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**CHILD CARE NEEDS OF LOW INCOME MOTHERS
IN LESS DEVELOPED COUNTRIES**

**A Summary Report of Research in Six Countries
in Asia and Latin America**

by the OVERSEAS EDUCATION FUND



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AGENCY FOR INTERNATIONAL DEVELOPMENT
Office of Nutrition Development Support Bureau
Washington, D. C. 20523

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September 1979

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FOREWORD

22/2/84

This report on the Child Care Needs of Low Income Mothers in Less Developed Countries is a summary of a six country comparative study undertaken by the Overseas Education Fund with support from the Office of Nutrition, Agency for International Development in Washington, D.C.* The project was part of a larger AID concern to encourage voluntary agency efforts to improve nutrition in less developed countries and to increase host country involvement in promoting services which foster good nutrition.

The goal of the study was two-fold -- to investigate the degree to which child care acts as a constraint to women's participation in income generation activities and to understand how such participation affects child care patterns, health and nutrition. The study also examined the quality of care children receive and the alternative approaches to child care that are available or might be feasible.

To gather data to assess these questions, field research was conducted in three countries in Asia -- Korea, Malaysia and Sri Lanka -- and three countries in Latin America -- Brazil, the Dominican Republic and Peru. Counterpart institutions and/or individuals were responsible for the project in each of the six countries:

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* The view and interpretations in this publication are those of the authors and should not be attributed to AID or any individual on its behalf.

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The tasks of planning the project, coordinating the six country research, editing the country reports, preparing this summary report, and organizing in-country seminars and an international conference were accomplished through the collaborative efforts of the child care project staff:

Emily DiCicco, Project Director and Field
Coordinator for Latin America
Carol Rice, Field Coordinator for Asia
Jane Wilber, Conference Coordinator
Silvia Limones, Bilingual Secretary

They were ably guided in these tasks by Katharine D. Massel, chairman of the Child Care Project Advisory Committee, Elise Fiber Smith, executive director, and Willie Campbell, president of OEF. Special thanks are due to Joyce Bouvier for many hours of typing. Sincere appreciation is extended to Marion Frazao of AID.

Finally, and most importantly, this project was possible because of the time and interest given by the interviewed women. They are playing a major, though often invisible, role in the development of their countries. It is hoped that this project will make a significant contribution toward policy and program development to meet the needs identified by these mothers.

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via letter

PUBLICATIONS

The publications resulting from this project include:

- a) an annotated bibliography (1977, updated version forthcoming December 1979)
- b) Child Care Needs of Low Income Women in Urban Malaysia
- c) Child Care in Urban and Rural Peru
- d) The Burdened Women: Women's Work and Child Care in the Dominican Republic
- e) Child Care Needs of Low Income Women: Urban Brazil
- f) Child Care Needs of Low Income Women in Rural and Urban Sri Lanka
- g) Child Care Needs of Urban and Rural Korea
- h) Child Care Needs of Low Income Mothers in Less Developed Countries: A Summary Report of Research in Six Countries of Asia and Latin America
- i) Final Report on Child Care Needs Project and International Conference-Workshop.

A slide presentation has also been prepared on the project theme.

9/24/79

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CHAPTER 1

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

1. Child care responsibilities constitute a serious constraint to the participation of low income women in the development process. Other equally serious and related constraints include the lack of employment opportunities and marketable skills, and cultural role limitations.
2. The vast majority of low income mothers in all six countries currently meet their child care needs within the family. Mothers themselves bear most of the responsibility, particularly if they work in the home, or if they are able to take their children with them to the workplace. Grandmothers, other female relatives and older siblings are preferred substitute caretakers.
3. Reliance on family members, and satisfaction with current child care arrangements are largely a reflection of the absence of alternatives. The existing child care centers, preschools, creches and nurseries reach less than 1% of the families surveyed. Where parents are familiar with such services, they usually desire them for their own children, particularly because of the educational "headstart" for primary school.
4. The labor force participation rates for the women surveyed are higher than the national averages. The labor force participation rates of the samples varied greatly, from 100% in rural Peru to 12% among urban Muslim Sri Lankan women.
5. Rural women are active primarily in agricultural work or small scale production of crafts and food items to sell in the market. In the urban area women are more likely to work outside the home, and are largely found in the service sector.
6. Malnutrition among children 0-6 is found in all six countries researched. It is caused by a lack of resources to obtain enough food, and inappropriate food habits.

In two of the countries studied weight/age data was gathered for a sample of children. The Brazil investigator found 60% of the children of working mothers are malnourished (1st to 3rd degree), as compared to 51% of the children of non-working mothers. In Peru, 28% of the urban children 0-5 years

of age were found to be undernourished to some degree; for children of weaning age (12-23 months) this figure rises to 41%. The nutritional status of the rural Peruvian community is more alarming: 65% of 0-5 year olds are undernourished; at the weaning age (24-35 months), 100% are malnourished.

7. Breastfeeding data for the surveyed communities show the proportion of mothers who breastfeed varies from rural to urban areas, as well as among the six countries. Data give evidence of the trend documented in many countries that the proportion of mothers who breastfeed is declining, and the average period of breastfeeding is decreasing. "Insufficient milk" is the most frequently given reason for early weaning, but "inconvenience due to work" is also mentioned.
8. Some of the mothers surveyed had little knowledge of the causes of disease, the value of immunization, or proper dietary practices. The health facilities that are available to them are not numerous, offer only the minimum of services, are difficult to reach, and in general, are not meeting their health care needs.
9. The earnings that a woman is able to contribute to the family income are usually so meager that they make little difference in improving the nutritional status of her children. Health is a product of the children's total environment and not greatly influenced by any isolated factor (such as mother's work). Given the opportunity for employment, most women work because they see this as a small but meaningful contribution they can make to the overall well-being of their families.
10. A comprehensive child care policy and program is a viable alternative which would meet the needs of low income mothers and children. It should have components of education, nutrition, parental and community participation and supervised care during the mother's work hours.

Recommendations

1. National and international assistance agencies should give due and explicit attention to meeting child care and other needs of women, children and families. These agencies should ensure appropriate distribution of assistance resources to this end.
2. Comprehensive child care policies and programs should be initiated to address the needs of low income mothers for custodial care during the mothers' work schedule, and to meet the needs of children for education and nutrition. They should be directed to populations most at risk:
 - a) children residing in the urban low income periphery,
 - b) children 3-5 years of age,
 - c) malnourished children,
 - d) children of women who are heads of households,
 - e) children of women who currently work outside the home,
 - f) children in rural areas.
3. Other alternatives in child care programs should be developed to meet specific needs identified by parents and the community, such as:
 - a) seasonal care in rural areas,
 - b) half-day preschools
 - c) industry-based child care facilities, and
 - d) temporary care for children of women in skills training programs.
4. Family support services, such as child care should be decentralized, destandardized and flexible. They should be community- and parent-controlled, and draw on local human and material resources. Outside resources should be coordinated.
5. Vocational training should be provided for women. Skills taught should respond to current and projected needs of the regional and national economies.
6. National employment needs should be disseminated through a variety of information networks, such as the media and local government channels, to inform women of work opportunities. Employment referral and job placement centers should be created to widen the information base for those seeking employment. These networks and the media should promote attitudinal changes and encourage women to enter non-traditional fields of work.

7. **Women's organizations, at both the local and national levels, should be encouraged to help their constituents address their needs. Leadership training would give more women the opportunity to become role models for other women.**
8. **Health and nutrition projects should emphasize the importance of disease prevention rather than just treatment. Breastfeeding should be promoted among those likely to discontinue the practice - mothers who are more "modern," who give birth in a hospital and are more influenced by media.**
9. **Research, development and evaluation of child care services to meet women's needs, should be incorporated in the planning of nutrition, health, and education, employment and urban/rural development programs.**
10. **Legislation and policies governing the participation of women in the labor force should be reviewed to determine if their needs are being addressed. Women should be aware of their benefits and rights, as well as their responsibilities as employees.**

CHAPTER 2

NATIONAL AND FAMILY CONTEXT

The Countries Researched

The six countries researched vary widely in their peoples and cultures, their economies and work patterns, their histories and future trends (Figure 2-1). Among the six countries, seven major languages are spoken: Korean, Bahasa Malaysia, Chinese, Tamil, Sinhalese, Spanish, Portuguese, and some English, as well as local languages (Quechua and Aymara) and dialects. There are many different ethnic groups practicing different religions: Islam, Buddhism, Christianity, and Hinduism.

The countries are agriculture-based, but two of them -- Brazil and Korea -- are quite industrialized. Malaysia and the Dominican Republic both have high rates of industrialization. Peru and Sri Lanka are the least industrialized of the six. In four, the population is predominately rural, but increasing urbanization has dramatically changed the character of these countries. In Korea and Brazil, the majority of the population now live in urban areas.

Table 2-1 shows some comparative economic indicators for the six countries.

LATIN AMERICA

Brazil

Brazil, with an estimated population of 115.4 million (mid-1978) and an annual rate of natural increase of 2.8% in 1975-76, is the most populous country in South America, the fifth largest in the world, and one of the fastest growing countries of over 100 million. Continuous rural to urban migration has increased the proportion of the population residing in urban areas from 31.2% in 1940 to 56.1% in 1970, with an increase to 64% predicted for 1980.

There are significant disparities in socio-economic development between northern and southern Brazil which are reflected in higher birth and death rates and lower life expectancy in the less developed northern regions. Poor living conditions and lack of work opportunities is causing more and more of the people of the north to move to the urban area. Among the women surveyed in urban Brazil, 43% are working. The most common occupation of women without children is that of maid. The most common occupation of women with children is laundress, work which allows a mother to combine child care and income generation.

Figure 2-1 Six Countries Surveyed



Table 2-1

ECONOMIC INDICATORS OF DEVELOPMENT BY REGION AND BY COUNTRY

	Population 1976 (millions)	Per Capita GNP-1976 (\$)	Physical Quality of Life Index ^a	Per Capita GNP Growth Rate 1970-7 (%)
Developing countries	3,163.7	494	56	3.1
Developed countries	1,052.6	5,036	94	2.8
<u>LATIN AMERICA</u>	343.4	1,050	71	—
Brazil	115.4	1,140	66	6.2
Dominican Republic	5.1	780	64	6.6
Peru	17.1	800	65	3.4
<u>ASIA</u>	2,389.4	315	57	—
Korea	37.1	670	82	8.2
Malaysia	13.0	860	73	5.3
Sri Lanka	14.2	200	82	1.1
<u>AFRICA</u>	435.6	277	32	—

Source: McLaughlin, Martin M. and the staff of the Overseas Development Council. The United States and World Development AGENDA-1979. New York: Praeger Publishers. 1979. p. 156-168.

a. Each country's PQLI is based on an average of life expectancy at age one, infant mortality and literacy rates. The best possible performance is 100.

Brazil has an infant mortality rate of 109 deaths per 1,000 children aged 0-1 year, compared to an average infant mortality rate of 84 for Latin America.¹ A Sao Paulo Medical School survey found that among the lowest income group in Brazil, 46% of the children are malnourished.²

Of the 21 million 0-5 year old children in Brazil, approximately 600,000 (2.9%) attend some sort of preschool facility; however, practically none of these are children of low income families.

Dominican Republic

The Caribbean nation of the Dominican Republic has experienced high economic growth in recent years, however, the great majority of the five million population has not benefitted. In the capital city of Santo Domingo (population one million), the ILO estimates that some one-third of the families are living on incomes below the poverty line. For the rural areas, the proportion reaches one-half.

The average age of the Santo Domingo sample of women was 29 years, 27 for the rural sample. Eighty-five percent of the women in Santo Domingo and all of the rural are currently married or otherwise with a male companion. The urban women surveyed average two preschool children each, while the rural women average three.

