

Labour Market Participation of Working Women Post Maternity: A Case of Private Sector

NLI Research Studies Series
No. 098/2012

Shashi Bala



V. V. Giri National Labour Institute

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V.V. Giri National Labour Institute, NOIDA

Shashi Bala is Fellow at V.V. Giri National Labour Institute.

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No. of Copies : 300

Year of Printing : 2012

Opinions expressed in the study are solely of the author and do not necessarily reflect the position of the Institute.

Printed and Published by V.V. Giri National Labour Institute, Sector-24,
Noida-201301, U.P.

Printed at: Galaxy Offset (India) Pvt. Ltd., B-83, Naraina Industrial Area
Phase-II, Naraina New Delhi-110028, Tel: 011-47077111

Preface

The mounting cost of living, increasing expenditure on education of children, increasing cost of livelihood in urban India necessitate every family in India to look for ways and means of augmenting the household income. Consequently, we find today, both educated and illiterate women in India who were mostly known as homemakers entering the labour market and taking up careers that were earlier considered only appropriate for men such as working in night shifts in call centres or Business Process Outsourcing/ Knowledge Process Outsourcing units. The trend in Indian Industries indicates that women have entered into various segments with prominent presence in Information Technology, Information Technology Enabled Services, garments and hospital industry, which is the area of present study. Today's successful women are examples of having had the courage and will power to withstand the "Marriage-Baby phase" and build a career.

A large chunk of workers of the informal sector who make up 92 percent of India's total workforce do not benefit from the protection of labour legislation as laws are not enforceable in this sector. Even in some pockets of organised sector, legislative provisions exist mostly on paper and not in practice. Within this framework the study looks into the legislative structure of childcare facilities in the country, career break job penalty and downward occupational mobility, if any. Duration of the temporary withdrawal from the labour force and the timing and the propensity of mothers to return to the labour market post maternity & examine the stability of the employment were also taken into consideration.

While reviewing the literature on legislative structure, the research team found that the Factories Act (1948) covers working conditions, health and safety, basic amenities such as toilets, working hours and crèches, but it is not implemented at workplaces with fewer than ten workers using power-driven machinery or to those with less than 20 workers without power thus restricting the implementation of relevant laws. The Contract Labour Act (1971) has made it easier for employers to deny benefits to workers since subcontracting production into small units allows employers to evade existing laws. There are two types of labour legislation relating to childcare. The first is the Maternity Benefits Act (1961), which provides 12 weeks of maternity leave, paid by the employer at the average daily wage, and entitles women to two breastfeeding breaks per day after leave until her child is 15 months old. However, given that few women work in factories, mines, plantations, performance establishments and shops with more than ten employees and that most of them are in informal employment, few women are being benefitted from this legislation. The second type of legislation consists of labour acts in specific sectors which mandate the provision of childcare facilities depending on the number of women employed

and the size of the plantations/factories. Although crèches for working women are mandated by law in these different sectors, negligible data is available on the implementation of this legislation. In practice, very few crèches exist. Employers either refrain from employing women if it is mandatory for them to provide daycare for their children or they avoid the obligation by failing to show the employment of women in their official records. Most of the women are unmarried in health industries, IT, ITES and are delaying the marriage and motherhood because of above mentioned facts. In garment sector, preponderance of women entry into Labour Market posts maternity.

The study recommends provision of crèche facility in all the establishments irrespective of size, coverage of maternity leave in private sector and implementation of Maternity Benefit Act in hospitals and small establishments.

V.P. Yajurvedi
(Director General)

Acknowledgement

I would like to acknowledge the support and cooperation provided by various persons in pursuing the present research on “Labour Market Participation of Working Women Post Maternity: A case of Private Sector”. First and foremost I would like to thank Shri V. P. Yajurvedi, present Director General and Shri S. K. Dev Verma (former Director) of V. V. Giri National Labour Institute, for continuous source of encouragement in conducting the present study.

Special thanks are owed to Mr. Manoj Kumar Singh for the research assistance as a Research Associate, Ms. Rani Sagar & Shikha Rauthan for computer inputs as Computer operator, and Ms. Jyoti Negi (Field Investigator) along with research team for long hours spent in field, eliciting all relevant information. I would also like to thank Mr. Pradeep Tyagi for the computer and SPSS assistance provided while modifying the report.

I also thank Mr. R. P. Batra, then Administrative Officer, and Mr. Vinay Kumar Sharma, Assistant Administrative Officer of V.V. Giri National Labour Institute for facilitating the smooth conduct of the study.

I also thank all faculty members for their valuable inputs, Publication Section and Librarian Mr. S.K. Verma for facilitating the books required.

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Chapter One

Introduction

1.1 Background

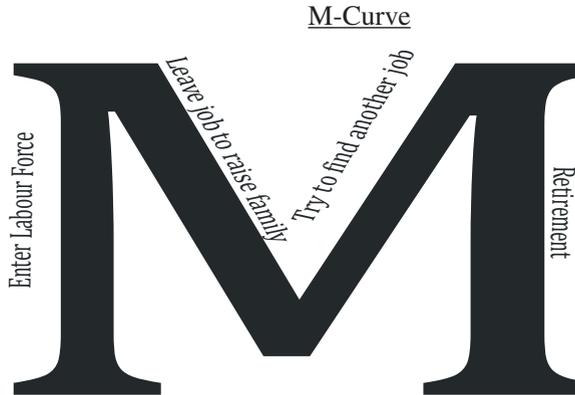
Women's participation in labour market following childbirth is often pivotal in determining their later occupational attainment (Jennifer & Riley, 1998). Women who stay out of the labour market for some years experience a loss in their human capital; when they want to re-enter the labour market they often access less qualified positions only. Moreover, in the areas where the unemployment rate is high, women may find it difficult to re-enter in the labour market altogether. This may induce women to prolong as much as possible the maternity leave, instead of quitting their job to look for another one in the future. When mothers do not leave their job, they may experience a downward occupational mobility. Women with children are penalised with respect to non-mothers in their career advancements and wages. This is related to working mothers' actual or supposed lower effort in work activities due to reduced availability for overtime work or travelling and increased absence due to children's illness. Moreover, many women with children choose to work part-time, that implies fewer career opportunities and subsequent difficulty in moving back to full-time employment. All this may have negative impact on mothers' wage (Pacelli, Pasqua and Villosio, 2006). Within this context present research attempts to look at the determinants of job security and labour force interruptions among employed women post childbirth, with specific focus on the working conditions and benefits provided by the organisations.

Discrimination by age, sex and family responsibilities often prevents housewives from obtaining permanent jobs after a break and compels them to accept low-paid part-time (often temporary) jobs. The social structure and the loss of human capital during this period force many women, especially graduates, to sit at home, despite the desire to return to the labour market. There are still not enough job-training programmes to refine their old skills.

The percentage of women's latent work force, when graphed by age, is trapezoid patterned¹, not the well known M-patterned as can be seen in the women's labour

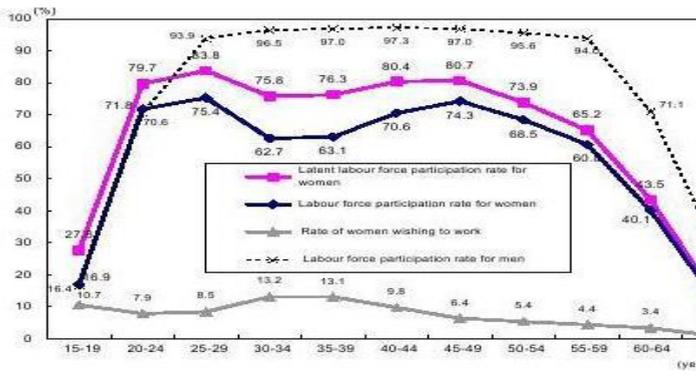
¹Labour force participation rate for women in their child-rearing years (Japanese women see a lower labour participation rate during their child-rearing years, but many women in this age have a wish to work). The labour force participation rate of Japanese women shows an M-shaped curve with labour participation declining in their early 30s due to childcare responsibilities. The latent labour force participation rate, which incorporates the labour force participation rate with the percentage of women not in labour force wishing to work, approximates a trapezoid because latent participation has a less concave portion than the labour force participation rate. Japanese women in their 30s have a relatively stronger wish to work. From ages 25 to 54, 2.45 million women wish to work, out of the total 3.6 million women wishing to work.

force participation rate by age (Everett, 2005).



Source: Linda Wirth: Breaking through the glass ceiling, Women in Management-International Labour Office: Geneva

Several studies carried out for different European countries have analysed employment decisions of women after childbirth. Pronzato (2006) reports that in Europe only 25 percent of mothers return to work before the child is one year old. When child ages, large differences emerge among countries. The decision of leaving the labour market is mainly linked to the level of human capital of the working women. More skilled women, with better Jobs and higher opportunity costs tend to remain attached to work (Desai & Waite, 1991); Gustaffson et al, 1996 , Gutiérrez- Domènech, 2005).



Women’s latent labour force participation rate by age bracket

(Notes) 1. Data from Ministry of Internal Affairs and Communications, “Labour Force Survey (Detailed Tabulation)” (2005annual)

²Latent labour force participation rate (by age) = [labour force population (by age) + not in labour force wishing to work (by age)] / Population of 15 years old or more (by age)

Source: “FY 2005 Annual Report on the State of Formation of a Gender-Equal Society” and “Policies to be Implemented in FY 2006 to Promote the Formation of a Gender-Equal Society” Outline, The cabinet Office, June 2006.

However, human capital explains only in part mothers' employment decision after childbirth. In fact, where childcare services are available, affordable and of good quality (mainly in Northern European countries), it is easier for women to reconcile work and family responsibilities and therefore it is more likely that they stay attached to the labour market (Gutiérrez-Domènech, 2005). Wetzels (2001) compares mothers' labour market behaviour in Germany, the UK, the Netherlands and Sweden and finds an important relationship between the country-specific policy and the timing of re-entry. Generosity of the parental leave policies (in particular length of optional leave and replacement rate) seems to be crucial in increasing the probability of re-entering of new-mothers (Ronsen & Sunström, 1996; Pronzato, 2006; Saurel-Cubizolles et al, 1999). Analysing the employment decisions after childbirth in France, Italy and Spain, they found that in Italy and France, where optional parental leave is longer compared to Spain, around 80 percent of women return to work, while in Spain only 53 percent of new-mothers return to work.

Women who remain in the labour market after childbirth may be penalised in terms of career opportunities and wages. Worldwide many women postpone their career aspirations while taking up childcare duties. Unfavourable maternity leave policies force many women to take a break in their career. Re-employment and re-training facilities are not available in many places. More than pay benefits, a lot of women are keen on retaining their seniority when returning from a career break. Women who find a supportive employer are indebted to the organisation and committed to the career. Juggling work with domestic responsibilities, their sense of loyalty to the organisation spurs them to make extra effort at work and stick to the company for a longer time. The issue is how many women can lay claim to a supportive female-friendly organisation or a supportive family?

