects of childcare. The entire activities of the child on the day previous to that of the day of data collection have been traced and mapped on a time scale of 24 hours and the persons engaged with the child during these activities have been mapped along with the duration of such time. This information provides an idea about the regime of childcare. Separate questions have been asked of the mothers about the amount of time they spent on childcare. Childcare involves an array of activities with varying time inputs. In order to understand the regime of childcare properly and to make a list of caring activities, it has been included in the focus group discussions about various caring activities. The qualitative information collected in the focus group discussion has also been used to validate the questions asked in the primary survey.

The following activities have been listed by participants in the focus group discussion as the components of childcare that require time inputs. They are Feeding, Cooking meal, Bathing, Washing clothes, Changing their clothes, Playing, Carrying/holding, Attending when children cry and comforting them Special cleaning of the premises, Taking children to health care centers, Providing special care and attention when they are sick, Extra care on personal hygiene especially when children are young, Spending time on talking to children to enhance their verbal abilities. Assisting children in studies, making children sleep.

The table provides a picture of the relationship between maternal work and child care and health that emerge e out of quantitative primary data. The activities women perform in the childcare regime, the amount of type the spend, duration and frequency of breast-feeding, frequency of changing dress and bathing children, Incidence of minor accidents and incidence of morbidity among children are discussed.

The table indicates that as women combine more activities on the work front, the nature of their participation in childcare changes from 'fully performed' to 'partially performed'. Yet, it is noticeable that women almost exclusively perform certain activities in the caring regime such as feeding children, putting them to bed, helping in studies, special care when they are sick etc. irrespective of the nature of their work. The literature suggests that the reason for the adverse impact of women's work on child well-being is the lack of time at their disposal for childcare. The above table shows that the average amount of time spent decreases when the number of work related activities of women increases.

**An analysis of the determinants of child health using the national family health survey data**

Activities in the care regime	DW& self employed			DW, self employed & micro enterprises			DW,IT & Professional jobs		
	F	P	N	F	P	N	F	P	N
Feeding	90	8	2	71	20	6	51	31	12
Cooking food for children	74	18	8	68	20	12	70	16	14
Bathing	84	12	4	75	19	6	71	20	9
Washing clothes	74	26	0	78	20	2	69	27	4
Changing clothes	71	29	0	65	35	0	54	46	0
Playing	57	43	0	60	40	0	59	41	0
Carrying & holding	82	18	0	79	21	0	48	52	0
Attending crying children	85	15	0	76	24	0	45	55	0
Special cleaning of premises	78	22	0	75	25	0	51	41	8
Taking to health care centres	89	18	0	87	13	0	81	19	0
Providing special care when sick	92	8	0	90	10	0	88	12	0
Extra care on personal hygiene	100	0	0	100	0	0	100	0	0
Spending time to enhance verbal abilities	80	20	0	71	29	0	69	31	0
Assisting children in studies	74	26	0	61	39	0	58	29	13
Make children sleep	91	9	0	93	7	0	82	12	6

One of the objectives of the present study is to understand the causal relationship between maternal employment status and child health outcomes. In this paper, an analysis of the secondary data i.e. National Family Health Survey (NFHS) on Kerala is made in order to understand the causal relationship between women's work and child health. The NFHS data provide information on certain child health indicators.

In NFHS report, standard of living index mother's work status, type of residence, their community etc have analyzed to know about the health status of the children below 7 years. Weight for age, height for age, weight for height is the three anthropometrical measures selected to measure the nutritional status among children. It shows that the nutritional status among children in terms of selected indicators is better in urban compared to rural areas. It indicates that children of mothers with education of the level of high school and above are better off in terms of selected nutritional indicators. In comparison to children belonging to Hindu and Muslim families, children from Christian households have better nutritional status. It also shows that children belonging to the SC community are nutritionally weak compared to children from the other two communities and children from the forward community are nutritionally better positioned in comparison to children from the OBC group. Children of working mothers are slightly better off in nutritional status compared to the children of mothers who do not work. There is a direct positive correlation between standard of living of the household and the nutritional status of the children. The prevalence of anaemia is lower among children whose mothers are employed by someone else compared to the children whose mothers have not worked in the past 12 months. The educational status of the mothers, type of sanitation facility available, type of drinking water facility, source of lighting, type of household, area of residence and sex of the child have been selected as the explanatory variables in addition to the work status of mother.

Compared to individual level variables such as maternal education and work status, variables representing household socio-economic characteristics such as sanitation, drinking water etc. turned out to be significant in explaining morbidity incidence among children. Also children belong to backward communities are more likely to have morbidity incidence when the analysis, maternal education was found to be very weak in explaining morbidity incidence among children. In fact, in the demographic research, the positive impact of maternal education on child health is well researched and documented. It has been argued that educated mothers are

better able to access medical services and follow advice; they have greater power within the household to ensure that sick children receive care and engage in childcare practices that enhance child health.

### SUMMARY

In this paper the causal relationship between women work status and child care examined. Time use survey indicates that the working women in IT sector have no time to child caring in home. It will adversely affect the mental health of the child. But when we compare nutritional status it will be high among the children who have good standard of living and economic status. So work of mother positively increases child's nutritional status. Here we can conclude that mental and physical well being of the child is necessary for future development of the society. Parental care is the one and only one solution to maintain good health among children. The same has been analysed in the study setting using both primary quantitative and qualitative data. It is found that as the number of activities on the work front increases, the amount of time that mothers spend on childcare decreases.

### REFERENCES:

- Basu, Alaka Malwade (1996), "Women's Economic Roles and Child Health: An Overview", in Population and Women, New York, Population Division, UN.*
- Blumberg, Rae Lesser (1991) (Ed.), Gender, Family and Economy: The Triple Overlap, Sage Publications, U.S.A.*
- Cain, Glen (1966), Married Women in the Labour Force: An Economic Analysis, The University of Chicago Press, Chicago.*
- Centre for development Studies (1975), Poverty, Unemployment and Development Policy: A Case Study of Selected Review with Reference to Kerala, UN Publication, New York*
- Devi, L. (2001), "Education, Employment and Job Preference of Women in Kerala: A Micro-level Case Study", Discussion Paper No. 42, KRPLLD.*
- Dixon, Ruth (1978), "Counting Women in Agricultural Labour Force", Population and Development Review, Vol. 8, No.3.*