The work women do in the Dominican Republic follows the pattern found throughout much of Latin America. In Santo Domingo, unemployment is high and only 23% of the surveyed women are working. The majority of these are found in the "service" sector. They work outside the home, receiving less than US \$50 monthly. In the rural area, 78% of the interviewed women work, mostly in agriculture, but pay is so low that overall household income is less than US \$50 per month.

Malnutrition is a serious problem in the Dominican Republic, where 27% of the preschool children of middle and low income families are second and third degree malnourished. The child care system in the Dominican Republic is insufficient, reaching less than 1% of the preschool age population, and the high cost of services precludes use by low income families.

Peru

Peru is a country of great geographic and socio-economic diversity. The distribution of goods and services is extremely unequal, with urban areas receiving more than rural. Public policy and nearly all public and private assistance programs also favor the urban areas. The rural response to this has been an increasing flow of migrants to the cities and a great expansion of size and numbers of squatter settlements.

The physical quality of life index (see Table 2-1) of Peru is lower than the average PQLI of Latin America as a whole. The per capita GNP growth rate 1970-75 is much lower than the other two Latin American countries studied. In 1972, 59.6% of the urban population had not completed primary school, with the rural figure undoubtedly higher.³

All the women surveyed in the rural area and 99% of the urban women are married, and average three to four children each, slightly higher than the other two Latin American countries. The average household has 6.53 members, the largest of the three surveyed countries.

Unemployment and underemployment are high in Peru, with women more seriously affected than men. The percentage of men who are "adequately employed" is 77.5% versus 61.5% for women.⁴ In the urban survey area, women work at home making items to sell, run small shops or are market vendors, earning an average of less than US \$10 per month. The rural women work as vendors of food and agricultural products, weavers, and agricultural laborers.

Child health and mortality varies greatly among the different regions of Peru. The country's infant mortality rate was estimated in 1970 at 120 to 130 per thousand, varying from a tragic high of 300 for the impoverished Cuzco province of Acomayo to a low of 82 for the province of Lima.⁵

Peru has a system of preschool centers and nurseries which reach over 7% of the total population, but only a minute proportion of low income families have access to such services and there is need for expansion of preschool programs.

ASIA

Korea

Korea is a rapidly industrializing nation with an annual growth rate of 10% in recent years. Korea's economic objectives stress expansion of exports and construction of heavy industry. Great emphasis is placed on the importance of assuring balanced growth between agriculture and industry. This policy has slowed the rural urban migration, and the Saemaul Undong or New Community Movement, has contributed to rural community development.

Korea's shift from agriculture to industry has created many new work opportunities. However, availability of technical manpower has not kept pace, and there are labor shortages in certain areas, while the unskilled poor continue to compete for limited job opportunities.

Population growth rate has declined from 2.7 in 1960 to 1.7 in 1978. The population is very young with almost 60% under 25 years of age. The average size of families surveyed in rural Korea is 5.4, the same as the national average; the urban family average is somewhat smaller, with

5.0 persons per household. The population of Korea reached 37 million in 1978. The national literacy rate is 92%, one of the highest in Asia.

In the rural survey area, 77% of the women are engaged in income generating activities; in the urban area surveyed 34% of the women work. Most the women are involved in jobs requiring low levels of skill and education and receive low pay. Rural women work in agriculture and animal husbandry; urban women make crafts, operate small shops, and perform daily, casual labor.

Korea has a day care center system regulated by the government. There are currently 615 centers reaching 42,000 children but this does not nearly meet the needs of the people. The government plans to increase the number of centers to 1,200 by 1981. With the projected increase in labor force participation of women, these centers are vitally necessary.

Families in Korea are very much in favor of child care facilities because they see them as places of education as well as custodial care. For this reason, non-working mothers wish to make use of them as well. The program needs to be expanded to include all-day care (currently most provide only half-day care) for working mothers and alternative modes of care for the non-working mother.

Malaysia

Malaysia is a multi-ethnic country with a population of just over 13 million. Malays and other indigenous people constitute 56% of the population; Chinese, 34%; Indian, 9%; and others, 1%. Roles within Malaysian society are quite clearly delineated along ethnic lines. The Malays have traditionally been a money-poor agrarian society, but enjoy political dominance, which they are now using to institute programs to improve their economic and educational position. The Chinese are a minority who hold very little political power, yet control a large part of Malaysia's economy. Caught between are the Indians who enjoy neither political nor economic power.

The economy of Malaysia is based largely on agriculture though in recent years a major emphasis of national development has been the expansion of industry to make use of the abundant natural resources. Rural-urban migration is increasing the population of Kuala Lumpur at a rate of 7% annually, creating a serious need to expand housing.

Birth rates and infant mortality rates vary considerably among the three ethnic groups, with the Chinese having the lowest of the three. Distribution of quality health care throughout Malaysia is extremely uneven.

All of the Malay and Indian women and 96% of the Chinese women surveyed in urban squatter areas and low-cost flats are married. Their average age is 29 years and the average number of children per woman is three.

A 1973 study done by the Malaysia Department of Statistics found that nearly 80% of the women who work in Malaysia have had no formal education or only primary school educations. The sort of work done by the surveyed urban women varied somewhat by ethnic group. Production work is common to all; Malay and Chinese women are also involved in sales, and Indian women in service occupations. Their average monthly income is under US \$90.

Sri Lanka

Sri Lanka is a multi-ethnic island nation with a population of 14.2 million, of which 39% is under 15 years of age. The three ethnic groups are the Sinhala, 72%; the Tamils, 20%; and Muslims, 8%.

The economy of Sri Lanka is based on agriculture for both domestic consumption and export. Tea, spices, coffee, cocoa, rubber and coconut are major products. Sri Lanka has concentrated in the last twenty years on building an extensive social infrastructure, but this has occurred at the expense of economic growth. Exports have gone down while imports have gone up. The current government goals are agricultural self-sufficiency and industrial development, and Sri Lanka is receiving substantial international assistance to help achieve these goals.

Unemployment and underemployment are serious problems in Sri Lanka. In 1973, the national unemployment figure was nearly one-fourth of the total labor force. Women are more adversely affected than men, though the situation is serious for both country-wide. Over half the women in the labor force are involved in agriculture.

Three rural villages were surveyed: one Sinhala, one Tamil, and one Muslim, and each ethnic group was represented in the urban study done in the capital city of Colombo. In the rural areas, the women who work are involved primarily in agriculture or home-based income production. Only 15.9% of the urban mothers work, mostly outside of the home. The Sinhala and Tamil women work primarily as casual laborers or shopkeepers, while the Muslim women are domestics and seamstresses.

The average family size varied by ethnic group and by urban and rural area (Table 2-2). The infant mortality rate in 1978 was 43 per 1,000. Sri Lanka has a PQLI of 82, which is considered high.

Education in Sri Lanka is free through university. However, there is much absenteeism among children of low income families who cannot afford clothing, books, pencils and transportation. The Tamils place greater emphasis on education than do the other ethnic groups; the Muslims are currently the least well educated.

The extended family most often meets child care needs. Child care facilities are a little known phenomenon and hence are not trusted by the survey women who are unfamiliar with centers that provide quality care.

PROFILE OF THE SURVEYED WOMEN

In the six countries, differences in cultural traditions, national economies and policies, and local conditions result in certain variations in patterns of family life, employment and child care. However, when basic needs and the ways women have devised of addressing those needs are assessed, many similarities emerge.

In all six countries a woman's primary role, hence her identity, is that of wife and mother. Even when she is the sole wage earner of her family, the fact that she is a woman means that she continues to be defined in those terms.

As shown in Table 2-2, the surveyed women are almost all married. They average 3-4 children each, with two of them of preschool age. Their families are already large and usually continuing to grow, and most households include members other than the nuclear family.

They are poor and are acutely aware of their family's need for supplementary cash income. While social mores may prohibit them from engaging in certain types of income generating activities, almost all are either currently doing some kind of work to bring in money or wish that they could. They all realize that paid work must be coordinated with household and child care responsibilities and not hinder greatly their primary role as wife and mother.

Table 2-2

PROFILE OF WOMEN SURVEYED, SIX COUNTRIES

Country		Sample Size	Married/ United ^a %	Average Age	Average Number of Children	Average Number of Preschool Children	Average Total Persons per Household	
Brazil	urban:	1,057	56	25-29	2	2	4	
Dominican Republic	urban:	300	84	29	3	2	6.2	
	rural:	40	100	27	N/A	3	N/A ^b	
Peru	urban:	84	99	N/A	3.38	2 ^c	6.53	
	rural:	140	100	N/A	3.67	N/A		
Korea	urban:	108	100	31-33		1.5	5.0	
	rural:	104	100	33-35	N/A	1.4	5.4	
Malaysia	urban Malay:	200	100	} 29.3	2.9	1.6	N/A	
	Chinese:	199	96 ^d		3.0			
	Indian:	100	100		3.1			
Sri Lanka	urban	Muslim:	33	100 ^d	} 25-30	3.5	1.3	6.2
		Sinhala:	64	100 ^d		3.1	1.4	6.3
		Tamil:	43	100 ^d		4.1	1.5	8.3 ^e
	rural	Muslim:	48	100 ^d	27-32	4.4	1.7	6.4
		Sinhala:	42	100 ^d	25-30	2.3 ^f	1.3	5.3
		Tamil:	49	100 ^d	25-30	2.3 ^f	1.4	6.5

Source: Six Country Reports

N/A - Not available

- a. The Brazil sample included women 15-49 who did not necessarily have children, and were not necessarily independent. Of the total sample, 56% were married, 41% single, 37% widowed or separated. In all other countries, women with children were interviewed.
- b. While an exact number is not available, it is known that the average size of the surveyed rural families was larger than the urban families.
- c. Sample criteria included having 1 child under 12 months, and 1 child 12-60 months.
- d. Includes widowed, divorced and separated.
- e. In addition to having a higher average number of children, the Tamil families living in the urban area had a considerably greater number of extended family members living with them than did the Muslim or Sinhala.
- f. Average number of children under age 13.

Notes

1. McHale, Magda Cordell and John McHale, and others. World's Children Data Sheet. Washington, D.C.: Population Reference Bureau, 1979.
2. Ministerio de Saude, Instituto Nacional de Alimentacao e Nutricao, "Relatorio Final: Seminario sobre Desnutricao Energetico -- Proteico no Brasil". Brasilia, 1977, mimeographed, pp. 42-43.
3. UNESCO. Statistics Yearbook 1977. Paris: UNESCO, 1978, p. 58.
4. OTEMO - DGE. Labor Force Survey in Urban Areas, August 1972, and Regional Urban Labor Force Survey, March-April 1974. Cited in del Valle, Delma, "Factores Determinantes de la Participacion de la Mujer en el Mercado de Trabajo," presented at "Seminario de Investigaciones Sociales acerca de la Mujer," March 13-17, 1978, Cuzco, Peru, p. 22.
5. Because of the lack of birth registration in many rural areas, this crucial statistic probably underestimates the true frequency of infant mortality. The data on infant and children's mortality are taken from a 1972 UNICEF report, Peru: Estudio Sobre la Infancia, cited in Castillo Rios, op. cit., pp. 32-33.

CHAPTER 3

WOMEN'S PARTICIPATION IN THE LABOR FORCE

In Elise Boulding's book, Women in the Twentieth Century World, a concept is discussed which she has labeled "the fifth world." This "fifth world" is the forgotten domain of women's labor: the world of the kitchen, garden, village well and nursery.¹ This work usually goes unacknowledged whether it is in developed or developing countries. The women who carry out tasks such as tending to the crops and animals, preparing the family meals and supplementing the family's income through various cottage industries are "invisible" workers.

Although women play a substantial role in the economic development of their countries, it is difficult to locate "hard data" on women's work activities. Much of their participation in the labor force is concentrated outside of work areas which are defined by the formal wage system. Many women have been ignored or dismissed by economists and statisticians when calculations of the GNP (Gross National Product) are conducted.