The consequences of giving birth to children have been identified as a 'motherhood penalty' (Budig & England 2001; Harkness & Waldfogel 1999). The birth of children leads mothers very often not only to leave the labour market for the (necessary) period of delivery but they also tend to expand this period and thereby reduce their lifetime work period. This results in a loss of human capital and of monetary resources. These two consequences are interdependent since the income level of women is mainly dependent on their labour market experience (Hill 1979).

In India the two prime laws which directly have positive implications for breast feeding are the Maternity Benefit Act 1961 and the Employees State Insurance Act 1948. Under these provisions, a woman can avail of paid maternity leave of three months on delivery. Besides protecting her wages and job, both these provisions enable a mother to breast feed her child during the first three months without any risk of losing either her earnings or her employment. Various

governments have extended the period of maternity leave for varying periods, up to six months. However, these are applicable only to 7 percent of the working women who are employed in the organised sector. Secondly, the benefits under these provisions are restricted to only two children and that too only for three months. This more or less compels them to extend their leave or resort to initiating supplementary milk feeding which goes against the recommendations of pediatricians and also the interests of the young infant (Nair, 2008).

Recently the government has taken initiative to raise maternity leave to 180 days and child care leave for two years for women employee, stipulating a minimum of 15 days leave at a stretch. These leaves can be taken three times in a year (DOPT). But this facility is restricted to employee of Government sector only. The above literature highlights that globally post maternity, women often take a break to raise infant, Their re-entry to labour market is influenced by appropriate policy for child care, their human capital, good quality and availability of affordable childcare services. This results in low paid, part time, temporary jobs for child bearing women. Even if, somehow they manage to return to labour market there arise issues related to loss of human capital beside other related social issues. In this context, the present study attempts to explore the situation of working mother post maternity in selected IT, ITES, Hospitals and Garment sector in NCR region (Faridabad, Gurgaon, NOIDA and Delhi), which has been boom to women employment in recent years.

1.2 Objectives

Women's decisions to join labour force following childbirth are often pivotal in determining their later occupational attainment (Jennifer & Riley, 1998). Within this context present study attempts to look at the factors affecting women's participation in the labour market post maternity with specific focus on the working conditions and benefits provided by the organisations.

The detailed objectives of the present study were:

- To look into legislative structure provided for childcare facilities in the country.

- To look into career break job penalty² and downward occupational mobility, if any, including the duration of the temporary withdrawal from the labour force and the duration and the propensity of the mothers to join the labour market post maternity.
- To examine the stability of the employment post maternity period.

Table 1.1: Main Indicators

S. No	Objective of the Study	Main Indicators
1.	To look into legislative structure of childcare facilities in the country	Maternity Benefits Act 1961; Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers etc.
2.	To look into career break job penalty and downward occupational mobility, if any (This will look into the duration of the temporary withdrawal from the labour force and the timing and the propensity of mothers to return to the labour market after they have given birth to child)	Year of joining the labour market; Resignation from the job to look after infant; Re-entry to the labour market; Return to the same position or one with higher responsibility after taking the break etc.
3.	To examine the stability of the employment after the birth of child	Re-entry to the labour market; Duration of career break; Need for skill upgradation; Child care facility etc.

1.3 Methodology, Sample Size and Study Area

1.3.1 Initially, the available secondary sources / information on legislative structure pertaining to childcare facilities were collected and reviewed.

²Career break job penalty refers to the permanent or temporary transition of working mothers to non-employment. Women who stay out of the labour market for some years experience a loss in their human capital; when they want to re-enter the labour market they can often access less qualified positions only. Moreover, in the areas where the unemployment rate is high, women may find it difficult to re-enter in the labour market altogether. This may induce women to prolong as much as possible the maternity leave, instead of quitting their job to look for another one in the future. When mothers do not leave their job, they may experience a downward occupational mobility: women with children are penalised with respect to non-mothers in their career advancements and wages. This is related to working mothers' actual or supposed lower effort in work activities (reduced availability for overtime work or travelling, increased absence due to children's illness). Moreover, many women with children choose to work part-time, that implies fewer career opportunities subsequent difficulty in moving back to full-time employment. All this may impact negatively on mothers' wage (Paulli, Pasqua and Villosio, 2006).

- 1.3.2 After this IT, ITES firms, Hospitals and Garment industry, located in NOIDA, Gurgaon, Faridabad, Delhi were identified.
- 1.3.3 The Survey was conducted on women workers from different segments of IT (Software Development), ITES (knowledge processing, business processing, call centers etc.) and garments and nursing.
- 1.3.4 Questionnaire was prepared and pilot testing was conducted in firms located in NOIDA.
- 1.3.5 Once the questionnaires were finalised, both direct & indirect interview methods were used for gathering the required information from the women workers as well as the employer.
- 1.3.6 Using the purposive sampling technique, the data were collected from women workers falling in the age bracket of 25-45 years of age.
- 1.3.7 Data collected were tabulated through entry into Statistical Package for Social Science package for further interpretation.

1.4 Sample Size

**Table 1.2: Sample Size
Structured Questionnaire - Direct interview**

Area	Sector			
	Garment Industry	IT Industry	ITES Industry	Hospital Industry
Delhi	50	50	50	80
Uttar Pradesh NCR (Noida, Ghaziabad)	75	100	100	60
Haryana NCR (Gurgaon, Faridabad)	75	50	50	60
Total	200	200	200	200

Source: Field Survey

**Table 1.3: Sample Size
Structured Questionnaire - Indirect interview**

Area	Sector			
	Garment Industry	IT Industry	ITES Industry	Hospital Industry
Delhi	10	15	15	15
Uttar Pradesh NCR (Noida, Ghaziabad)	15	15	15	15
Haryana NCR (Gurgaon, Faridabad)	25	25	20	15
Total	50	55	50	45

Source: Field Survey

1.5 Study Area

The National Capital Region covers an area of about 33,578 sq km falling in the territorial jurisdictions of four State Governments namely, National Capital Territory of Delhi, Haryana and UP. It is one of the largest National Capital Regions of the world and constitutes about 1.6 percent of the country’s land area.

Map 1.1(A): Delhi NCR Region



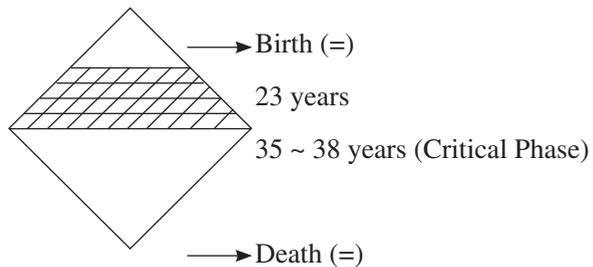
1.6 Justification & Signification of the Project

Figure 1 below depicts the ‘Life cycle Diamond’ which shows that when born, male and female child are equal, similarly they are equal at end of the life.

However, the most divergent part is the age between 23 to 35 years. During this phase men concentrate on career & women are drawn into marriage-child family web.

Getting through this phase better support from family and society will make women more productive. Via beyond 35 years, they will have time and effort to be spared for work so as to contribute to nation's economy (Rajalakshmi, 2003).

Fig. 1: Life Cycle Diamond



Within the framework cited above the research would bring forward picture of women participation in Labour Market in the private sector. Post maternity women work participation is negatively affected in labour market. This could primary be because of low human capital, available, affordable & quality childcare services by the employer. The study would help suggest the measures that could be taken for effective participation of women in the Labour Market in private sector. This could help in framing polices for more meaningful participation of Female Labour Force in the labour market.

1.7 Limitations

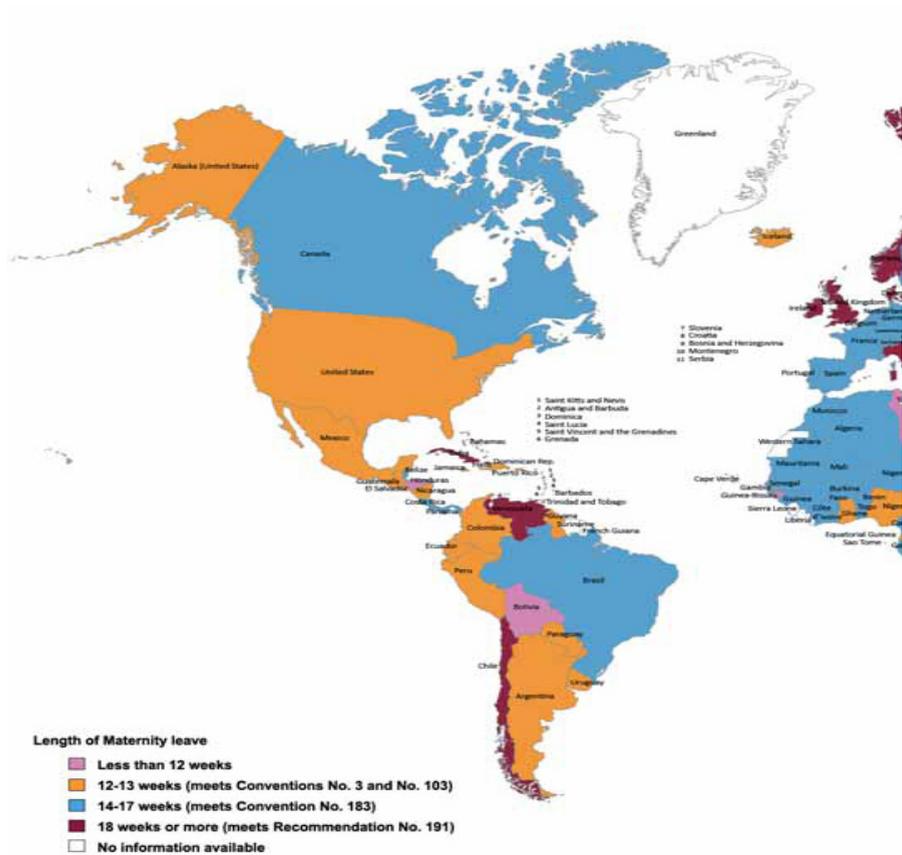
- Concentration of industries like Information & Technology (IT) and Garment in Noida & Gurgaon restricted the domain of the study.
- Inadequate research team, hindered one time survey of all the industries.
- Dependence on the volunteers for the data collection.
- Administration/HR personnel were reluctant to share their policies with research team.
- 60 to 80 percent of garment industry respondents were interviewed in local buses on roads while going to the office or returning from the office.
- Most of the IT /ITES respondents were interviewed during lunch /tea time or at their residence.

2. Review of Legislative Structure

Maternity protection has been a major concern of the International Labour Organisation (ILO) since the first year of its existence, when the first Maternity Protection Convention, 1919 (No. 3), was adopted. Although additional Conventions have been adopted over time, the primary concerns of the ILO with respect to maternity protection remain the same i.e., to enable women to successfully combine their reproductivity and productive roles, and prevent unequal treatment in employment due to their reproductive role.

Maternity is a condition which requires differential treatment to achieve genuine equality and, in this sense, it is more of a premise of the principle of equality than a dispensation. Special maternity protection measures should be taken to enable women to fulfill their maternal role without being marginalised in the labour market (International Labour Office, 1996, p. 42: ILO, 2010).