According to Boulding, economists have not placed any "monetary value" on much of women's labor; instead they have classified women into four areas: a) not economically active homemaker, to cover women dedicated to household support; b) other not economically active women, students, pensioners and others; c) unpaid family workers; d) own account (self-employed) workers.² The ambiguity of these categories is evident.

Furthermore, that which is included in the calculation of the GNP varies among countries. For example, in Taiwan, "the bookkeepers...would leave out handicrafts; they would however, assign economic value to the women's water carrying. But in Nigeria, it would be argued that, in rural areas, wood and water are free goods, like air, and so are the human efforts that make them useful."³

What exactly is work? It is difficult to define because each society has its own interpretation and values. Various interpretations set the criteria of who is to be included in the labor force participation statistics. In fact, many of these "invisible workers" do not see themselves as part of the labor force, even though they may be adding directly to the family's income through the sale of handicrafts or food products.

Work is defined in this study as any activity performed in or outside the home, which leads to income in cash or kind. Tasks related to the maintenance of the household, such as laundry, the preparation of food, or house repair, are not included as work by our definition, although it is recognized that they are laborious and are a necessary support service for the entire family, including those who are part of the labor force.

Thus, the proportion of adult women in the formal labor force varies enormously from country to country, and the trends are far from uniform. This fluctuation can be seen in Table 3-1.

Table 3-1

LABOR FORCE PARTICIPATION RATES
FOR SURVEYED COUNTRIES

COUNTRY/ETHNIC GROUP	NATIONAL LABOR FORCE PARTICIPATION RATE OF WOMEN ^a	SAMPLES ^b	
		URBAN	RURAL
SRI LANKA	16.9%		
Muslim		12.1%	47.9%
Sinhala		15.6	40.5
Tamil		14.0	32.7
KOREA	41.0	34.0 ^c	78.0
MALAYSIA	35.8	36.0	N/A ^d
PERU	20.7	28.0	N/A
BRAZIL	18.6	43.0	N/A ^d
DOMINICAN REPUBLIC	22.0	23.0	78.0

Source: Six Country Reports

- a. References from the six country reports. The years of the data are as follows: Sri Lanka, 1969/70; Korea, 1974; Malaysia, 1973; Peru, 1972; Brazil, 1970; Dominican Republic, 1970.
- b. The samples surveyed in the six country case reports.
- c. Urban labor force participation rates may be low, as there were many women absent from home when interviewers were conducting the survey, and it was not always possible to locate the women on subsequent visits.
- d. Research not conducted in rural area.

Throughout the developing world, population growth is not matched by a growth in jobs. Katherine Newland states, "For women in the less developed countries, declining labor force participation is more common than in the industrialized countries, and it has more ominous implications. It often signals a serious constriction of opportunity as employment creation fails to keep up with the growth of the working-age population."⁴

In developing nations, this is becoming a common characteristic, as the society moves from pre-industrial to post-industrial, without taking the steps in-between. In the surveyed countries, this trend is reflected in increasing numbers of women joining the ranks of self-employed, producing saleable items for an already glutted market, competing as vendors, and further dividing the limited opportunities for casual labor.

Although the majority of the less-developed countries' female work force is still in the agricultural sector, rural to urban migration has brought large numbers of women to the cities. These women leave the farms in search of employment opportunities in the industrial sector, but because of their lack of training and education, they are generally unsuccessful in finding advantageous jobs.

Currently, jobs are being created which favor more highly educated women (i.e. white collar workers, such as secretaries and nurses). However, these are unobtainable for the low income women, who do not have the needed skills and are unable to get the proper training. Not only are they unskilled, but often find themselves competing with men, who are given priority in hiring practices. If women do locate employment, it is usually characterized by low pay and long hours -- jobs the male labor force refuse to take. They may also obtain employment through "default," when there is a shortage of men, such as during wars, or economic booms.

In the six countries surveyed, the labor force participation rate of low income populations is higher than the national averages. In the four countries where a rural population was studied, the participation rate, ranging from a low of 12% among urban Muslim Sri Lanka women to a high of 100% in rural Peru (Table 3-1). The rate may be higher than reported in the national censuses, however, because of the broad definition of employment used in this study as well as the care taken in the interviewing process to accurately identify and classify women's activities.

Poor women around the world work because they "need the money". They may be the sole support of their families or supplemental wage earners who augment the low salaries of primary wage earners. The women surveyed are no different. All work because of the families' need for additional income, for the produce raised or for the unpaid services they provide as family laborers. In these cases, the need for money or in kind services generated by a woman's labor overrides a husband's objections or a woman's own belief that her time may be more appropriately spent in household tasks and/or child care.

In all six countries surveyed (Tables 3-2 and 3-3), the rural women are primarily involved in agricultural tasks: daily farm labor, family work at harvest time, small animal husbandry, or home-based small scale production of items to sell on the local market. A few in each country own and operate small grocery stores in their homes. In the urban areas, women are more likely to work outside the home, as street vendors, or jobs in the service sector.

In Santo Domingo, Dominican Republic nearly 80% of the surveyed women who work are employed in production or service jobs such as domestics, laundresses and cooks, while none of the women surveyed in rural Dominican Republic do this. In Malaysia, among the surveyed urban women, 93% of the Malay, 98% of the Chinese and 96% of the Indian are engaged in either clerical, sales, service or production occupations.

Although economic necessity is the reason why women work and there is some variety in types of income generating activities, one common characteristic of the work that women do is that it pays very little. Lack of saleable skills, stiff competition for all income producing work, societal attitudes which close certain fields of education and occupations to women, discriminatory salary practices and quota systems which limit numbers of women hired, and the need to arrange work around household tasks, leave women in basically unskilled, poorly paid pursuits.

In many of the rural occupations, women receive no cash for their labor; rather they fall into the category of unpaid family labor. As Dixon points out in Rural Women at Work: Strategies for Development in South Asia, "working in fields is generally considered a normal part of their (women's) domestic role. It does not translate into economic independence or greater power within the household."⁵

In other cases the outside observer would classify an activity as income producing but the woman herself perceives it as part of her household routine. Such is the case in Peru where few women consider marketing an income-generating activity. They sell in order to buy their "salt and pepper."

Table 3-2

WOMEN'S INCOME GENERATION ACTIVITIES, THREE ASIAN COUNTRIES

ACTIVITY	PERCENTAGE OF WORKING WOMEN DOING EACH ACTIVITY				
	<u>Malaysia</u>	<u>Korea</u>		<u>Sri Lanka</u>	
	urban	urban	rural	urban	rural
Agriculture ^d	0%	16%	80%	0%	30%
Handicrafts	0	30	3	30	64
Commerce	20	38	16	30	4
Factory (production)	39	0	0	0	0
Domestic Service	28	13	0	15	0
Other Services	0	0	0	0	0
Clerical	9	0	0	0	0
Teaching/Nursing	0	0	1	0	0
Other Professionals	3	3	0	0	0
Other	1	0	0	25 ^e	2

Source: Three Country Reports

- a. Responses of 249 women in urban Kuala Lumpur; data for those engaged in service occupations could not be further divided so the % is shown under the most common service occupation -- domestic service.
- b. Responses of 108 urban women and 104 rural women.
- c. Responses of 20 urban and 56 rural women.
- d. Includes casual labor and animal husbandry.
- e. This 25% represents "other" and unspecified casual labor.

Table 3-3

WOMEN'S INCOME GENERATION ACTIVITIES, THREE LATIN AMERICAN COUNTRIES

ACTIVITY	PERCENTAGE OF WORKING WOMEN DOING EACH ACTIVITY				
	<u>Brazil^f</u>	<u>Dominican Republic^g</u>		<u>Peru</u>	
	urban	urban	rural	urban ^h	rural ^j
Agriculture ^a	0%	0%	86%	0%	100%
Handicrafts ^b	9	11		15	100
Commerce ^c	16	14	14 ⁱ	70	100
Factory	0	6	0	4	0
Domestic Service	26	52	0	7	0
Other Service ^d	33	0	0	4	0
Clerical	0	0	N/A ⁱ	0	0
Teaching/Nursing	9	0	0	0	0
Other Professional ^e	0	16	0	0	0
Other	7	0	0	0	0

Source: Three Country Reports

- a. Includes casual labor, animal husbandry.
- b. Includes sewing.
- c. Includes operating a small shop, selling in the market, and street vendors.
- d. Includes laundress, hairdressers.
- e. Includes public administrators, skilled technicians.
- f. Responses of 450 urban women.
- g. Responses of 140 urban women; it was not possible to break down the percentages of women in service jobs (domestics, laundresses, cooks), so the 52% was shown under the most common, domestic service.
- h. Responses of 27 urban women.
- i. The Dominican Republic report had small-scale commerce and office work as one item.
- j. Agriculture, crafts and small-scale commerce are universally performed.

The large number of women working within their homes or in part-time activities emphasizes the difficulty of juggling household responsibilities with income-generating activities. The Brazilian case documents the shift in the type of work women seek when they begin to have children. Those who once worked as maids are no longer welcome with children. The presence of infants under a year keeps Sri Lankan women out of the labor force. Peruvian mothers turn to self employment as market or street vendors for the flexibility it allows. Women work seasonally, staying home in inclement weather. They say the damp winter is hard on them and the children they must carry on their backs or lead by the hand. Finally, many turn to home-based activities which allow a mother to combine, though not necessarily productively, child care with income generating activities.

For those working outside the home, the pressure is as great, but instead of combining the two activities, domestic and economic, one follows the other resulting in the all too familiar situation of a double work-day for the woman. The amount of work the majority of the women do in a day is captured in one woman's response to the question "What do you do in your free time?" Her reply? "I think I'm going to laugh."

Many of the women not currently employed indicated that they would like to work but they enumerated the various constraints: lack of skills for the jobs available, husband's disapproval and no time due to excessive household and child care tasks.

A more detailed analysis shows that in three of the six countries - Brazil, Malaysia, and Sri Lanka - most of the non-working women cited household and child care responsibilities as their main reason for staying out of the labor market. It is difficult to assess, however, the degree to which child care acts as a serious constraint. While child care duties are undoubtedly a factor to a great extent, it should be noted that it may be easier for women to affirm their worth by supporting societal expectations in saying "My children require my attention at home" than it is to make a self-effacing statement such as "I have no skills" or "I am afraid to look for work."

In the three other countries -- Dominican Republic, Korea and Peru -- the survey respondents saw lack of job opportunities and saleable skills as the major obstacle; child care responsibilities ranked second as a constraint. (Tables 3-4 and 3-5).

Table 3-4

REASONS FOR NOT WORKING, THREE ASIAN COUNTRIES

<u>Reason</u>	PERCENTAGE OF WOMEN CITING THIS REASON				
	<u>Malaysia</u> ^a	<u>Korea</u> ^b		<u>Sri Lanka</u> ^c	
	urban	urban	rural	urban	rural
Child care responsibilities	69%	} 23%	} 35%	42%	47%
Household responsibilities	5			5	28
No employment opportunities	1	45	33	8	36
No skills/education	3	19	9	4	8
Not appropriate for women	0	0	0	25	8
Poor health	0	0	0	3	1
No need/not interested	12	6	11	0 ^d	0 ^e
Other/no response	10	6	12	23	8

Source: Three Country Reports

- a. Responses of 146 women who stated they "do not want to work"
- b. Responses of 47 urban women who have never worked, and 57 rural women who have never worked. Data do not permit breaking down of percentages of women who stated "too much work at home" into "household responsibilities" and "child care responsibilities"
- c. Multiple response answers of 120 urban and 83 rural women.
- d. While 40% of the women stated they "did not want to work", child care responsibilities and husband's disapproval later emerged as the reasons why they did not want to do so.
- e. While 33% of the women stated they "did not want to work", child care and household responsibilities later emerged as the reasons why they did not want to do so.

Table 3-5

REASONS FOR NOT WORKING, THREE LATIN AMERICAN COUNTRIES

<u>Reason</u>	PERCENTAGE OF WOMEN CITING THIS REASON				
	<u>Brazil^a</u>	<u>Dominican Republic^b</u>		<u>Peru^c</u>	
	urban	urban	rural	urban	rural
Child care responsibilities	26%	26%	0%	N/A	
Household responsibilities	4	5	0	N/A	
No employment opportunities	} 16	42	0	N/A	
No skills/education		5	0	N/A	
Not appropriate for women	17	13	0	N/A	
Poor health	6	5	0	N/A	
No need/not interested	9	4	100	N/A	
Studies impede	15	0	0	N/A	
Other	7	0	0	N/A	

Source: Three Country Reports

- a. Responses of 607 in urban Brazil who do not work; data do not permit breaking down of 16% figure who responded "cannot get a job" into "lack of employment opportunities" and "no skills/education".
- b. Response of 231 women in urban Dominican Republic who do not work. In the rural area, 22% of the women do not work. The only explanation given was that their husbands have a better economic position in the community.
- c. Peru data not available; in general, urban women lack opportunities and saleable skills; rural women are all working.

It is interesting to note that women in Sri Lanka and Malaysia who answered, "I don't want to work" clarified that they don't want to because "household and child care responsibilities require all their time".

Other hindrances are societal attitudes, the low educational level of most of the women, and -- except in Korea and Malaysia -- the generally high rate of unemployment.

A woman's decision to enter the labor market, either part-time or full-time, inside or outside the home, is influenced at any given time by a series of inter-related factors. Her family's need for supplemental income, available job opportunities, the education and saleable skills she possesses, and the roles permitted within the culture are all factors taken into consideration in the decision-making process. Similarly, children and their needs cannot be isolated from the other factors which influence a woman's decision to work.

Children create a need for more income and simultaneously restrict a woman's ability to be economically active. Availability of adequate care during the working hours is a major factor in freeing a woman for employment. Nevertheless, many women who cite "child care responsibilities" as the major reason for not working are not necessarily referring to the need for custodial care. To a large degree in all societies, a woman's worth, hence her self image, continues to be defined by her role as mother.

To conclude, it has been observed in the six countries that women are playing a vital role in the national economies as both invisible and visible laborers. The limitations they face in terms of the opportunities that are available and the skills they possess are magnified by child care and household responsibilities. Looking to the future, women will most likely continue be restricted by these patterns, unless changes in the very process of economic development begin to facilitate the incorporation of women into the labor force.

Notes

1. Elise Boulding. Women in the Twentieth Century World. New York: Halsted Press - Sage Publications, 1977, p. 17.
2. Ibid., pp. 17-18.
3. Kathleen Newland. The Sisterhood of Man. New York: W. W. Norton Company - Worldwatch Institute, 1979, p. 130.
4. Ibid., pg. 143.
5. Ruth B. Dixon. Rural Women at Work: Strategies for Development in South Asia. Baltimore and London: The Johns Hopkins University Press, 1978, p. 130.

CHAPTER 4

WOMEN'S PARTICIPATION IN THE COMMUNITY

Factors in Participation

The degree of women's participation in community activities varies greatly worldwide and depends on numerous factors. The level of national economic development, cultural attitudes toward the role of women, the social structure of the society, literacy rate, traditional leadership patterns, the attitude of men and the attitudes of the women themselves all affect what women do in terms of activities outside the home.

Active women's voluntary organizations exist in all the countries surveyed; however, the majority of the members of these groups belong to the middle and upper classes of society, are well educated, and are professionally employed. Some of these organizations are formed to address national issues and concerns.

For example, in Malaysia the National Council of Women's Organizations, as its contribution to the International Year of the Child, sponsored a series of seven seminars relating to needs of children. The purpose was to gather information and to make recommendations to the Government of Malaysia for policy formation at the national level regarding needs and rights of children. A similar organization in Korea is currently focusing attention on consumer protection.

Other organizations base their activities on social welfare needs but the assistance they give to less advantaged groups initially comes from outside rather than from within the low income communities. The Ceylon Social Service League, in their efforts to up-grade an urban pre-school and community center, are attempting to generate interest from within the low income community by encouraging self-help activities.

When low income women do participate in group activities, it is usually through community Mother's Clubs, as in Brazil and Korea. Recently groups of low income women from a number of neighborhood councils in urban Sao Paulo joined together to support the "Cost of Living Movement," bringing the practical problems of dealing with inflation to the attention of public authorities. Mother's Clubs in Korea in the late 1960's effectively disseminated family planning within the community, a policy urged by government. Women's efforts are vital to the success of such endeavors, and with success, continued participation will be encouraged.

Level of Participation

Community interaction is a key element in all rural villages and urban neighborhoods. Traditional activities have been organized around the kinship, social, and political networks that unite a given community, and the roles of men and women have been specifically defined.

Men have traditionally dominated the local councils where decisions are made regarding community activities such as planting and harvesting, cooperative projects and matters pertaining to community welfare. Women have been responsible for organizing and planning community festivities and ritual activities associated with religion, birth, marriage and death.

With some modification in complexity of ritual and more flexibility in modern custom, the above role delineation generally still exists in most developing countries, especially in rural areas. Women are expected to be concerned with matters pertaining to women and the family but not the community as a whole. This is not to say that women have no voice in community decisions. Publicly they may not be encouraged to participate; informally and privately at home they may have great influence in the decision making process.

Most of the areas surveyed, with the exception of Peru and Korea, reveal low levels of participation in community activities, with women's involvement considerably less than that of the men. Participation varies by ethnic group as well. In urban Malaysia, participation by Chinese women is less than that of either the Malay or Tamil communities surveyed. Opportunities for participation in these communities appear limited to Death Fund and Welfare Fund activities, both considered appropriate for women.

Similar differences in participation by ethnic groups are noted in Sri Lanka. The participation level in all communities, rural and urban, is very low; but the lowest is among the Muslim rural women. Women's participation in all three groups appears limited to activities associated with religion. In the rural Sinhala community the women stated that it is difficult for both husband and wife to leave the house at the same time, and women prefer "the children's father" to attend to community matters.

In Sri Lanka two major voluntary organizations with successful projects based on community participation should be mentioned. Sarvodaya and Mahila Samiti are both involved in rural community development activities, with a strong principle of self help. Sarvodaya offers a more comprehen-

sive program in that it trains both men and women in all aspects of community work, while Mahila Samiti concentrates on meeting the needs of rural women by offering leadership training and courses in nutrition, child care and health care. The Sarvodaya program is now expanding into the urban areas, as is the Saemaul movement in Korea. None of the communities surveyed in Sri Lanka had been exposed to either Sarvodaya or Mahila Samiti, and as noted, the level of community participation by women, as well as men, is low. This would indicate that some kind of impetus must come from outside the community to encourage participation.

In two communities surveyed, the level of participation by women has increased as a direct result of the survey. Interestingly both are Indian communities, one in urban Malaysia, the other in rural Sri Lanka. In Sri Lanka, after the group discussions, the women in the community decided they needed a Women's Association to deal with matters of concern to women. Their first act as an organized group was to form a half day preschool. The preschool mushroomed from 20 to 70 children in less than three months. Not to be outdone, the women in the other community surveyed have formed a Women's Association as well and plans for another preschool are underway.

In Malaysia the Resident's Association of the Indian community, inspired by interest shown by a volunteer women's organization outside of the community, have upgraded their preschool and have held fund-raising projects to provide a better water system for the community.

Korea is a special case in terms of participation of women in community activities. Following a policy of planned development, all citizens are expected to feel responsible for and contribute to nation building. Through the Saemaul Undong, or New Community Movement, active participation of the community in all phases of development is expected. In the early stages of the program, women were expected to participate, but were not involved in the planning and decision making. Leadership training was directed toward the men; now women are also included.

Since 1977 emphasis has been directed toward enhancing the participation of women by consolidating all existing women's groups in each community into one Saemaul Women's Club, for better coordination of activities. In the rural area surveyed the women are very vocal and active. Currently they are involved in a variety of activities including a dietary improvement campaign, family planning, parasite control, rice saving and cooperative effort for rice transplanting and harvest.

The low income women of the three Latin American countries surveyed showed similarly low levels of participation in community affairs. They are usually supporters rather than leaders. A woman's voice is usually heard indirectly, through her husband.

In both urban and rural Peru very few women attend community meetings. In the rural area, 81% of the women responded that it is inappropriate for women to attend such meetings. The women help in cooperative farming activities as do the women in most rural communities; however, when it comes to participation in general community decisions, they tend to leave such decision making to the men.

In the urban setting in Lima a Women's Council exists, but it is a weak organization due to lack of active participation. Those projects that are initiated through the Council are often at the instigation of outsiders, rather than the women of the community themselves. Several private non-profit agencies have been working in the community for some time, provide support for local activities and give short training courses specifically directed toward women. One of the major accomplishments has been the cooperative construction of a preschool and a primary school, achieved by community labor, with private funding.

A thesis prepared by two students in conjunction with the research for the Peru child care needs survey, investigated the members and activities of the Women's Council. Comparing the 32 women delegates against the survey sample of women, it was possible to isolate two significant determinants of a woman's participation as leaders: a) having relatively few children, and b) a higher educational level of the husband. This finding suggests that the husband's tolerance of his wife's extra-familial activities is crucial in determining whether she participates in public life, and this tolerance is likely to increase the more years he spent in school.

Women's influence in community affairs may be underestimated because of their invisibility at public meetings. There is evidence that husbands make only tentative decisions at meetings, contingent on the agreement of their wives, who are consulted at home before the final vote is taken at the next session. Women frequently appear in the forefront in emergency situations. In squatter settlement ventures, women are often the instigators of action.

It was found in the urban areas of all countries researched that as substitute caretakers are more available and acceptable, women participate more frequently in the community. The responsibility for children is usually given as the major constraint to participation. In looking

deeper, however, child care appears to be a socially acceptable excuse, since mothers are usually able to find some way to care for children for other more pressing demands. In the rural area, no reason is usually given whatsoever, and in fact the absence of women at community meetings is hardly questioned. Most current avenues of community participation are not seen as needs by the women, nor is participation part of the women's role as defined by the culture.

The advantages of community participation are not readily seen by most women. Some women report that their children benefit because mothers learn about health, nutrition, education and care of children. They appreciate the cooking, sewing and knitting courses that help them feed and clothe their families. But in the main, women opt to concentrate on immediate needs of their families.

In all six countries surveyed, when women became involved in community projects/activities, the activities selected usually focus around needs of health and children. Examples of some of the activities observed during the survey include:

- a) formation of child care centers and preschools, including associated voluntary tasks;
- b) courses in nutrition, health, family planning, child care;
- c) cooperative maintenance of home gardens and school gardens;
- d) construction of community centers;
- e) cooperative pharmacy; and
- f) income-generating activities, such as crafts.

Conclusion

The lack of participation of women in community activities cannot be attributed to lack of interest or apathy. Many factors contribute to a low level of community participation. Opposition of men, lack of education and knowledge of ways to effect change, the demands of household and child care activities, all act as constraints to women's participation.

In most developing countries, community organizations are led by men and address the issues men want resolved. Women's participation is frequently not encouraged. This is not to say that women have no voice in community decisions. Publicly they may not be encouraged to participate. Informally and privately they may influence the decision-making process.

Nevertheless women must have opportunities, motivation and incentives in order to participate more fully. After a full day of household chores and child care responsibilities, and often working for income as well, low income women have little time or energy to spare for additional activities. More equitable sharing of household tasks among family members would allow women more time, but this is a cultural factor which is slow to change.

When women are motivated and see the benefits of participation, they find ways to participate. As the female literacy rate rises and as more mothers find it necessary to work, patterns of participation in the community are expected to change.

CHAPTER 5

HEALTH AND NUTRITION OF CHILDREN

A Haitian proverb describes hunger most profoundly: "An empty sack cannot stand up." Mothers are the persons most directly responsible for feeding children. But women are a small element in a very large cycle of malnutrition, underdevelopment and poverty, which is outside their sphere of control.