Map 2.1(A): Length of Maternity leave in the World



- 1) Scope,
- 2) Leave,
- 3) Benefits,
- 4) Health Protection,
- 5) Job Protection,
- 6) Non-discrimination,
- 7) Breastfeeding Breaks & Breastfeeding Facilities.

Since its foundation, the ILO has shown ongoing concern for protecting maternity and working mothers. At its inaugural session in 1919, the International Labour Conference adopted the Maternity Protection Convention (No. 3). This convention was revised in 1952, and Convention 103 was approved, together with the Recommendation 95. This Convention provides legal protection to mothers and extends protection to all women working in manufacturing, non-manufacturing and agricultural occupations, as well as women wage earners working at home.

In the late 1990s, the Convention was revised again, to update it in the context of economic globalisation, high unemployment and labour agreements not always favourable to workers, with Maternity Protection Convention 183 and Recommendation 191 passed in 2000. This new convention extended rights of employed women, including those who perform a typical forms of dependent work. The convention has a double objective: to safeguard the health of women, their children during pregnancy and breastfeeding and protect mothers from job discrimination arising from their role as mothers, and thereby guarantee equal opportunities and treatment for male and female workers.

The idea of “family responsibilities” is present in several ILO documents, but it became a specific concern as women moved into the labour market in the 1960s. In 1965, member states approved Recommendation 123 on the Employment of Women with Family Responsibilities. Although it focused on the problems they faced in attempting to reconcile family and work responsibilities, it did not question their greater workload at home, so focused mainly on supporting mechanisms. In 1981, ILO members once again took up the issue and, as women had become increasingly active in the labour market, approved Convention No. 156 and Recommendation No. 165. Debate at this stage focused on: i) the multiple roles that women were performing, and ii) the need to address the specific problems of women workers within general efforts to improve working conditions of the women. They also wanted to underline the right to work in a discrimination-free environment.

The debate emphasised that guaranteeing women equality of opportunity and treatment at work required changes in men's traditional roles, so women's growing presence in the workforce had to come with greater participation by men in family life and at home. Convention 156 reflected the United Nations Decade for Women (1975-1985), encouraging policies that would help men and women achieve a more equal distribution of family responsibilities.

Thus, measures for reconciling work and family had to be available to both men and women, thereby guaranteeing them the right to work, without their family responsibilities becoming an obstacle or a source of discrimination (ILO and UNP 2009).

Maternity Protection Convention (No. 183) and Recommendation (No.191)

Convention No. 183 includes a set of International provisions to ensure equality of opportunity and treatment for men and women workers. It considers protecting pregnancy - a responsibility to be shared by government and society and includes five main components: maternity leave, employment protection, cash and medical benefits, health protection (from work that could be bad for mother or child's health) and breast feeding. The convention establishes that maternity leave should last at least 14 weeks and calls for six weeks of postnatal leave. It also establishes the right to additional leave in the event of illness or complications as a consequence of pregnancy or childbirth. Furthermore, it states that financial benefits during the leave shall not be less than two-thirds of the woman's previous earnings and should be financed through obligatory social security arrangements or through public funds.

The Convention prohibits the dismissal of pregnant women, those on maternity leave or those returning to work, except for reasons unrelated to pregnancy. It further guarantees the right to return to the same position or an equivalent position with the same pay. Furthermore, it prohibits discrimination due to maternity, including any attempt to require pregnancy tests as part of employment. The right to breaks for breastfeeding or a cut to total daily hours of work must be guaranteed. Recommendation No. 191 proposes extending maternity leave to at least 18 weeks, its extension in the event of multiple childbirths, and access to the same rights and guarantees in cases of adoption. Additionally, in the case of the death of the mother, leave should accrue to the father. Moreover, either the mother or the father should be able to enjoy parental leave once maternity leave has ended.

Source: Convention 182 & Recommendation 191, in www.ilo.org

Attaining this goal is essential in eliminating the barriers that women face in entering and remaining in the labour market, since the burden of domestic work and family responsibilities limits their ability to work and their career path, particularly in the case of women from low-income households. It is important to note how good intentions in this area can in practice, reinforce the traditional distribution of family responsibilities and/or the discrimination against women in the labour market. Measures that exclude men from benefits associated with family responsibilities reinforce women's domestic role and the expectation that men will take up family responsibilities. Thus, Convention 156 encourages that benefits be available to both.

Convention (No. 156) on Workers with Family Responsibilities, 1981 and Recommendation (No. 165)

Convention 156 defines equal opportunities and conditions for men and women workers. It acknowledges the special needs and problems that worker with family responsibilities face, defining these as men and women responsible for dependent children and other family members, who clearly need their care or support "where such responsibilities restrict their possibilities of preparing for, entering, participating in or advancing in economic activity". This convention establishes each Member State's obligation to include among its national policy aims the goal of enabling people with family responsibilities to exercise their right to work, without being subject to discrimination and, to the extent possible, without conflict between their employment and family responsibilities. Moreover, it requires measures that guarantee free choice of employment and access to training, allowing these workers to enter and remain in the labour force, and to re-enter it after leave taken to assume family responsibilities. It establishes the need for local and regional planning measures that consider the needs of this group of workers, and develop community services, both public and private, to assist infants and their families. Finally, it clearly states that family responsibilities do not constitute cause for termination of employment. This especially favours women, since they usually face greater work-related difficulties and insecurity due to the burden of domestic work and family responsibilities. Recommendation 165 specifies support measures to enable workers with family responsibilities to become and remain integrated in the labour force, as well as re-enter after an absence due to those responsibilities. It recommends measures to improve work conditions and quality of life, such as shorter hours of work and more flexible hours. It also suggests more flexible arrangements for working schedules, that take into account the needs of part-time, temporary and home workers.

It also recommends expanding child-care and family services, according to statistics and surveys to identify the needs and preferences of workers with family responsibilities. Plans should be developed systematically to facilitate the organization of suitable means and services, available free of charge or at a reasonable cost, in response to the needs of workers and their dependants. This recommendation assumes that both men and women are responsible for their children and therefore proposes that both have the right to parental leave once post-natal leave ends. It also establishes that either men or women should have leave in the case of the illness of a child or another direct family member.

Source: Convention 182 & Recommendation 191 in www.ilo.org

Higuchi (1994) pointed out that positive effects were found with the childcare leave system on the job continuity of women, based on the Employment Status Survey (Management and Coordination Agency, 1987), conducted before the Childcare Leave Law was established. Later, Higuchi, Abe and Waldfogel (1997), Morita and Kaneko (1998), Nagase (2003) and others reported that more women continued to work at the stage of childbirth when they had the childcare leave system in their company. Regarding utilisation of the leaves in relation to the availability of the childcare leave system in the company. Wakisaka (2002) pointed out that the utilisation of the leaves was definitely higher when the company provided the childcare leave system. According to these studies, progress of the childcare leave system should increase the number of people who utilise the leaves and the number of women who continue to work at the stage of childbirth/childcare (Imada 2007).

On the other hand, Imada (1996) proved that there was no change in the trend for women quitting their job at the stage of childbirth/childcare, based on the data provided by Shokugyo to Katei Seikatsu ni kansuru Zenkoku Chosa [Survey on work and family life] (the Japan Institute of Labour, 1991). In Japan many women quit their job for marriage, childbirth and childcare, creating two peaks on the curve of women's workforce rate by age, one in the young generation and the other in the middle-to-higher-age generation, and making a sharp drop of the workforce rate for marriage, childbirth and childcare. This forms the well known "M-shape" curve. Although the bottom of the M-shape curve lifted up with time, this rise was only a result of increase of unmarried women, increase of women who continued to work at marriage and increasing or earlier realisation of women to participate in work again after childbirth when cohorts are compared, taking into consideration the life events. The job continuity did not increase, however, at the stage of childbirth/childcare (Imada 2007).

2.1 Laws / Programmes and Schemes in India

The only law that speaks on the issue of pregnancy and childbirth is the Maternity Benefits Act (1961). The main provisions of the Act relating to maternity benefit during absence from work after/before child-birth are following:

- Dismissal or discharge of the woman (or even notice of discharge) if she absents herself from work during pregnancy is considered unlawful, so also any variation in the conditions of service.
- On a request by the woman that she will not be required to do arduous work or work requiring long hours of standing, for a period of 10 weeks preceding the date of the delivery.
- The Act excludes from its ambit women in the unorganised sector, who constitute 89 percent of all working women. Even within its limited scope, the implementation of the Act has not been effective. For example, it is reported that only 2.28 per cent of the female labour force in Gujarat has effectively availed of these benefits. It has not been possible at this time to gather evidence on the extent to which pregnant women are able to benefit from the above two clauses (Chatterjee E. Hiraway in Swaminathan, 1993).

2.2 Programmes and Schemes

2.2.1 Maternal and Child Health

The major programme in the country for pregnant women is the network of Maternal and Child Health (MCH) centres, which aim to provide comprehensive health care to mothers and children. The numerous services include ante-natal health care and checks, nutritional supplements like vitamin tablets, prevention of anaemia through folic acid tablets, immunisation against tetanus, screening of at-risk pregnancies, midwifery through birth attendants, nurses and health personnel for both home and hospital deliveries, post-natal cater education of mothers and other elements. Comprehensive as the MCH is in approach and scope, it has still not successfully reached the vulnerable population, as indicated by the current high levels of Maternal Mortality Rate (MMR).

2.2.2 Cash Benefit Schemes

The Maternal Protection scheme in Gujarat provides cash support to pregnant woman which is intended and to be used for additional nutrition and health care.

While the scheme is understandably popular, it is unlikely that it would fulfill its objective of improving the dietary quality of pregnant and lactating women since the money, even if it reached the women in full and in time might be used for other purposes by the family. A study of the similar scheme in Gujarat

(Chatterjee, 1990) has, for instance, recorded the various difficulties including corruption, delay and misuse, as reasons, for the scheme not fully benefitting the target women.

Further the scheme is only applicable to women following the two-child norm, which in itself is biased against mother and child, since women's control over their own reproductive function is questionable. With regard to sustainability, the financial burden of nearly 4 crore per district, amounting to approximately 90 crore (ibid) makes it difficult to predict its long term future (Swaminathan, 1993).

2.2.3 The Integrated Child Development Service (ICDS)

Begun in 1974, the ICDS, implemented by the Ministry of Women and Child Development (MWCD), concentrates on urban slums, tribal areas and more remote and backward rural regions of the country. It is the only major national programme that addresses the needs of children under 6, and aims at providing an integrated package of services relating to nutrition, health and preschool education. The programme also covers pregnant women, nursing mothers and adolescent girls. The services are provided through a vast network of ICDS centres (anganwadis – AWCs), with each centre meant to cover approximately 1,000 people (about 200 families) or 700 people in the case of tribal areas. The anganwadi preschool education component is for children aged 3 to 6 years and seeks to promote growth and development, and the necessary preparation for primary schooling, while also freeing siblings, especially girls, to attend school.