"Malnutrition is unlikely to disappear in the normal course of development: this is, in the course of normal per capita income growth... On the contrary the situation may worsen..."¹ The consequences of malnutrition are physical and mental impairment and suffering, which in turn impact human productivity, and thus national development.

Low income families' children are the group hardest hit by malnutrition. Infants and young children are dependent upon others for food, and their nutritional needs are very high. The infant's needs are usually met as long as breastfeeding continues. But from the weaning period until the child is four or five, the intake of calories and protein is often not sufficient.

At the very root of most malnutrition is poverty.. A great many families are unable to obtain foods that will meet their nutritional needs. Improving income is one condition for attacking the problem. But a higher income does not automatically improve nutrition if the mother must partially sacrifice breastfeeding infants in order to work in factories, or if her income is not spent on the children's diet, or if her income is not enough to make a significant increase in the total household income.

In recent years nutrition scientists have reached some measure of agreement that many millions of people suffer from malnutrition, not because they do not know what to eat or do not have foods available, but because they do not have the means to obtain enough of their accustomed diets.²

One billion people, more than half the population of the developing world, live on calorie deficient diets. The percentage of the population with caloric intake below requirements is 30% in Latin America, 59% in Asia, 32% in the Middle East, and 54% in Africa.³ In 1975, about 15 million infants and children below 5 years of age died in the Third World. Had these 15 million children been born in the developed world, 12 to 13 million of them would have survived.⁴

Important differences exist among developing countries, as shown by the countries of our study. Figure 5-1 and Table 5-1 illustrate that some countries have low mortality rates in spite of low per capita GNP figures.

Nutritional Status

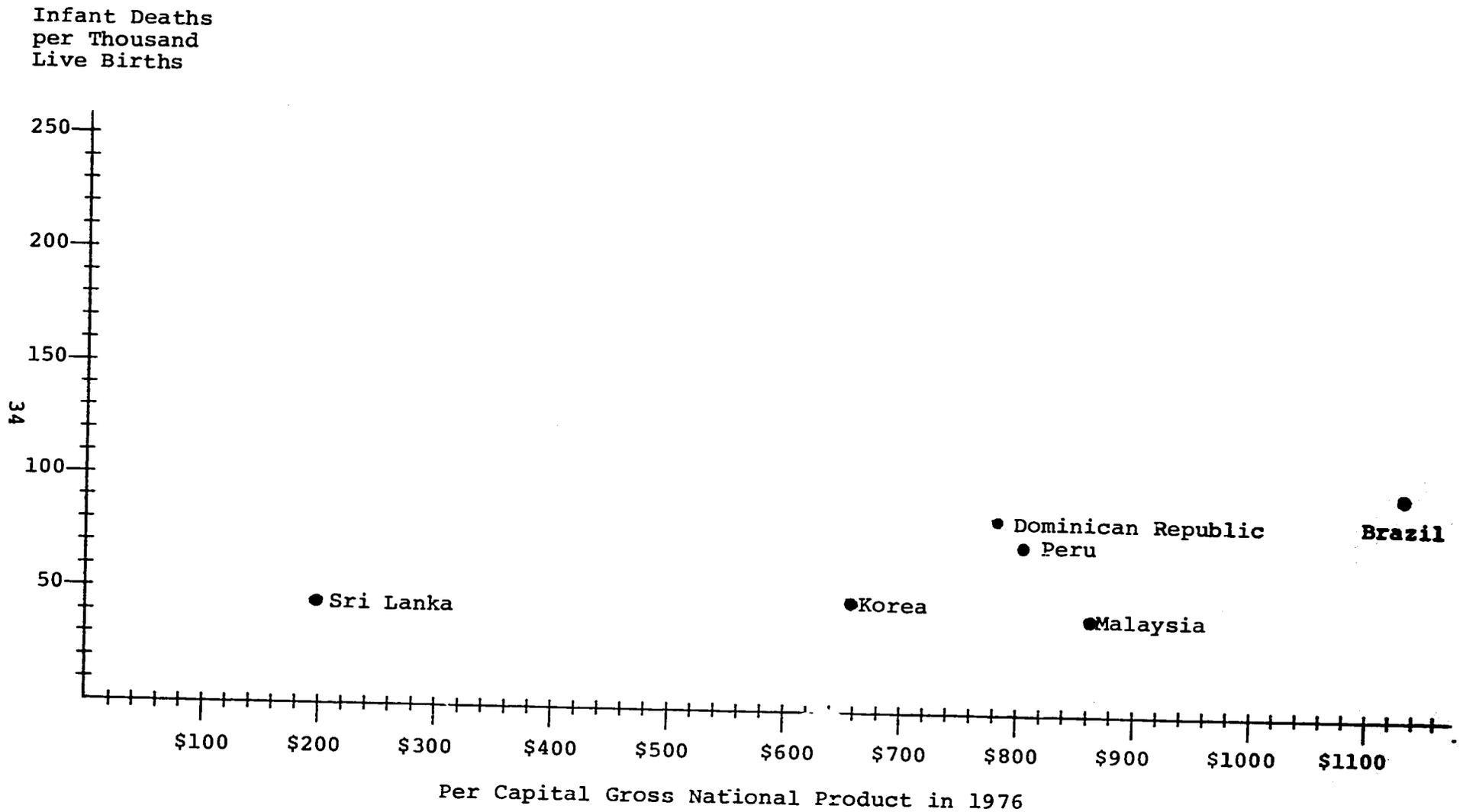
Of the six countries studied, two included a measurement of the weight to age as an element of the research design. They found a high rate of malnutrition, reaching 100% in some age groups. The Brazil investigator compared measurements of the nutritional status of children of urban working and non-working mothers. Her findings show that 50% of the children of working mothers are malnourished, as compared to 51% of the children of non-working mothers. The research did not determine if mothers' employment is the major factor in malnutrition, however. Income data was not gathered for households surveyed. It is probable that the general economic condition of the family resulted in malnutrition, rather than the isolated employment factor.

Among children of working women, fewer malnourished children are found among those left in a relative's care than among those left in their own home with an older sibling, taken to the work place or left alone. The number of hours mothers spend away from home does not affect the nutritional status of the children. However, the period of the day when mothers are absent does have an affect. The smallest evidence of malnutrition is found in the Brazil sample, among the children of mothers who are away from home only in the afternoon. This might be explained by the mother's presence at home in the morning when the principal meal is prepared and served to the family at noon.

The Peru investigators compared the nutritional status of rural and urban children, and analyzed the data by age groups. In urban Peru, 28% of the children 0-5 years of age are undernourished to some degree; for children of weaning age (12-23 months) this figure rises to 41%. The nutritional status of the rural sample of Peru is even more alarming: 65% of 0-5 year olds are malnourished; at the weaning age (24-35 months), 100% are malnourished.

The malnutrition found in the rural area of Peru is due to the lack of food available for children (and adults). The diet of the many rural families is tubers and grains, which are the only items available. Although the household may have a couple of chickens, several guinea pigs, a few sheep and maybe a cow or a pig, the meat is generally eaten only on festive occasions. Eggs, cheese and milk are often sold to bring cash for other necessities that can only be purchased.

Figure 5-1 The Relationship Between Per Capital GNP and Infant Mortality for 6 Countries



Source: Adapted from The United States and World Development: Agenda 1979, Washington, DC: Overseas Development Council, (Praeger Publishers), 1979.

TABLE 5-1

HEALTH STATUS OF CHILDREN IN SELECTED COUNTRIES

	<u>Per Capita GNP-1976^a</u>	<u>Infant Mortality 0-12 mos. (per 1,000 births)^b</u>	<u>Life Expectancy at Birth (years)^c</u>	<u>Per Capita Calorie Supply as % of Requirements^c</u>
Developing countries	494	113	56	96
Developed countries	5,036	22	71	132
AFRICA	277	147	46	91
ASIA	315	105	58	91
Korea	670	47	65	117
Malaysia	860	41	68	115
Sri Lanka	200	47	68	94
LATIN AMERICA	1,050	84	62	107
Brazil	1,140	109	61	106
Dominican Republic	780	96	58	95
Peru	800	80	56	99

Sources:

- (a) Adapted from The United States and World Development: Agenda 1979, Washington, D.C.: Overseas Development Council, Praeger Publishers, 1979.
- (b) Magda McHale Cordell, John McHale, with Guy F. Streatfield, Thomas Kane. World's Children Data Sheet. Washington D.C.: Population Reference Bureau, 1979.

Satisfying food requirements alone cannot solve the problem of malnutrition. Children must be healthy enough to benefit from food. Malnutrition aggravates the severity of disease because it restricts the body's resistance mechanisms. Disease can provoke malnutrition by increasing food requirements at a time when the body has the greatest difficulty in absorbing food. In some societies, 40% of the children born die before they reach the age of 5, primarily from nutrition-related diseases.⁵

Breastfeeding Practices

The decline in breastfeeding is a distinctive feature behind malnutrition in several of the surveyed urban areas. In urban Peru breastfeeding is the pattern of 89% of the women (compared to 100% of the rural women), and they wean their children much earlier than rural women.

In Sri Lanka, little difference is found between working and non-working mothers, but there are differences in rural and urban areas, and among the three different ethnic groups. In both urban and rural areas, Sinhala mothers continue unsupplemented breastfeeding longer than the other women, often up to 2 years. In general, rural mothers begin giving supplemental foods sooner than urban women (an occurrence which is the opposite of other countries surveyed).

In both rural and urban Korea, 82% of mothers breast-feed their children. Of the 18% who did not breastfeed, insufficient milk was the primary reason, followed by inconvenience due to work activities.

Only 61% of the surveyed Malaysian mothers (all urban) breastfed their youngest child. Reasons for not breastfeeding included no milk or not enough milk (34%), and inconvenience due to work (25%). The average length of time that the surveyed mothers continued unsupplemented breastfeeding was three months.

Brazil is rapidly urbanizing and industrializing, and there is evidence from other studies that children are being breastfed very short periods. In a Medical School study of children in Sao Paulo, 75% of the children had been breastfed at some time, but a high percentage, 46%, had been weaned during the first month of life. Only 23% of the mothers continued breastfeeding until the sixth month. It was concluded that early weaning was prompted by the orientation given to mothers by doctors, rather than by the interference of work. A study in the same urban community Bittencourt researched, Nordeste de Amaralina in Salvador, Bahia, found that the majority of children are weaned by the time they are six months old. Only a small percentage receive maternal milk past that age.⁶

The urban sample in the Dominican Republic shows 77% of the women breastfed their last child, but nearly half of them had breastfed only to five months. Of those who had not breastfed their last child, 40% said they did not have milk, 21% said they were ill, 14% said the child did not want breast milk, 9% believed that a woman should not breastfeed, and the remaining 15% cited a variety of reasons. Of the women who had weaned their children, the greatest number (38%) said "the milk dried."

It has been suggested that ignorance of breastfeeding techniques may be causing women to abandon the breastfeeding practice.⁷ Responses such as, "insufficient milk" and "the milk dried up," and "the child did not want to nurse," were more frequently cited by mothers surveyed than "inconvenience due to work activities."

These data give evidence of the trend documented in many countries⁸ that the proportion of mothers who breastfeed is declining, as well as the average number of months infants are breastfed. Concurrently, many experts have found that the average age of the onset of malnutrition has dropped from six or eight months, to as early as three months in many developing countries.⁹

Weaning Period

Breast milk is the most appropriate food for infants because it is sterile, nutritious and disease resistant. It is usually adequate to meet a child's nutritional needs for the first four to six months of life. Thereafter it is an important source of protein, but should be supplemented with weaning foods. Young children require increased quantities of special nutrients for growth and development.

Grains such as rice, wheat and corn, and root crops such as cassava and potatoes form the basic diet in many developing countries, and the six countries researched are no exception. These foods are not concentrated sources of protein or energy.