In 2008, there were almost 1 million AWCs providing preschool education, reaching an estimated 33 million children from disadvantaged groups. Expansion has been rapid since 2004, when the number of children being reached was much less at about 20.4 million. In 2005, it was estimated that almost 21 percent of the 3 to 5 years age group were attending AWC preschool. Given the rapid increase in enrolments, the proportion is probably closer to 30 percent in 2008. There have been various concerns regarding the effectiveness of the AWCs. A 2005 study on ICDS infrastructure revealed that, on average, an AWC functions for approximately only four hours a day, for 24 days out of a 30-day month. The anganwadi, literally a courtyard play centre, is a childcare centre located within the village itself.

It also found that, on average, only 66 percent of eligible children (and 75% of eligible women) were registered at AWCs, indicating that AWC workers were not identifying and registering all eligible women and children. Anganwadi workers and helpers are “honorary workers” from the local community who come forward to render their services on a part-time basis and are paid a monthly honorarium. These workers face increased workloads, inadequate facilities and

very low wages. Despite inflation and constant requests to the Government, anganwadi workers earn just Rs.1,000 (\$23.20) a month, and helpers, Rs. 500 (\$11.60).

Expansion of ICDS

- Launched in 1975 in 33 Blocks (Projects) with 4891 AWCs.
- Gradually expanded to 5652 Projects with 6 lakh AWCs by the end of 9th Plan.
- Currently 7076 Projects and 14 lakh AWCs have been approved. This also includes a provision of 20,000 AWCs ‘On Demand’.
- Sanctioned Projects 7073 with 13.56 lakhs AWCs.
- Of the 13,56,027 sanctioned AWCs/Mini-AWCs, around 11.04 lakh are operational (as on 31.12.2009)

Source: Ministry of Women & Child Development, 2010

2.2.3.1 Coverage under the ICDS Scheme (as on 31.12.2009)

Children	Pregnant & Lactating Mothers	Total
718.45 lakh	156.86 lakh	875.31 lakh

2.2.3.2 Financial allocation under ICDS

With wider spread of the Scheme, Plan Allocation which stood at Rs. 10, 391.75 crore during the Tenth Plan period has increased to Rs. 44, 400 crore for the Eleventh Plan. An amount of Rs. 246722.50 lakh has been released to the States under ICDS (General) during 2009-2010 (as on 31.12.2009) in addition, an amount of Rs. 241187.49 lakh has been released to the States as supplementary nutrition component under ICDS Scheme during 2009-2010 (as on 31.12.2009).

2.3 New Initiatives

2.3.1 Indira Gandhi Matritva Sahyog Yojana (IGMSY) - Conditional Maternity Benefit (CMB) Scheme

The Ministry has formulated a centrally sponsored scheme - “Indira Gandhi Matritva Sahyog Yojana (IGMSY)”- a Conditional Maternity Benefit (CMB) scheme. It will be a pilot intervention in selected districts using the platform of existing ICDS programme. IGMSY would envisage cash transfers directly to P&L women in response to the individual fulfilling the specific conditions. The

scheme seeks to address the issues regarding the woman's compulsions to work right up to the last stage of pregnancy and resumption of work soon after child birth. Therefore, it is a mitigating measure to provide part compensation of wage loss as maternity benefit to women during pregnancy and lactation period.

The objectives of the proposed scheme IGMSY are to improve the health and nutrition status of pregnant and lactating women and infants by:

- Promoting appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation;
- Encouraging the women to follow (optimal) IYCF practices including early and exclusive breast feeding for the first six months;
- Contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and nursing mothers

The Scheme is awaiting approval of competent authority in the Government of India. (Ministry of Women & Child Development, 2010)

2.3.2 Rajiv Gandhi National Creche Scheme for the Children of Working Mothers

Rajiv Gandhi National Crèche Scheme has been under implementation with effect from 1st January 2006 for children of working women from families earning up to Rs. 12000 per month. This scheme is implemented through the Central Social Welfare Board, Indian Council for Child Welfare and Bhartiya Adim Jati Sevak Sangh. There is a provision for collecting user charges of Rs. 20/- per month from BPL families and Rs. 60/- from other families.

To meet the growing need for more creches, the National Creche Fund, set up in 1993–94, made assistance available to voluntary organisations/mahila mandals (women's groups) through interest earned from the corpus fund to convert existing AWCs (preschool centres) into AWC-cum-crèche centres. In support of the commitments made in the National Children's Policy (1974), a scheme called Assistance to Voluntary Organisations for Crèches for Working and Ailing Women's Children was introduced to provide a safe environment for the children of working mothers, through health care, sanitation, nutrition, play materials, cradles, beds and the provision of a supervisor in every crèche. Prior to this scheme, only families with a monthly income of Rs. 1800 (\$44) were eligible to receive benefits (<http://indiabudget.nic.in/2007-08/chapt2008/chap108.pdf> [2 June 2009]). Women in the informal economy would require an estimated 800,000 creches. Thus the scheme still requires substantial expansion if it is to serve its purpose. State governments/Union Territory administrations do not play a role in the existing creche and daycare schemes run by the

MWCD. As a result, there is no possibility of involving local community-based organisations and self-help groups, other large national NGOs, trade unions or workers' boards such as the Building Workers' Association.

2.3.3 The Objectives of the Scheme are

To provide day care facilities to children (age group of 0 - 6 years) of working mothers by opening crèches.

To provide development services, i.e., supplementary nutrition, health care inputs like immunisation, polio drops, basic health monitoring, and recreation to the children of working mothers.

2.3.4 Financial Assistance under the Scheme

The Government assistance is limited to 90 percent of the schematic pattern or actual expenditure (except honorarium to crèche workers for which 100 percent funds are provided by Government) whichever is less. Any additional expenditure is to be borne by the implementing agencies concerned. Government grant @ Rs 3532/- per month per crèche having 25 children is given to the implementing agencies.

2.4 Schematic pattern is as under

Recurring grant (in Rs)

Components	Minimum expenditure to be incurred by NGO	Government Grant
Honorarium to crèche workers per crèche	2000.00 per month	2000.00 (100 per cent)
Supplementary nutrition @ Rs 2.08 per child for 25 children for 26 days per crèche	1325.00 per month	1217.00 (100 per cent)
Emergency	350.00 per month	315.00 (90 percent)
Total	3702.00	3532.00

Non-recurring grant

For new crèches @ Rs. 10000 per crèche for purchasing consumable stores at the time of setting up of crèches.

For old crèches @ Rs. 3000 per crèche for replacing old consumable stores after every five years.

2.5 Monitoring of Crèches

State-wise independent monitoring agencies have been identified in consultation with the State Governments for monitoring of creches. Schools of Social Work, Women's Studies Centres and other reputed agencies are engaged to monitor the crèches. In addition to a lump sum one time grant of Rs. 10,000/- to each monitoring agency, grant of Rs. 700/- is given for inspection of each crèche. The scheme envisages that every crèche will be inspected at least once in a period of two years.

2.6 Crèches Workers Training

The scheme provides for short-term training to crèche workers. The training is provided through agencies identified with the help of the State Governments. Grant @ Rs. 61900/- per batch of 30 crèche workers is given to implementing agencies for this purpose.

So far about 31,718 creches were sanctioned to the implementing agencies. The estimated number of beneficiaries of these creches is around 792950 as on 30.11.2009. Details of the number of crèches sanctioned and beneficiaries covered State-wise. During the year 2009-10, a Budget Provision (Plan) of Rs. 100.00 crore (Rs. 10.00 crore for North Eastern States and Rs. 90.00 crore for other States) has been made under the scheme. As on 15.2.2010, an amount of Rs. 77.82 crore has been released to the implementing agencies for implementation of the scheme (Ministry of Women & Child Development, 2010)

2.6.1 Mobile Crèches at Construction Sites

Mobile Crèches is an NGO founded in 1969 to help the millions of children who live on construction sites. The construction industry employs about 30 million workers, of which over 30 per cent are women. Construction workers are migrants, often young couples who come to the city with their children to escape extreme rural poverty. With their children, they move from one construction site to the next, often living in makeshift shanties on construction sites. Usually both parents work so the children are left to play in dangerous and unhealthy circumstances and often primary-age children do not attend school. Initially the centers were intended for infants. But it was realized that older children on the construction sites also suffer from lack of access to care and education so the centres now also include preschool and non-formal education for children up to age 12 as well as support for school admission. Health is integrated into the programme through nutrition, hygiene, immunization and regular visits by doctors. Mobile Crèches has reached out to 650,000 children, trained 6000 childcare workers and runs 600 daycare centres. To start a centre, Mobile Crèches negotiates with the builder for support in terms of salary for personnel and provision of infrastructure (water, electricity, a safe enclosure, kitchen and toilet). Negotiations can take 2–4 months, but support from the builders has been increasing since the early days: one out of two now covers at least 50 per cent of the costs and most provide a part-time helper. In setting up Mobile Crèches, many sources

of funding were tapped. Fundraising continues to be a major activity for ensuring the operation of its activities.

They Provide Childcare Services to 6000 children in a year, at 21 day care centres at construction sites across Delhi, NOIDA (Uttar Pradesh) and Gurgaon (Haryana), from 9.00 a.m. to 5.00 p.m., six days a week. They Ensure Childcare Services for another 5000 children in a year, by setting up neighbourhood crèches, functionalizing public services in the slums of Delhi and building capacities of community women and grass root organizations in Early Childhood Care and Development (ECCD), in North India. They work with corporate partners, including construction companies, and advocate for right policies and programmes for children with the state/central governments

Source: <http://www.mobilecreches.org/>

2.6.2 Legislation on childcare facilities for working women in India

The Factories Act (1948): Provision of crèches in every factory in which more than 30 women workers are employed.

The Mines Act (1950): Provision of suitable rooms to be reserved for the use of children under the age of 6 belonging to women working in the mines.

The Plantations Labour Act (1951): Provision of crèches in every plantation in which 50 or more women workers (including those employed by contractors) are hired or where the number of children of women workers is 20 or more. In addition, women workers are provided time off for feeding children.

The Beedi and Cigar Workers Act (1966): Provision of crèches for the benefit of women workers in industrial premises in which more than 50 female employees are ordinarily working

The Contract Labour Act (1970): Provision of crèches where 20 or more women are ordinarily employed as contract labour

The Inter-State Migrant Workers Act (1980): Provision of crèches for the benefit of women workers in establishments in which 20 or more women are ordinarily employed as migrant workers and in which the employment of migrant workers is likely to continue for three months or more.

The Building and Other Construction Workers Act (Regulation of Employment and Conditions of Service) (1996): Provision of a suitable room or rooms for the use of children under the age of 6 in which 50 or more women are ordinarily employed as building workers.

Source: <http://www.mobilecreches.org/>

ILO Maternity Protection Convention (C 183) mentions that (i) Minimum 4 months paid maternity leave (ii) Breastfeeding breaks at workplace (iii) Breastfeeding / breast milk expression facility at the workplace (iv) Incurred

cost - A social responsibility. Breastfeeding is a Human Right and is linked to other rights found in International agreements signed by many countries around the world.

The approach of India with regard to International Labour Standards has always been positive. The ILO instruments have provided guidelines and useful framework for the evolution of legislative and administrative measures for the protection and advancement of the interest of labour. To that extent, the influence of ILO Conventions as a standard for reference for labour legislation and practices in India, rather than as a legally binding norm, has been significant. Ratification of a Convention imposes legal binding obligations on the country concerned and, therefore, India has been careful in ratifying Conventions. It has always been the practice in India that we ratify a Convention when we are fully satisfied that our laws and practices are in conformity with the relevant ILO Convention. It is now considered that a better course of action is to proceed with progressive implementation of the standards, leave the formal ratification for consideration at a later stage when it becomes practicable. We have so far ratified 39 Conventions of the ILO, which is much better than the position obtaining in many other countries. Even where for special reasons, India may not be in a position to ratify a Convention, India has generally voted in favour of the Conventions reserving its position as far as its future ratification is concerned.

Government of India finds it difficult to ratify the ILO Convention which currently states every employed women' unless ESI is expanded to cover all sectors and all sizes and types of employment. When medical and maternity benefits are not only the employers responsibility then they will be willing to agree to better maternity protection. ESI should be for any organisation/ employer with one or more employees. Then all people will come under this net including a large number of unorganised sectors. Modification of ESI is a government's responsibility. In other words government needs to be pushed to revise ESI (for details see the website: www.bnpi.org).

In the private sectors, 84 days maternity leave is provided to women employees, reason being that there is only provision of eight weeks maternity leave in the law adopted by the private sectors on maternity (reported by respondents).

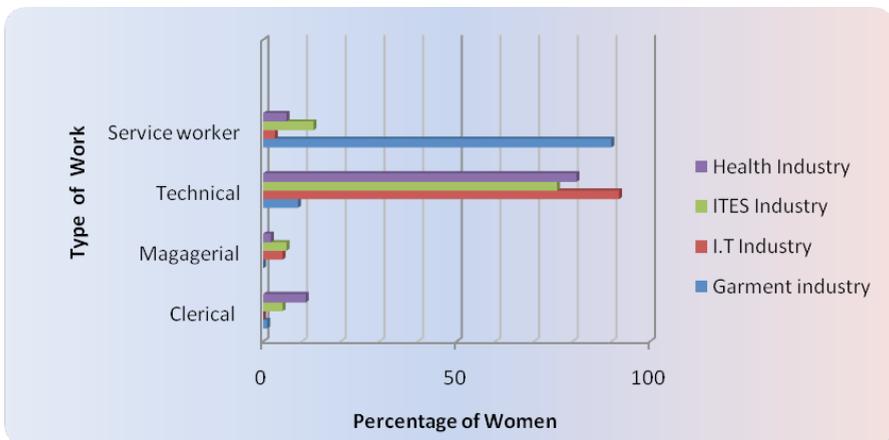
For parents who work for income or would like to work, childcare is a concern that is almost universal. One way that workers have been receiving various kinds of assistance with childcare is through support that they can access through their workplace. Workplace programmes are not the only, nor even the primary, means of accessing assistance with childcare. However, they are helping many working parents and are attracting increasing interest as a way of meeting the overall societal challenge of finding mechanisms for making childcare more accessible and available to working parents.

Chapter Three

Career Interruptions Among Employed Women Post Maternity

Women's growing participation in the labour force and the transformation experienced by families, demographic trends and labour market have decisively changed the relationship between work and family life. Today, workers, particularly women workers, face enormous tension when trying to reconcile both worlds. Within this framework the present chapter attempts to explore the experiences of women workforce employed in female concentrated sectors of IT, ITES, Health and Garments.

Figure 3.1: Nature of Work



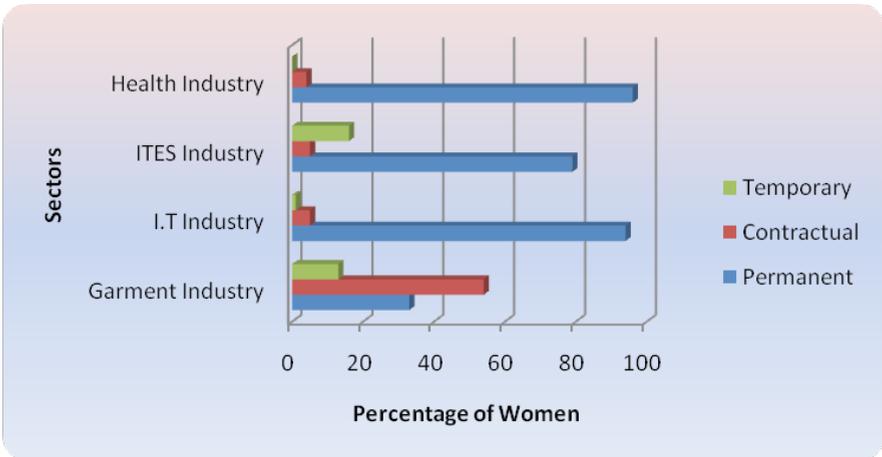
Source: Field survey

3.1 Nature of Work

The above Figure 3.1 provides information on the nature of employment. In the garment industry. It was found maximum (90 percent) workers were engaged as service worker (thread cutting, bundling).

- In IT 92% of the women were found to be engrossed in technical jobs.
- In ITES, technical sector was found to be immersed by 76 percent of women.
- In Health Industry, 81 percent of the women were found to be engaged in technical related activities.

Figure 3.2: Status of Employment

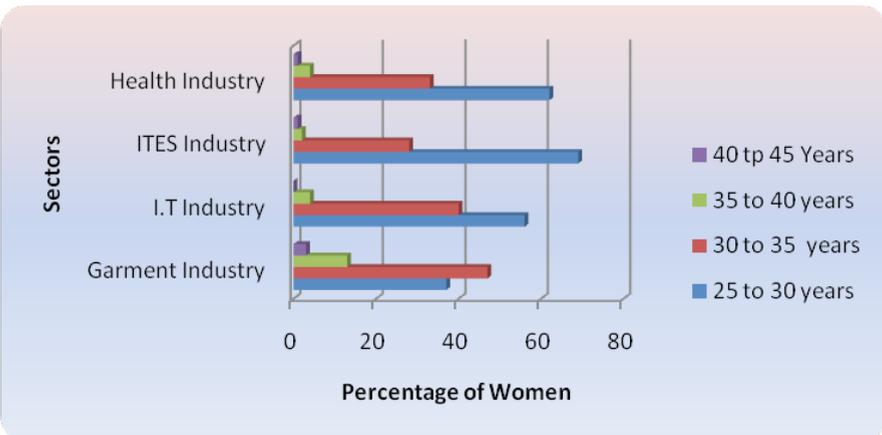


Source: Field survey

3.2 Status of Employment

As seen in Figure 3.2 except Garment Industry, majority of the women engaged in IT, ITES and Health Industry were found to be absorbed in project - based permanent position (In Garment industry contractor played an important role in providing employment).

Figure 3.3: Age Structure of women Work Force

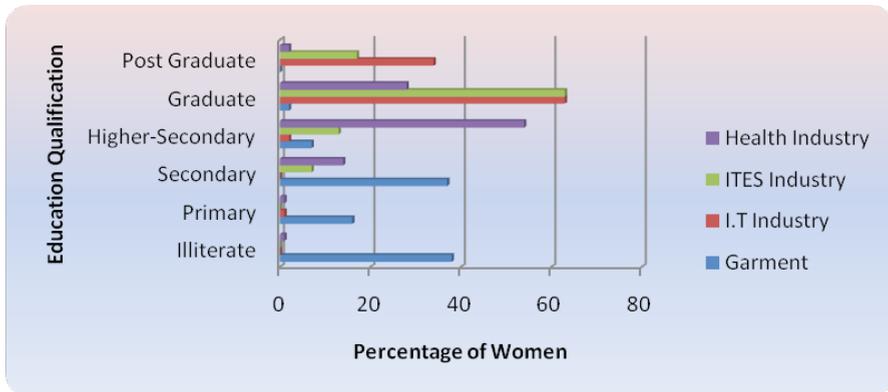


Source: Field survey

3.3 Age Structure of the Work Force

- In Garment sector maximum (47%) of women were found to be in the age group of 30-35 years.
- In IT, ITES and Health industry maximum percentage (56% , 69% & 62% respectively) of women were found to be within in the age bracket of 25-30 years.

Figure 3.4: Education Qualifications

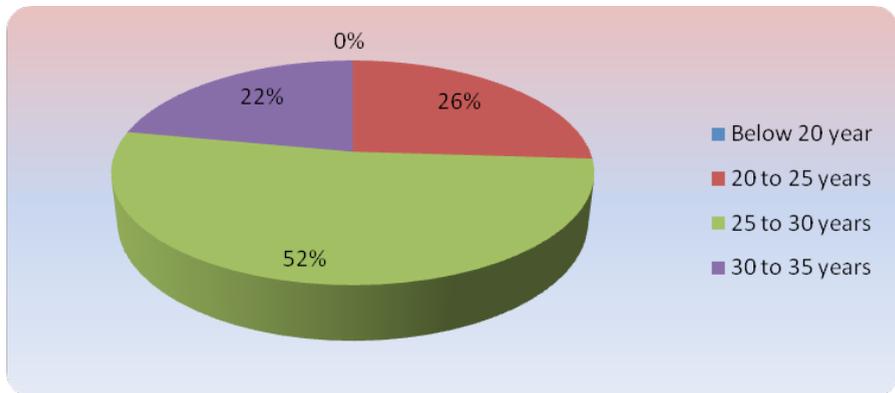


Source: Field survey

3.4 Education Qualification of the Workers

- In Garment industry, 38 percent of the women never attend the formal schooling,
While in IT and ITES, maximum percentage (63 percent) of women were found to be graduate.
- In Hospital industry majority of the workers interviewed (54 percent) were found to be diploma holders in nursing/lab technician i.e. post higher secondary qualification.

Figure 3.5: (A) Age of Entry in Labour Market in Garment industry

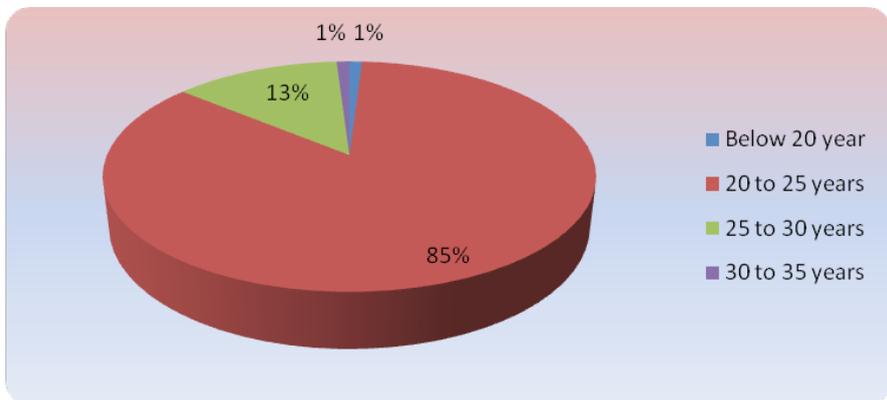


Source: Field Survey

3.5 Age of Entry to the Labour Market

- In the garment sector, maximum women enter in the age group of 25-30 years.