The age at which supplementary food is introduced was investigated by the six research teams. In Sri Lanka, twelve months is the average age at which supplemental foods are first offered. However, a few mothers, particularly rural and urban Sinhala and urban Muslim, reported that they continue to offer only breast milk until children were 3-4 years old. (It is highly questionable that a child can subsist only on breast milk at this age.) The rural Tamil mothers begin giving supplemental foods the earliest, with nearly 40% having begun by the time their child is six months.

Twenty-eight percent of the urban mothers in the Dominican Republic gave infants supplementary food during the first month of life, and 43% gave it before completing six months. More than half of the children received infant formula as a supplementary food, the rest received other kinds of milk. Powdered milk was preferred by the mothers over cow's milk, probably because the latter requires refrigeration.

Sixty-six percent of the Malaysian mothers preferred infant formula milk, 14% powdered milk, 7% sweetened condensed milk, and 1% evaporated milk. The average age at which supplementary food was introduced was three months and the majority had weaned their children by six months.

In all ethnic groups and locations in the Sri Lankan survey, working mothers gave their children a wider variety of supplemental foods than did non-working mothers. In many cases this may be a difference in income, or in the availability of food, but it also might reflect the age of the youngest child, in that non-working women had younger children who do not yet receive many foods given to older children. A difference between working and non-working Sri Lankan women is also seen in the type of milk they give their children: powdered milk was preferred by working women, cow's milk by non-working women. The most commonly given supplemental foods were biscuits and bread, rice, and fruits.

In both rural and urban Korea, 46% of the mothers were giving children supplemental foods by ten months. The most common foods were bread and cookies, rice, eggs and fruit.

Prolonged breastfeeding without substantial supplementary food was a tendency observed in rural Peru as well as in Sri Lanka. At the ninth month infants are given tubers and wheat (the only agricultural products at the very high altitude of the Peruvian community surveyed). None of the children or any other members of the family consume cheese, butter, milk other than maternal milk, meat, fowl or vegetables except on festive occasions.

Urban Peruvian children fare better than their rural cousins, as demonstrated by nutritional status. After three months, infants are given a thin vegetable broth, to which noodles and milk are gradually added. At five months they are given porridge with milk and sugar. By eight months, they share most of the food of older family members: potatoes, noodles, vegetables, and less frequently beans. Fruit consumption is limited to bananas and passion fruit juice.

The children of the Dominican Republic consume rice, milk, beans and plantains. In general, rural diets provide fewer calories and protein than do urban diets. Nationally, 36% of the households consumed less than two-thirds of the recommended protein intake.

The researchers in Peru further analyzed the mothers' backgrounds in the urban squatter settlement. They divided mothers into categories of "modern" and "traditional". The former are defined as having more years of formal schooling, more years of residence in Lima, as being younger, a native Spanish speaker as opposed to Quechua or Aymara speaker, and older when her first child was born. It was found that the children of the traditional mothers have a higher nutritional status than those of the more modern mothers. This is attributed to the tendency of modern mothers to spend their meager food budgets on more prestigious foods, such as rice, noodles, white bread, and processed milk. However, the children of rural mothers, in spite of their mothers' reliance on traditional patterns, have a much worse health status, due to lack of sufficient quantities and variety of foods.

Local taboos and customs complicate a mother's choice of foods to give her children. Quinoa, a grain native to Peru, is believed to be a "cold" food, to be given to young children only with great caution. Some women believe that when they wash clothes their breast milk turns cold, and will give the nursing infant a stomach ache.

Lactating and pregnant mothers, particularly those in rural areas, restrict their own diets by taboos. In all survey areas of Sri Lanka, more women observe food taboos while lactating than while pregnant. The specific foods avoided differ somewhat depending on location and ethnic group, but the tendency among all women is to avoid acidic foods. Foods avoided include fish and meat, pineapple, mango, yoghurt, manioc, papaya, wood apples, yams, tomatoes, groundnuts, guava, cucumber and eggplant.

Rural Malaysian mothers often refuse certain nutritious foods such as fruits and seafood because they are considered too "cooling." Three Korean mothers stated they never gave children eggs for fear they would be slow in learning to talk. Pregnant mothers avoid meats, for fear the unborn child will take on the appearance of the animal.

Immunization

The synergistic effect of infection and malnutrition can be lethal, particularly for young children. For this reason, immunization against contagious diseases is important.

The mother's understanding of disease prevention and the importance of immunization was assessed by asking them to recall their children's vaccinations. In most cases the mothers seem to feel their children are well protected, but this is not necessarily the case.

Four-fifths of the Dominican Republic women claim their children are vaccinated, whereas in asking further questions, only 44% of the mothers had given their youngest child DPT vaccinations, 26% for measles, 15% for TB, and 20% had three doses of polio vaccine (the last a particularly low figure considering the country was in a polio vaccination campaign.)

Korea has the highest levels of vaccination; 72% of the urban mothers and 60% of the rural mothers claim that their children have received all the vaccinations necessary, compared to 43% of urban mothers and 3% of rural mothers in Peru.

In both rural and urban Sri Lanka, close to 65% of the children are immunized; the major reason urban mothers gave for not immunizing their children is the lack of time, which was not once the answer of rural women. The lack of access to medical services in most rural areas is seen in that only 3% of the children had been vaccinated in rural Peru. The high rate in rural Korea can possibly be attributed to the military medical facilities in the surveyed community. Also, the Saemaul movement in Korea has brought vaccination campaigns to all corners of the country.

Health Care Facilities

Health care facilities are not adequate or available for the majority of the women surveyed in the six countries. Traditional healers, herbs and teas, taboos, superstitions and faith are often the only orientation a mother has in the treatment of simple illnesses that affect her children. The illnesses most commonly encountered in the surveyed families are coughs and colds, diarrhea, fever and skin rashes. There is little difference between rural and urban areas, or between working mothers and non-working mothers, in their responses to the question of the illnesses their children suffer most frequently.

In the urban site in Peru, all the children have been examined at a hospital at least once in their lives and 75% have also been treated by traditional practitioners. In Korea it was found that a fourth of the mothers usually take their children to hospitals or clinics. There was little difference in use of services between urban and rural areas, although none of the urban mothers claimed to use a traditional faith healer.

The Sri Lankan mothers who work use hospitals and dispensaries more often than non-working women. The difference between ethnic groups was also seen in Sri Lanka, in that in both rural and urban areas, Tamil mothers use faith healers, while Muslims rarely do. In many cases, mothers seek hospitals only after home treatments have failed and illnesses are worse.

The urban mothers in the Dominican Republic said they purchase medicine at a pharmacy or use home remedies for colds. For diarrhea and vomiting, they claim to seek a physician's advice immediately.

There are differences between the surveyed rural and urban women in Korea regarding the health facilities they use when their children are ill. Approximately one-third of the rural women use provincial hospitals; two-thirds of the urban women use private hospitals. A few women in rural areas (and none in urban areas) admit to using herbalists and faith healers. Both groups of women rely on "modern pharmacies" to the greatest extent of all the possible health care providers. In general, urban women are more satisfied than rural women in evaluating their health facilities. Distance is the major complaint of the rural Korean women.

While many women feel there are "no problems" with available health facilities, many complain that the wait is too long, the center is too far, services are too expensive, transportation is difficult, and the quality of the service is poor.

Environmental conditions are often cited by the surveyed families as a major problem. Garbage is a continual concern, and proper sewage disposal is practically nonexistent in most low income neighborhoods. Water is a grave problem for most families, and fetching it requires a great amount of time in women's daily routine. The rural families in nearly all survey sites commented on detrimental effects of changes in their environment, such as those brought on by excessive use of insecticides.

Mothers' Work

The urban Dominican Republic women who work were queried about changes in their children's health, nutritional status and general well-being due to the mothers' work outside the home. More than half of them responded yes, work affects their children's health. Some women feel the effect is positive, and others feel it is negative. About half of the women say their children are better fed and in better health, and a slightly smaller number say

their children are not well cared for and do not eat well, because the mother does not have enough time to look after them or because they are left alone.

The Peru survey concluded that the quality of child care is not affected by the mother's work nor by the availability of substitute caretakers. Economic and environmental conditions are found to be more important determinants of the children's health than are child-rearing practices. Family income is highly correlated with children's nutritional status.

All of the Korean mothers were asked if their work schedules affect the feeding schedules of their infants. Twenty percent of the rural mothers and 49% of the urban women felt that working affects infant feeding. When type and location of work are examined, the urban women are in occupations that do not permit children to accompany them, or they work a fair distance from home and are unable to return home to feed the children. Those women who feel their work has affected feeding schedules were vague in explaining why or how, but most indicated work means not having enough time to breastfeed regularly.

In Sri Lanka, the most commonly cited problem faced by working women is providing adequate child care. While the research found no concrete proof of decreased quality of care, the mothers are concerned about fulfilling their primary role of wife and mother when they work.

Conclusion

Thus, to summarize this chapter, the question must be answered, if only very tentatively: Is the health and nutrition status of children affected when a woman works?

When a woman is working within the home, she arranges her activities in such a way that she is available to feed her children and meet their needs. The research found no evidence that work within the home affects child health.

Women's employment outside the home, in occupations that do not permit children to accompany them probably has a detrimental effect on infants ages 0-1 because mothers are not able to breastfeed them, and their meager income is not usually sufficient to purchase infant formula milk. Work is probably not detrimental for children aged 1-5 if the child care arrangements that a woman is able to make are adequate. Once again, health and nutritional status are seen to be products of the overall environment of the children. In a mother's struggle with poverty, appropriate child care is a great need.

Notes

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4. Sarah K. Brandel and Davidson R. Gwatkin. "International Year of the Child: An Incentive for More Effective Development Strategies." ODCCommunique 1979/2. Washington, D.C.: Overseas Development Council.
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CHAPTER 6

PATTERNS OF CHILD CARE

Determinants of Child Care Arrangement

A family's choice of child care arrangement is dependent upon a number of factors:

- (1) Mother's availability, including location and hours of her employment;
- (2) Availability of substitute caretakers, including cultural restrictions on sex roles;
- (3) Cost of substitute care;
- (4) Quality of care available;
- (5) Type of care required.

The degree to which each of these factors influences the choice of one type of arrangement over another, relates directly to the socio-economic position of the family involved. The mother is the primary caretaker of her children. Regardless of any other roles she may have, it is she who assumes the major responsibility for her children's care. Other family members, particularly other female members, regularly assist with certain child-related tasks, but it is the mother who generally performs the basic tasks of feeding, bathing and dressing her children.

The quality and amount of assistance a mother receives with child care is greatly influenced by her availability to meet the child's needs. The husband or other children may take younger children on social visits or amuse them at home, but it is the mother who is expected to meet the primary needs.

Unless she can take her children with her, when a woman works she becomes less available to perform child care tasks. While she invariably remains the one primarily responsible for child care, the amount of help, in terms of hours of help, she must receive from other persons or facilities increases.

The pattern which emerged from the six country research is an overall tendency of families, neighbors, child care facilities, etc., to relieve a woman somewhat of household and child care duties when she works. In general, however, she continues to be responsible for feeding, bathing and clothing, and is not relieved of the same number of hours of child care as she has added to her day by income generating activities.

For example, the field research done in Sri Lanka reveals that over twice as many working mothers as mothers who do not work reported that they receive help with child care. However, all 279 interviewed women, those who work as well as those who do not, stated that it is they who perform the majority of the tasks related to child care.

The age of the children is another factor which influences the amount of assistance a woman receives in regard to child care. Mothers generally receive less help in caring for infants than in caring for older children. In most cultures, it is not well accepted for a mother to leave her infant in the care of another person. Nor do the surveyed mothers feel this is a viable solution unless there is no alternative. Since breastfeeding is an important determinant of good infant nutrition and health, it is advantageous for women to be available to meet the needs of their infants.

The number of older children a woman has may affect the amount of help she receives. In many cases the presence of an older sibling means a woman is helped somewhat with certain child care tasks, though again, it is the mother who retains responsibility for meeting the primary needs.