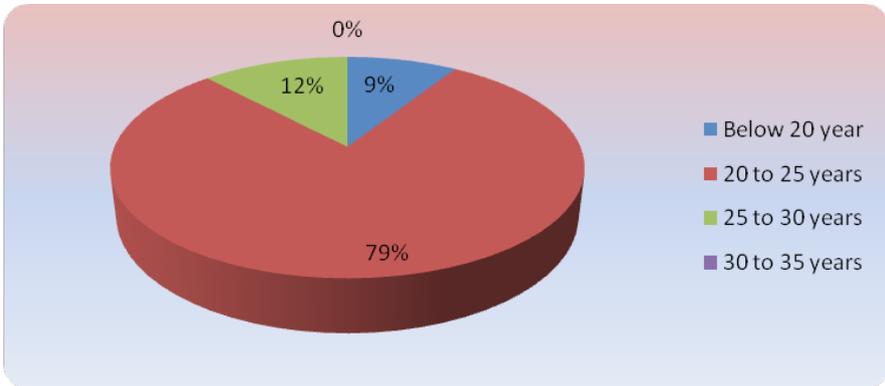
Figure 3.5 (B): Age of Entry in Labour Market in IT Industry



Source: Field Survey

- In the IT sector, maximum women enter in the age group of 20-25 years.

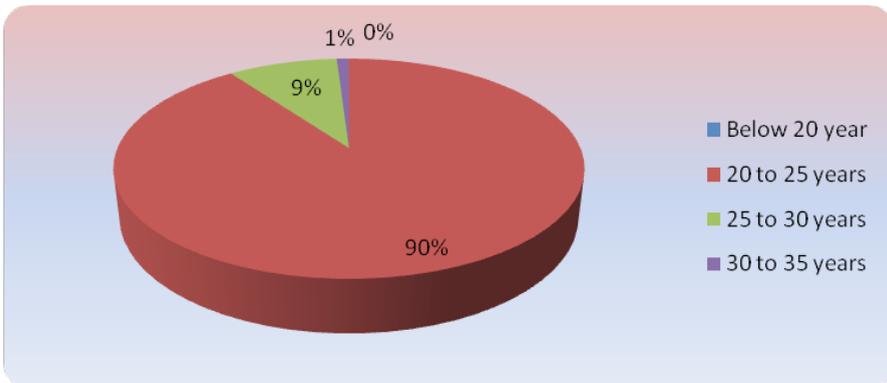
Figure 3.5 (C): Age of Entry in Labour Market in ITES Industry



Source: Field Survey

- In the ITES sector, maximum women enter in the age group of 20-25 years.

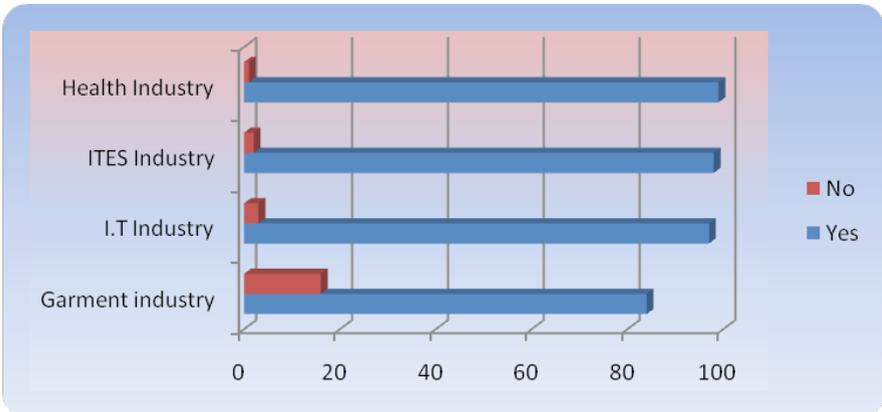
Figure 3.5 (D): Age of Entry in Labour Market in Health Industry



Source: Field Survey

- In the Health sector, maximum women enter in the age group of 20-25 years.
- Age of the entry to the garment sector is higher compared to other sectors surveyed, reason being in the garment sector majority of the women enter the labour market post maternity.

Figure 3.6: Provisions of Childcare Services

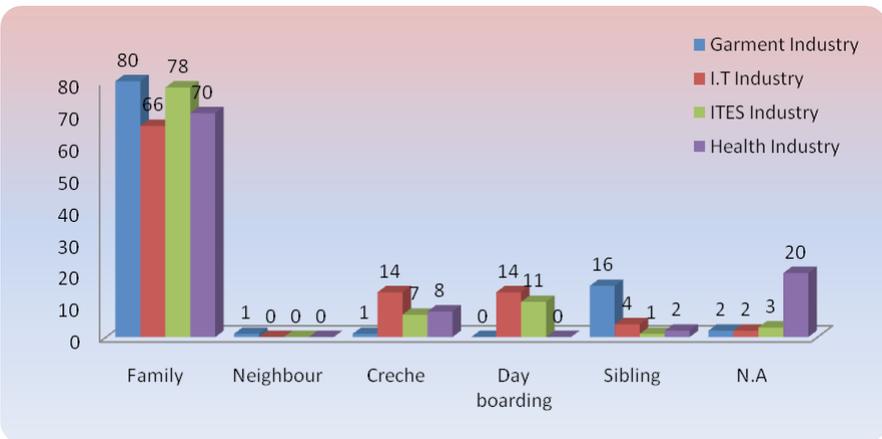


Source: Field Survey

3.6 Provision of Childcare Services

- Only 16 percent of women in garment industry; 3 percent in IT; 2 percent in ITES and 1 percent in the health industry reported that they have the provision of child care facility provided by the employer.

Figure 3.7: Childcare during Office Hours



Source: Field Survey

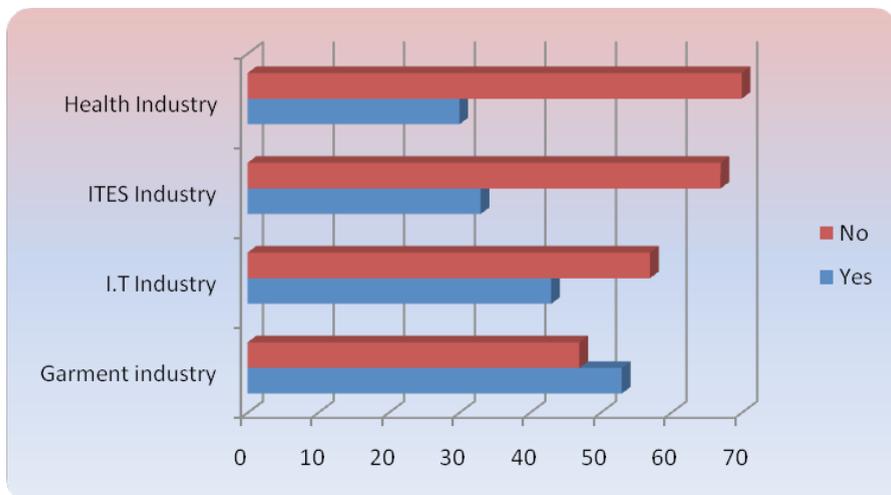
3.7 Childcare during Office Hours

- Family continues to be the primary care taker of children even if they are in crèches or day boarding because the office timing and day boarding timing

were clashing. Crèche was found to be helpful only to those organisations, which provided crèche facility in the office premises.

- Few garment sectors units had crèche facility. In Garment sector sibling played the role of baby sitter. In others, family member particularly grandparents/husband assisted by maids (by adjusting the working hours) played the role of baby sitter when women were in office.

Figure 3.8: Shift in the Job



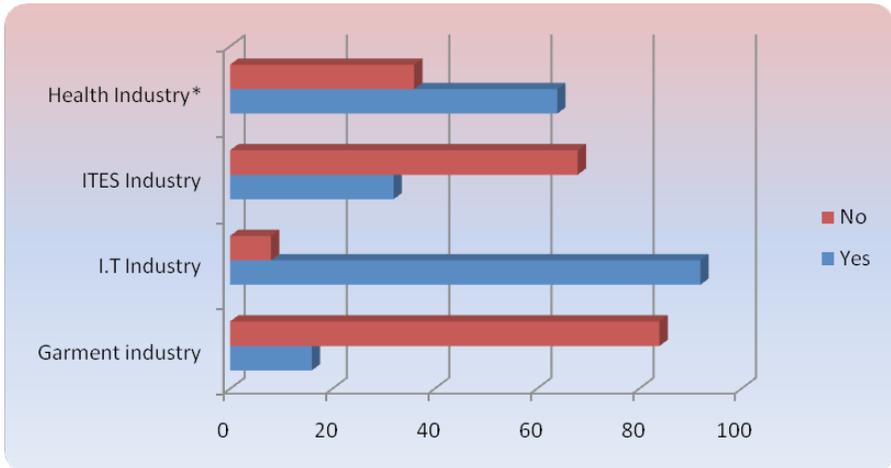
Source: Field Survey

3.8 Shift in the Job

- Figure 3.8 shows that 53 percent of the women workers employed in the garments sector were found to be in same company despite being in job through contractors post maternity. The reason for this was found to be that the maximum percentage of women 53% working post maternity were living in close proximity to company, which had crèche facility in the premise; were working for livelihood to meet both end meet and their elder daughter looked after the younger one. These women had strong network with contractors. They did not had any requisite skills to bargain so well and were dependant on network only.
- In IT, ITES and Health industry, the view was different. Those who shifted the job (43 percent in IT, 33 percent in ITES and 30 percent in Health Industry) prefer to upgrade the required skills while on child care break. With plenty of options around and immense job opportunities in hand, women do not believe in staying with a single company for long, especially because they

are aware of the fact that if they have requisite skills, job opportunities arise almost on a daily basis. But it was also found that majority of women are delaying their marriage and subsequent motherhood for availing this break.

Figure 3.9: Companies Offering Maternity Relief



Source: Field Survey

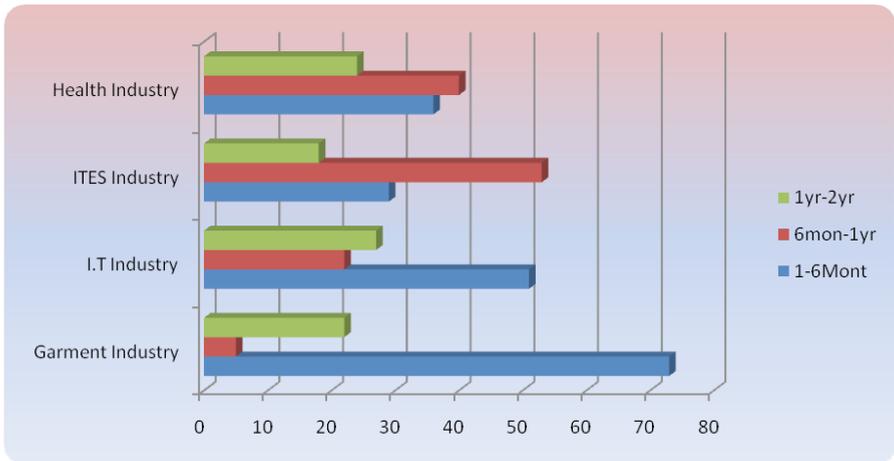
**in Health Industry the percentage of women employment was found to be quite high. Among the married women, 64 percent reported that though they don't have maternity leave provision but their job was secure and they usually return within 3 months to join. The job was secure because demand for trained nurses is greater than their supply.*

3.9 Companies Offering Maternity Leave

- Companies providing maternity relief are shown in Figure 3.9. It is clear that many companies don't have provision of maternity leave in practice despite having a law on maternity leave. Preportion of women in Health industry is showing the higher percentage. It was found that there is no provision of maternity leave in health industry, the women were not paid any salary during the leave availed. In order to obtain job security and concession in the delivery treatment it was a mutual agreement between the employer and the employee.
- It was found that IT /ITES provide 84 days paid maternity leave but they do not provide any childcare facility. Companies providing maternity leave also provide paternity leave. However the percentage of men availing paternity leave was quite negligible.

- It is also important to point out here that the rate of the normal delivery is declining (due to late motherhood). Therefore, need is felt for longer maternity leave. Garment sector abides ESI Scheme and few companies also have crèche facility. Work force engaged in the Hospitals were reluctant to provide information on this. However the women interviewed said their job was secure as they return to same work post maternity break. To be specific they were not provided any cash benefits during post maternity phase, however the hospitals bear the cost of medicines and delivery for most of the women.

Figure 3.10: Duration of Career Break among Married Women

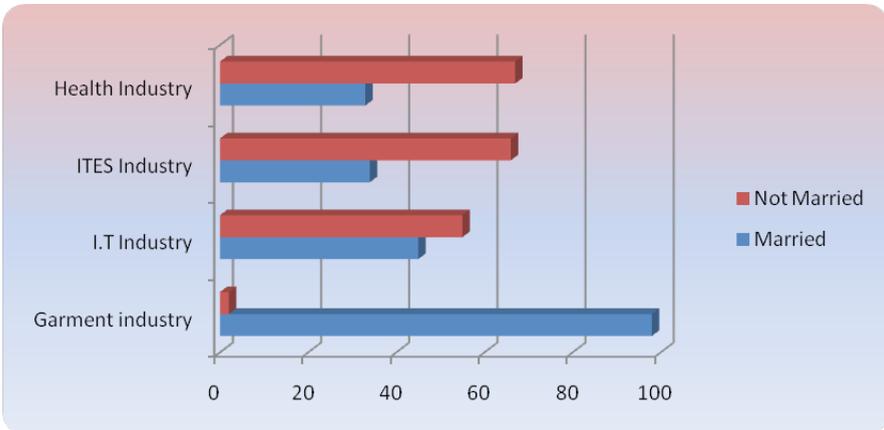


Source: Field Survey

3.10 Duration of Career Break among Married Women

Most of the women in IT/ITES and Hospitals were unmarried. Figure 3.10 points the career break among the respondents. It was found very few women have carrier break in Garment sector as most of them join the labour market post maternity. Most of the respondent took the break within the range between 1-6 months. In IT, 21 percent of women availed the break between 1 to 6 months, 9 percent took the break between 6 month – 1 year and 11 percent each took break of 1 to 2 years. In ITES, 10 percent women took the break between 1 to 6 months, 18 percent of them women took the break between 6 month to 1 year and 6 percent took the break in-between 1 to 2 years. In hospitals, 12 percent women availed the break between 1 to 6 months and 13 percent took the break between 6 months to 1 year.

Figure 3.11: Marital Status of Women Entering Labour Market

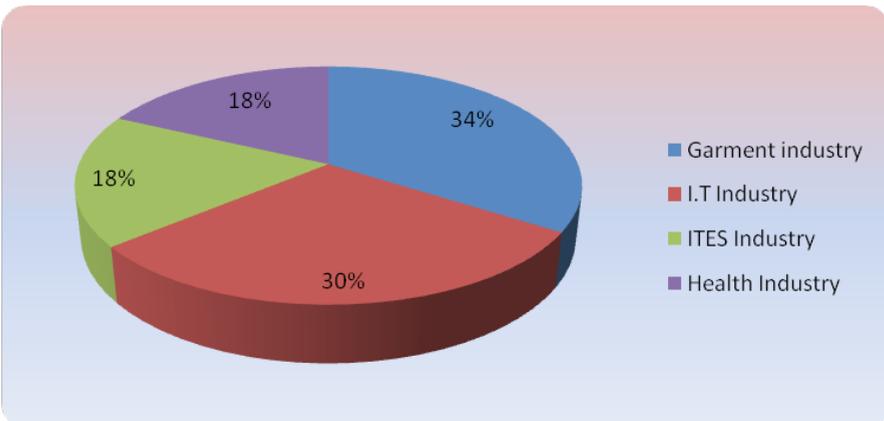


Source: Field Survey

3.11 Marital Status

Majority of women in IT, ITES and Hospitals were found to be not married. It was reported that most of the women in IT/ITES/Hospital industry are postponing their marriage age and delaying the motherhood, just because they feel that arranging proper childcare facility is still their responsibility and not the employers.

Figure 3.12: Women Re-entering Labour Market past Maternity

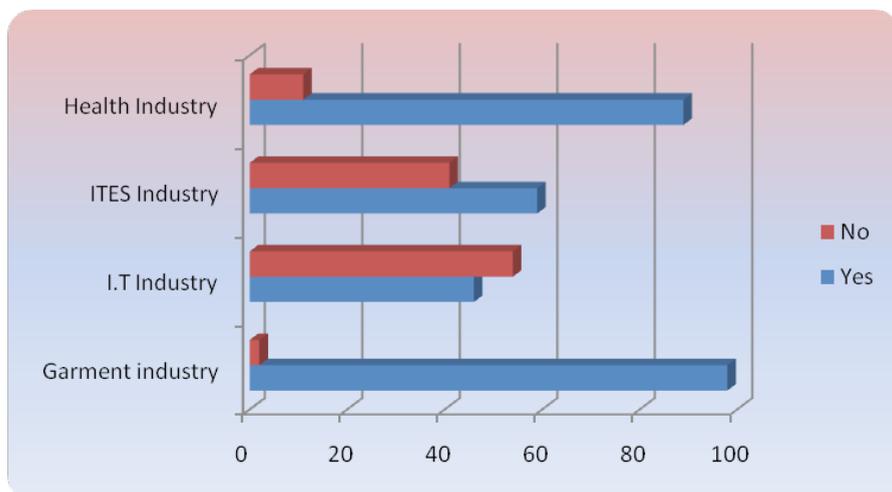


Source: Field Survey

3.12 Women Re-entry to the Labour Market

The above figure 3.12 depicts the percentage of married women re-entering the labour market post maternity. The highest percentage was reported among ITES, followed by IT, Hospitals and Garment sector. The women in IT and ITES are in strong financial position, have option of flexible timings and also better skills comparison to women in hospitals and garments. Therefore, they were in the position to afford private crèches. But at the same time need is felt to have longer duration of maternity leave and crèche facilities in the office premise itself.

Figure 3.13: Return to the Same Position: Industry Wise



Source: Field Survey

3.13 Return to the same position or one with higher responsibilities after taking leave

- It is clear from the Figure 3.13 that only 59 percent of women return to the same position after availing maternity benefits and maternity period in ITES industry.
- Majority of women (89%) return to the same position after availing maternity benefits and maternity period in Health industry.
- In IT Industry, only 46 percent of women return to the same position after availing maternity benefits and maternity period.
- In garment sector, 98 percent of women return to the same position after availing maternity benefits and maternity period.

- It is implicit from figure 3.12 that the re-entry to the labour market to the same position among the women who have re-entered the labour market is found to be highest in the Garment industry.

3.13 Major Findings in Sectors Studied

3.13.1 Garments Sectors

- Maximum women married.
- Kids grown up.
- Sibling looking after younger sibling.
- Few kids stay at place of origin.
- Couple working in shifts for child care.

3.13.2 IT/ITES

- Majority of women depend on private child care institutions.
- Beside private child care, grandparent's availability is an added advantage.
- Child care better with availability of grandparents because grandparents are sentimentally attached to children.

3.13.3 Hospital Industry

- Most of women unmarried.
- Those unmarried are dependent on family/friend at the place of origin.
- Work in shifts to the look after the kids.

It was found that mainly the family members facilitate the women to participate in the labour market post maternity. Ample child care facilities should be the area of concern for the employer. Push factor (especially in Garment sector) plays a vital role in entry to the Labour market post maternity. Skill and availability of affordable quality crèches play an important role in entry to Labour market post maternity. Beside this, minimum six months leave is required in private sector so that breastfeeding period is not compromised.

Chapter Four

Summing Up

The progressive entry of female labour force has in turn necessitated to advance toward reconciling work life balance through social co-responsibility: redistributing care responsibilities between men and women, as well as among the family, the State, the market and society as a whole (ILO & UNDP, 2009).

As a region, India faces a paradigm change as the result of the growing diversity of family organisations, the transformation of gender roles and the increasing proportion of women joining the labour market. For most of the 20th century, productive and reproductive works were organised according to rigid gender roles that have become inappropriate in today's world. As a result, the interplay between work and family – both central to people's lives – has also changed radically. This has brought enormous tension, pulled even tauter by how work is presently organised (ILO & UNDP, 2009).

Today, women and men both work, but there has been no similar process of change toward a redistribution of domestic workload. Nor have the public services that support such duties improved significantly and there has been little change in social life in the organisations.

4.1 A Good Example: “Chile Grows Up With You”

The Chilean Government created a comprehensive protection system for early childhood, *Sistema de Protección Integral a la Primera Infancia Chile Crece Contigo*, i.e. “Child grows up with you” in 2006. It is based on the conviction that children's care and education is a social responsibility and a matter for public policy. One of its core missions is to create childcare centres to support the cognitive and emotional development of children, and make it easier for mothers to enter the labour market. The programme focuses on the most vulnerable 40% of the population, which generally does not have access to this type of service when jobs are offered by the market.

Alongside benefits such as a prenatal family subsidy and preferential access to childhood development services, the system guarantees free, quality childcare for all children under the age of two, those mothers who are either working or seeking employment. Another target group consists of mothers who are studying, especially teenage mothers, to retain them in the school system.

Through this programme approximately 900 new centres have been built every year, and by the end of 2009, 3,500 free, public child care centres will care for 70,000 infants, up 500% increase over the public sector supply in 2005. In January 2009, Chile's Minister of Planning presented a draft law to the Chamber of Deputies to institutionalise this programme and turn it into an intersectoral system for social protection.