The persons and institutions which assist mothers in caring for children vary somewhat among the families surveyed in the six countries, though there are more similarities than differences (Tables 6-1 and 6-2). The caretakers/child care arrangements which were observed include:

- (1) Mother
- (2) Extended family members
- (3) Friends and neighbors
- (4) Domestic
- (5) Community-based child care centers
- (6) Industrial child care centers

Mother

Whenever she is available, the mother is the person who cares for her children. Many working women continue to be essentially the only person responsible and keep their children with them when they work. The proportion of women who do this varies by the type of work a woman does and the location of her work.

Women who work at home, producing items to be sold in the local market, can perform income generating and child-minding tasks simultaneously. This type of work is most

common in Sri Lanka, particularly among the Muslim population. Work within the home is essentially the only income generating activity acceptable for women within the Muslim culture, hence the mother is nearly always available to care for her children.

Rural women who do agricultural labor or work on family-owned land may take their children with them to the fields. In the rural survey area of the Dominican Republic even during harvest season, over 60% of the mothers continue to care for their children. In the rural community surveyed in Korea where many women do agricultural work, 43% of the mothers reported taking their children with them.

Women who work as vendors in both rural and urban markets also frequently take their children with them. The number of women who do this sort of work varies greatly among the six countries, and by ethnic group within countries. In Sri Lanka, the Sinhala and Tamil women may take their children with them to the markets, but no Muslim women work as vendors. Throughout Latin America it is common for women to work as vendors with their infants on their backs and their preschool children playing nearby.

Extended Family Members

When a women's work does not permit her to be accompanied by her child, the child must be left with a substitute caretaker. This is a necessity much more often in urban areas than in rural areas, because urban women more frequently work at jobs and in locations where they cannot bring their children. In the Dominican Republic, nearly 80% of the urban working women surveyed are employed in production work such as factory employment or service jobs such as domestics, laundresses and cooks, while none of the women surveyed in rural Dominican Republic do this type of work. In Malaysia nearly 97% of the surveyed urban women are engaged in occupations which make it difficult to take children along.

When a mother cannot keep her child with her while she works and when the family unit includes adult relatives, it is most often this extended family that meets the child care needs of a working mother. In all six of the countries studied, relatives are felt to be acceptable caretakers because they are trusted by the family to give the best alternative care.

When unemployed adult female members of the family are not available to care for children, older siblings may do so. The preference is generally for an older sister but when there is no older sister, or she is not available, an older brother will substitute.

Table 6-1

CURRENT CHILD CARE ARRANGEMENTS, THREE ASIAN COUNTRIES

Caretaker (Relation to Child)	Percentage of Women Using This Child Care Arrangement				
	Korea ^a		Malaysia ^b	Sri Lanka ^c	
	urban	rural	urban	urban	rural
Mother	41%	43%	67%	--	21%
Sibling(s)	12	6	2	42%	37
Extended family	21	25	15	86	58
Neighbors/Friends	5	4	3	12	1
Domestic	--	--	2	0	0
Child care centers	2	20	--	0	0
Child left alone	17	2	2	0	0
Other	7	4	10	0	0

Source: Six Country Reports

- a. Multiple responses of 104 rural and 108 urban women; however, percentages shown are the percentages of preschool aged children being cared for by the various persons and facilities. Total preschool aged children are 158 in the urban area and 141 in the rural area.
- b. Primary caretaker of child for 1348 total children aged 0-12 years of 499 women.
- c. Multiple responses of 140 urban and 123 rural women listing persons who help with child care. The responses of 21% of the rural women who said that they receive no help are shown under the caretaker heading "Mother".

Table 6-2

CURRENT CHILD CARE ARRANGEMENTS, THREE LATIN AMERICAN COUNTRIES

Caretaker (Relation to Child)	Percentage of Women Using This Child Care Arrangement				
	Brazil ^a	Dominican Republic ^b		Peru	
	urban	urban	rural	urban ^c	rural ^d
Mother	--	80%	61%	27%	--
Sibling(s)	28%	19	33	18	26%
Extended family	49	16	45	28	74
Neighbors/Friends	0	1	11	5	0
Domestic	6	1	0	1	0
Child care centers	0	0	0	0	0
Child left alone	5	0.3	0	8	0
Other	12	2	0	12	0

Source: Six Country Reports

- a. Child care arrangements other than mother herself of 148 women who work outside the home for children under seven years old.
- b. Multiple responses from 300 urban women and 40 rural women regarding child care arrangements for children six years and younger.
- c. Urban sample size of 74 mothers. Data show caretakers used when mother away from home, hence the percentage listing "mother" indicates women who take their children with them when they are away from home.
- d. Rural Peru sample of 43 families. Data on caretakers other than mother were given by generation. The community is small and intermarried, and neighbors are almost always family members. Thus, the eight families who use caretakers of the parents' generation, the 18 families who use the caretakers of the grandparents generation, and the six who use a combination of caretakers of both generations are totalled as extended family representing 74%.

It is not clear at what age it becomes less acceptable for males to care for children in any way other than entertaining them or taking them on outings. Data from several of the groups surveyed, however, indicate that while male children may help meet many of the primary needs of younger siblings, it is almost unacceptable for adult males to be called upon to feed, clothe, and bathe. The Peru investigation noted that:

"Ironically, child care seems to drop out of a man's set of acceptable activities the moment he establishes a household of his own, fathers his first child, and -- undoubtedly the most crucial factor -- acquires rights to the labor of a woman in managing the household and rearing the child."¹

Friends and Neighbors

In general, families prefer to meet child care needs within the family because it is the least expensive way of providing care and because families are comfortable leaving their children with relatives. When this is not possible, children may be cared for by neighbors who are trusted. This arrangement is felt to be slightly less desirable because it may necessitate payment and because most families believe people who are unrelated will not show as much interest in the children.

In many places reciprocity is an important element of the survival system of families in low income neighborhoods. In the case of Brazil, the "spontaneous" creche is a common arrangement. The term "spontaneous" creche refers to women who open their homes to take in children of working neighbors, with payment of reciprocity. These women offer mothers a convenient, trustworthy location for their children during their absence, and the women try to maintain at least a minimum of hygiene and attention to the children. Generally, these are older women who no longer have resident children of their own. The mothers pay a small monthly fee to the woman for her services, and must also contribute milk, cereals, sugar, soap, talcum powder and the other items for her children. In urban Brazil, neighborhood friendships have taken over responsibilities formerly met by the extended family or kinship group.

However, the Peru investigators noted that in the urban area the use of friends or neighbors was limited to emergency situations. In the rural area, kinship and extended families are usually available, but rarely needed. Mothers carry infants on their backs, and older children are always close at hand. It is not uncommon to see a child four years old leading a small flock of sheep to the communal pastures.

Domestics

Use of domestics to meet child care needs is not an option available to many low income women. In Sri Lanka and Korea none of the surveyed women reported using the services of domestics. In Malaysia a small number reported that servants cared for the children.

The number of interviewed women in Latin America who use domestics as caretakers was also small -- one woman in urban Peru, three in the Dominican Republic, and nine in urban Brazil. While it is a display of high status to have a maid with whom children may be left, women are not satisfied with this arrangement. The majority of those who already have this option, as well as those who were asked if they would prefer to use domestics for child care, are dubious about entrusting their children with a domestic because they feel the relationship is one of pure economics. They do not trust the domestics to be truly concerned or give quality care.

Community-Based Child Care Centers

In the six countries surveyed, different terms are often used to mean similar services and facilities. "Child care center", "day care center" and "nursery" are often used interchangeably, indicating more the regional choice of vocabulary, than the actual services rendered. In Korea, for example, "children's home" is the accepted term, a phrase that reflects the origins of the institutions currently used for child care facilities. While we have attempted to differentiate between preschool centers, those with the primary purpose of providing education, and child care centers, those which were initiated to respond to the need for custodial care, the differences in meaning of the two terms should not be construed as clear cut. Facilities outside the scope of this study are orphanages and detention centers.

Although there were differences from country to country, very few of the surveyed families put their children in either child care facilities or preschools. In most places such facilities simply are not available. Where they do

exist, the fees make them too costly to be a viable alternative for low income families. Child care and preschool facilities in the six countries are not meeting the child care needs of the low income women who were surveyed. Even in Korea, where women have been actively encouraged to join the labor force, the proportion of women having access to organized facilities is low.

To a large extent, this is due to the unavailability of such child care facilities. Table 6-3 shows the relation of total child population under age five to the number of children in formal child care facilities in the six countries studied. Because there is a serious dearth of reliable information and data on the total number of child care facilities in developing countries, it is difficult to reach a high degree of accuracy in assessing the proportion of population reached. In spite of this, however, the tentative figures which are available allow us to gain some understanding of the current situation.

Not only are very few children reached by organized child care facilities, but those who are cared for by such facilities are typically not the children of low income families. The fees charged by a child care facility, the cost of transportation, and the cost of supplies and clothing make using such a facility out of the financial reach of most low income families.

The hours some child care facilities operate also limit their usefulness to working women. Unless a center is intended specifically for use by working women, and many are not, the hours they are open are not sufficient to allow women to leave their children, go to work, work a full shift, and return for the children.

With the exception of the one somewhat atypical rural area surveyed in Korea where low cost rural child care facilities are more available, the majority of such facilities are located in cities. Thus, the needs of low income rural women are met by child care facilities even less frequently than the needs of urban women. Admittedly, their needs for such facilities may be less acute in that mothers' work more often permits the children to be taken along.

In the Asian countries studied, only 1% of the 499 women surveyed in urban Malaysia and none of the 279 surveyed urban and rural women in Sri Lanka reported using such facilities. In Korea, 19.9% of the 141 children of rural women and 1.9% of the 158 children of urban women in Korea are cared for by child care facilities and/or preschools.

Table 6-3

COVERAGE OF CHILD CARE FACILITIES

Country	Total Children ¹ Under 5 (1975)	Children in a Preschool Facility		Children in a Child Care Facility	
		#	%	#	%
Brazil	18,668,000	600,000	3.2 ^{2/e}	N/A ^e	N/A ^e
Dominican Republic	895,000	N/A	4.0 ^d	N/A ^a	N/A ^a
Peru	2,620,000	172,051	6.6 ³	1,827	.07 ³
Korea	4,542,000	N/A	N/A	42,000 ^b	.92
Malaysia	2,000,000	36,562	1.78 ⁴	N/A	N/A
Sri Lanka	1,764,000	N/A	N/A	N/A ^c	N/A ^c

Notes:

- a. In Santo Domingo the total population of 0-8 year olds is approximately 175,000. There are five state-supported child care centers, a ratio of 35,000 children per center.
- b. 615 licensed day care facilities serving 42,000 children = 68 per facility.
- c. 1500 day care facilities in the country -- not known how many children are reached.
- d. Four percent of 4-5 year olds.
- e. Children in "some form of preschool facility" -- child care centers may be included in this preschool figure.

N/A = Data not available

Sources:

1. World's Children Data Sheet of the Population Reference Bureau, Inc.
2. Ministerio da Educacao e Cultura, Departamento de Ensino Fundamental, Coordenacao de Educacao Pre-escolar. Atendimento ao Pre-escolar. Vol. 1, Brasilia, 1977, p. 14.
3. Peru Report, unpublished statistics obtained in interview.
4. Personal communication from Rita Hashim, National Family Planning Board.

Korea has a government regulated system with minimum-standard requirements. At the end of 1978, its 615 licensed day care centers -- 80% privately owned, 20% government-sponsored, reached 42,000 children -- less than 1% of the total preschool age population. Theoretically for low income children -- though not always so in practice -- most of these are in urban areas; some are in villages, including one in each of the three survey villages, in addition to some seasonal centers during the harvest periods. Most of the day care center directors and teachers have some degree of professional training. The government plans to increase the number of licensed day care centers to 1,200 by 1981 and to integrate them with maternal-and-child health and family planning programs and possibly vocational training.