Source: MIDEPLAN (2008), www.junji.cl

4.2 A Successful Case of Corporate Commitment

In Brazil, a study by a multinational IT company takes care of their employees' preferences for different working arrangements. 48% of workers wanted flexible hours during the day, 45% during the week, 42% wanted to be able to work from home and 34% needed personal leaves of absence from time to time. The next year, the company implemented some of these flexible work options, in response, to demonstrate company leadership and improve its ability to attract and retain the best talent in Latin America. In Mexico, the same company identified similar employee requirements and results.

Source: Lobel (2000).

Women have steadily joined the labour market over the past 20 years. As women's participation in economic life rose, men's fell slightly, pushing down the gap between the two sexes. Nonetheless, although women today have more education than men, fewer women than men work, with the average gap for the region standing at 25 percentage points. The critique grows out of the basic assumption that women perform three roles – the productive, reproductive and the consumer. It has been customary to speak about the “double burden,” of women, setting the work role against the domestic role. However, when the child bearing and rearing role is merged with the consumer role under the rubric of “housewife” or domestic role, certain critical differences in the nature and duration of the two tasks are blurred. On the one hand, the periods of child-bearing and child rearing are limited, yet fixed by factors beyond a woman's control, while housekeeping is a permanent and ongoing feature. On the other hand specific housekeeping tasks may be postponed, avoided or delegated, while the child requires continuing attention and cannot be treated in the same way.

Therefore, separating the two into three roles will offer greater clarity of definition. From this standpoint, it is possible to define it as a continuum the period during, which the woman, in her role as worker, requires certain support services from family, society, employer and state in order to fulfill her reproductive role without hazard or loss to herself, her children or her capacity to contribute to the society as a worker. Though very precise definitions may be difficult at this stage, for practical purposes it can be stated that the mother and child duo requires maternity and child care support from the third trimester of pregnancy up to the time the child is of school going age, that is five/six years old.

The social, economic and cultural pressures on women are likely to increase still further in the context of the New Economic Policy and of the impact of the consequent globalisation of the economy on the informal sector, in which the majority of productive women found. It thus becomes all the more important to review the nature and extent of the support now available for maternity and

child care, not only in terms of its historical development but in the context of its relevance to present needs and trends, and to chart directions for the future.

4.3 Good Practices from India

4.3.1 Gokaldas Images Private Ltd.

Type of Business: Garment manufacturing.

Workplace: Factory in Bangalore.

Workers: Approximately 13,500 employees in India; roughly 85 percent of them are women. Of these, 900 work at the Bangalore factory.

Working Hours: The factory is open from 9.00 a.m. to 7.00 p.m. daily; employees are free to complete eight hours of work at a stretch during the day, within these hours.

Childcare Solution: Crèche for employees' children from 6 months onwards.

Partners: The Indian Council for Child Welfare (ICCW) and the Karnataka State Council for Child Welfare (KSCCW).

Source : Hein. C; Cassirer. N, Workplace solution for child care, Geneva, ILO 2010

4.3.2 Bharat Heavy Electricals Ltd. (BHEL)

Type of Business: Electricals and electronic manufacturing (public sector).

Workplace: Manufacturing unit in Bangalore.

Workers: About 1,900 workers, of which approximately 350 are women.

Working Hours: 7.30 a.m. to 4.30 p.m.

Childcare Solution: Crèche for children aged 1 year onwards; holiday sports for school age children.

Partners: Indian Council for Child Welfare (ICCW); the Church of South India (CSI); Sports Authority of India.

Source : Hein. C; Cassirer. N, Workplace solution for child care, Geneva, ILO 2010

4.3.3 Infosys

Type of Business: Software engineering (private sector).

Workplace: Office (Infosys Technologies Limited), Bangalore.

Workers: 21,000 workers; 35 percent at this office are women.

Working hours: 8.00 a.m. to 5.15 p.m.

Childcare solution: Crèche for employees' children aged 2.5 months to 5 years.

Partners: Childcare consultant.

Source : Hein. C; Cassirer. N, Workplace solution for child care, Geneva, ILO 2010

4.3.4 The Infosys Women’s Inclusivity Network (IWIN)

The vision and strategy of IWIN can be summed up as “AIR”:

ATTRACT: Enable thought leaders to share gender-specific concerns in key forums; provide platforms where women can network and share best practices; participate in key forums that attract women laterals to identify Infosys as an employer of choice.

INCREASE: Invest in high-potential individuals through a strong mentoring system; provide new opportunities to exhibit leadership skills.

RETAIN: Furnish options for keeping women in careers while they balance marriage and young children (alternative work models and schedules such as tele working).

Source : Hein. C; Cassirer. N, Workplace solution for child care, Geneva, ILO 2010

4.3.5 Wipro Technologies

Type of Business: Information technology (IT) and software.

Workplace: Offices in Bangalore.

Workers: Approximately 21,000 persons, of whom women make up 27 percent.

Working Hours: 8.30 a.m. to 6.00 p.m.

Childcare Solution: Crèche for children aged 1–4 years; also after-school care and emergency care (under special circumstances).

Partners: Outsourced to organisation specializing in childcare.

Source : Hein. C; Cassirer. N , Workplace solution for child care, Geneva, ILO 2010

4.3.6 The National Centre for Biological Sciences

Type of Business: Academic and research institute.

Childcare programme: The crèche facility is located on campus. The age of the children using the facility ranges from 6 months to 7 years. Currently, there are 23 children in the crèche, which is open from 8.30 a.m. to 6.30 p.m., six days a week.

Workplace: Bangalore.

Workers: 75 employees (including faculty), of which 35 percent are female.

Working hours: 9.00 a.m. to 5.30 p.m.

Childcare solution: Crèche for children aged 6 months to 7 years old; summer holiday activities.

Source : Hein. C; Cassirer. N, Workplace solution for child care, Geneva, ILO 2010

4.3.7 Peenya Industries Association

Type of Business: Association of small and medium industries.

Workplace: Factories in Peenya Industrial Area, a suburb of Bangalore.

Workers: About 500,000 people, of whom around 40 percent are women.

Working Hours: Eight hours a day for most industries but three shifts for manufacturing industries (typically 6 a.m. to 2 p.m., 2 p.m. to 10 p.m. and 10 p.m. to 6 a.m.).

Child Care Solution: crèche

Source : Hein. C; Cassirer. N, Workplace solution for child care, Geneva, ILO 2010

4.4 Good Example form Field Survey

4.4.1 Shahi Industries

Type of Business: Garment, Hosiery manufacturing & export.

Workplace: Sector 28, Faridabad, Haryana.

Workers: Approx. 8000 people, (approx 40 percent are women).

Working Hours: Nine hours.

Child Care Solution: Crèche (3 months paid maternity leave).

Source : Field Survey

4.4.2 Convergys India Services Pvt. Ltd

Type of Business: Software Development, Consultancy.

Workplace: Gurgaon, Haryana.

Workers: Approx 600 people (about 30 percent are women)

Working Hours: Eight hours a day, flexible shifts.

Child Care Solution: Crèche (84 days paid maternity leave).

Source : Field Survey

4.4.3 Wipro Technologies

Type of Business: Software Development

Workplace: Gurgaon, Haryana.

Workers: Approx 400 people (about 20 percent are women)

Working Hours: Flexible shifts

Child Care Solution: Crèche (84 days paid maternity leave).

Source : Field Survey

4.5 Conclusion

Many people still see these conflicts between work and family as a women's problem, reflecting traditional views on each sex's role within society. In the past, people did housework along with other activities directly related to production. With industrialisation, domestic work and production became separated and a more rigid, gender-based division of labour prevailed. Thus, women mainly took charge of reproductive duties in the home, while men moved on to fulfill productive work outside the home, for which they began to receive payment.

Cultural constructs transformed this rigid sexual division of labour into a "natural" specialisation. Moreover, women's role as wife and mother was mystified and their ability to work full time in the home became a status symbol, generating a cult to domesticity in which the family and the home became the preserves for affection and child raising, under women's supervision. These rationalised two beliefs: first, that unpaid work in the home was women's work and second, that it wasn't really work at all (Barker and Feiner, 2004).

Nonetheless, women's importance to the economy never ceased, thanks not only to their daily contribution in terms of works in the home (cooking, washing, health care and nutrition of family members), but also their productive work (whether paid or unpaid) and its importance to family survival strategies and welfare.

This construct of female domesticity has been more cultural than real, but it is so well established that it has inspired public policies, labour legislation among them, social practices, and family negotiations. Two myths persist in the region, as powerful perceptions that are at the base of the tensions between work and family: the first requires that women take care of family and children as their first priority, while the second considers them a secondary labour force, whose income complements that of men.

The analysis shows that kin based care is still the most preferred and widely used childcare arrangement of working mothers in India. This role of grandparents as the preferred choice for childcare continues to be strong.

4.6 Suggestions & Recommendations

A woman in her role as worker requires certain support services from family, society, employer and the State. This will help her fulfill her reproductive role without loss to her children and motherhood and can contribute to the society as productive worker. This requires adequate childcare and maternity support at Enforcement level. Since majority of laws are applicable to organised sectors that are to some extent followed by IT, ITES and this study reveals majority of women workers are engaged in Garment and Health sectors. Therefore, the

study recommends taking adequate measures regarding the compliance and enforcement of these laws.

Women themselves are not aware of childcare and maternity related provisions in our legal structure. Therefore, the NGO, trade unions & V.V Giri National Labour Institute should play an important role in raising awareness.

Most of the women workers in private sector don't know about existence of legal provisions for them and their children, because they are illiterate and uneducated. Pre-condition for availing any benefit necessarily requires its knowledge. Therefore, the first and dire necessity is that women workers ought to be disseminated information about legal provisions and their enforcement.

For this purpose printed literature should be distributed among them and at work place at conspicuous site they should be depicted in form of slogans. Electronic and print media should highlight such provisions. Workshops and conferences etc. should be organised in which workers, trade union leaders, NGOs, employers and officers enforcing labour laws should be invited to participate. Reports of such workshop and conference should be given wide publicity.

WHO recommends initiating breast feedings as early as possible and maintaining it exclusively for four to six month of life and its continuance with supplementary food for at least up to two years for infants. The study reveals very few percentages of women in IT, ITES and Health sector took break for more than six month. This means the breast feeding time for infants has declined drastically. Adequate measures need to be taken in this direction, especially while framing the policy to provide crèche facility for the infant in the office premises of the office. This would promote breast feeding for infants. For the benefits of the mothers of school going children, school timing and office timing should be in symmetry or school should work as day boarding.

It has been found women have been postponing there marriage and motherhood due to inadequate childcare facilities. In order to reduce to career related break, if any, among women workers, amendment in Maternity Benefit Act and Provisions for child care is required in the sectors studied.

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V.V. Giri National Labour Institute

Post Box No. 68, Sector 24, NOIDA-201301
Uttar Pradesh (INDIA)

E-mail : vvgnl@vsnl.com

website : www.vvgnli.org, www.indialabourarchives.org