Malaysia has the beginnings of a rural preschool system, but it is still very far from meeting the needs of low income rural families. The Ministry of Agriculture and Rural Development provides trained teachers and some materials for over 900 community-supported "Tabikas" or kindergartens scattered throughout the country. Essentially a headstart program for the nearly 26,000 children enrolled, the centers also offer education in nutrition, sanitation, health, and hygiene to the parents. Another government rural program is that of the Federal Land Development Agency, whose 136 kindergartens reach over 9,700 children. Volunteer agencies and individuals maintain some child care services in both rural and urban areas, notably the dozen model day care centers of a Muslim women's service group whose volunteers offer advice, nutrition information, and sometimes training. The Malaysian Association of Kindergartens gives training and refresher courses to teachers of community preschools.

Malaysian law requires rubber plantations to provide creches and free milk for infants of women workers. Personnel and conditions in these creches are reported to be poor. One large State corporation employs an industrial social worker who is developing community centers, health services, and preschools -- an example for other plantations to follow.

In the urban area of Malaysia, there are numerous alternatives for middle- and upper-class families, including "24-hour child minders" and trained baby-sitters used by young professional and semi-professional couples who can afford the fees. The Labor and Manpower Ministry is exploring with industry the possibility of establishing factory-related child care facilities; their acceptability to working mothers has yet to be determined. Meanwhile, however, urban Malaysia has almost no organized facilities for the children of poor families. Four of the five survey

areas have small kindergartens for children aged six years down to ages five or three depending upon the center. None are adequately equipped or staffed. Very few of the mothers surveyed used such facilities for their children.

In Sri Lanka, law requires creches to be provided in the rubber, tea and coconut plantations which employ about half of the island's working women. Quite inadequate and little used until recently, these creches have now been upgraded with help from UNICEF and new centers are being built to respond to increased demand. Outside of the plantations, in urban areas and elsewhere in the island, a limited number of creches and child care centers are run by churches, voluntary organizations, and private owners, some with a small government subsidy, and with varying fees and services. Two rural community development organizations with a self-help philosophy, Sarvodaya and Mahila Samiti, have established child care centers in some 900 of Sri Lanka's 23,000 villages, training teachers from the community, involving the mothers, and integrating preschool, nutrition, and community health care.

None of the mothers interviewed in Latin America has met her needs at child care centers, although a few send children to half-day preschools in preparation for school.

In Brazil, child care programs for low income families are increasing in some areas. The quasi-governmental Brazilian Assistance Legion's "Cocoon Units" are community child care centers which offer a comprehensive program. Sao Paulo's CEAPE system, which utilizes public school space for serving meals to preschoolers, is being replicated in at least three other cities. Social Welfare Coordination creches, also in Sao Paulo, care for some 9,000 infants.

In the Dominican Republic, only 4% of the four-to five-year-old children were attending preschools in 1976. In spite of legislation for preschools which was enacted in 1966, the extent of services has been very limited. The existing preschools are privately operated and quite costly. There are five state-supported child care centers to meet the needs of low income families. Less than 1% of the total population of children 0-8 in Santo Domingo are reached. There are some eight private child care centers that are outside the financial reach of low income families.

In Peru the non-formal preschool programs, generally organized by the private sector with community initiative and involvement, have a growing enrollment. Following Ministry of Education guidelines which allow for variety and flexibility, they have educational potential for parents as well as children. But these programs, both formal and non-

formal, usually operate for only three hours a day and do not solve the problem of a mother who works more than eight hours and needs full-day care for her child.

Industrial Child Care Centers

The existence of industry-based care was not mentioned in any of the reports from the three Asian countries. These facilities are often discussed but as yet nothing concrete has come of the good intentions.

Brazil, Peru and the Dominican Republic have labor laws which require that establishments employing a certain number of women provide an appropriate place where their children may be supervised and they may nurse infants.

However, no industrial child care facilities were found in the Dominican Republic or in Peru and there are only a few isolated examples in Brazil. A cigarette factory in Rio de Janeiro has a child care center with a capacity of only 30 children for each shift, even though 1,600 women are employed there.

Some Brazilian companies maintain contracts with private or public nurseries in order to comply with the law. One such private entity has contracts with 85 large businesses employing a total of 12,000 women. In eight years of operation it has cared for only five children. In lieu of providing a child care center, some companies offer employees a subsidy for children.

Female employees are often ignorant of the laws which guarantee them certain benefits, and rarely demand services such as child care. It is said that employers sometimes hire just one female employee less than the number which has been established as the minimum requiring child care services. The laws do not usually include attention to children past the breastfeeding stage. Women rarely participate in union activities, and thus unions rarely see child care as a worthwhile demand.

It must be noted, however, that the surveyed women do not heartily support the notion of work-based centers. The long commute required to go to work is arduous enough for the woman herself, and the thought of toting several young children on a crowded bus is not appealing. They often see their factories as dangerous locations, with pollution and no comforts, and not an appropriate place for children. Mothers prefer community-based centers, where the children are cared for in an atmosphere that is comfortable and familiar.

Actual Child Care Arrangements vs Preferred Arrangements

In general, the women surveyed in all six countries reported that they are satisfied with their current child care arrangements. However, the women's satisfaction with existing child care arrangements is more likely to be a reflection of the lack of viable alternatives than it is an expression of contentment with the current situation.

It appears, from interviews and group discussions, that most women believe that persons other than the family are not particularly capable or motivated to provide quality child care. In some places (the three Latin American Countries and Korea, in particular) women do feel teachers are good caretakers, but the emphasis is always on education, not just custodial care or nutrition. In many places, however, among certain ethnic groups, the Muslim community surveyed in Sri Lanka for example, it has not been demonstrated to the mothers that alternative child care arrangements can provide quality care.

In spite of an overall satisfaction with current child care arrangements in all of the countries surveyed, there are differences between current actual caretakers, and mothers' preferences for ideal caretakers. In the urban survey area of Peru, while 27.0% of the mothers currently take their children with them, none feel this is the ideal arrangement. At present, 28.4% of these urban women have relatives available to care for their children, while 43.2% would like to use relatives. Similarly, in the urban area of Korea, while 16% of the mothers leave their children with grandparents, 32%, or double that figure, would like to do so. However, in spite of these preferences, there is no indication that family members will become more available in the future. On the contrary, the pool of available relatives should decrease as more women enter the labor force.

In areas where families are aware of the existence of child care facilities which offer quality care, they are anxious to have access to such services. Among the surveyed population in Korea, for example, for whom preschools are a slightly more common phenomenon, parents cited such facilities as being the only child care arrangement which is as acceptable as using grandparents. In the rural area of Korea, 32% of those surveyed listed grandparents, and 32% listed a child care center as their first preference. In the urban area of Korea, 26% cited grandparents and 20% cited child care centers.

In the Brazil survey area, while none of the surveyed mothers currently have children in a child care facility (there is at least one center in the community), 32.5% suggested such child care centers as an acceptable arrangement for meeting child care needs.

In urban Malaysia, only 1% of the 499 surveyed couples use child care facilities, but an average of 30% of both men and women feel teachers and specially trained women are preferred caretakers.

It is interesting to note that in Peru, while mothers feel that using a maid to care for children is unsatisfactory because the relationship between the maid and the family is purely an economic relationship, one of the most frequently given reasons for believing child care facilities are satisfactory is the fact that fees are paid. It appears that mothers view the fees paid for institutional care as payment for the educational component, and the act of paying equates with a belief in the teaching abilities of the child care center personnel.

The control that families expect to have over the care their children receive is reflected in their desire for community-based centers or extended family care. They see the caretaker, whoever it might be, as an extension of their role as parents.

Summary

The overall pattern of response in regard to caretakers revealed several facts and concerns that are crucial to an understanding of the child care needs of low income women.

1. Mothers feel that they are the best caretakers of their children.
2. Many constraints affect mothers' availability to give adequate care, and when they work, even if they take children along, this is not a particularly satisfactory arrangement.
3. Where child care facilities and preschools are available and within the financial reach of low income families, they are used. Many more families listed such facilities as the ideal child care arrangement for children other than infants, than currently use them.
4. Parents feel the greatest advantage of child care facilities is the opportunity for their children to receive education. Since custodial child care can generally be provided by

the family, those families who feel child care facilities are a preferred alternative expect more than custodial care. When payment for child care services is necessary, parents expect their children to receive some education.

5. Community-based child care was preferred because of the element of familiarity and community control. Industrial care was less desirable because of the difficulty and expense of bringing children to work sites and possibly unsafe conditions. While community care is the desired arrangement for children who have been weaned, industrial day care may be more appropriate for infants in order to encourage breastfeeding among working mothers.
6. The degree of malnutrition in the children of all the countries strongly indicates a need for arrangements which will provide adequate nutrition for the children and teach mothers the elements of good nutrition.

Notes:

1. Peru report, p.2.

CHAPTER 7

ALTERNATIVE CHILD CARE APPROACHES

In situations where traditional mother-family approaches are no longer adequate to meet all child care needs, new solutions have been devised. These alternatives are sometimes small-scale responses of a community to specific local situations and resources, and in other cases large national programs. This chapter presents a review of recent literature on early childhood intervention followed by examples of several alternative programs.

A Review of Recent Literature

Several reports have been published within the past year which document investigation on the effect of intervention programs on children. A body of literature is beginning to grow, particularly for Latin America, on the cognitive development of children in developing countries, as well as the long term negative effect of malnutrition and disease. These studies complement the more extensive work undertaken in the United States and Europe.

Preschool Education in Latin America: A Survey Report from the Andean Region, by the High/Scope Educational Research Foundation of Ypsilanti, Michigan (1978), presents the results of a survey of education programs serving pre-primary school-aged children and their families in Bolivia, Chile and Colombia. The objectives of this AID-commissioned survey are to describe the major preschool education activities, goals and variables in the host countries, and to formulate program guidelines for early education programs in developing countries.

Ernesto Pollitt's Early Childhood Intervention Programs in Latin America (presented to the Ford Foundation in 1979) is a comprehensive review of research on human development, malnutrition and early childhood education in Latin America. Pollitt also carried out in-depth field studies in Antioquia, Colombia; Puno, Peru; and Caracas, Venezuela.

Barbara A. Underwood reviewed supplementary nutrition projects in a paper presented to the Conference on Nutrition Interventions, "Success or Failure of Supplementary Feeding Programs as a Nutritional Intervention". She found that in one sense, supplementary feeding programs are a "band-aid approach" and from this perspective "should be viewed as a short-range means of achieving specific nutrition and health objectives, while long-range programs are being implemented to attack the root causes of undernutrition. Their 'success' or 'failure' should also be judged within this context."

Two World Bank Staff Working Papers (numbers 322 and 323) present broad results of preschool intervention programs and various family characteristics in developing the abilities in preschool children, and the subsequent effect of ability on earnings. The papers are part of the Bank's efforts to understand the process of human capital development as a basic determinant of earnings. The two papers are Ability in Pre-Schoolers, Earnings, and Home Environment, by Roger Grawe, and Priorities in Education and Pre-School: Evidence and Conclusions, by M. Smilansky.

Closely related to these two papers are several publications by Reutlinger and Selowsky for the World Bank on the nutritional status of children as associated with poverty, including Malnutrition and Poverty: Magnitude and Policy Options (Baltimore and London: The Johns Hopkins University Press, 1976).¹

There is general agreement that although heredity explains an important fraction of children's intelligence scores, environment is the crucial factor. Bloom found that in terms of intelligence measured at age 17, at least 20% is developed by age one, 50% by about age four, 80% by about age eight, and 92% by age 13.²

However, "the jury must be considered still out on the question of general success or failure of pre-school intervention", according to Grawe.³ The U.S. data on preschool cognitive development from the traditional kindergarten or preschool (oriented solely to education) has not proven that preschool per se is a worthwhile investment. "Although IQ may be raised by some preschool programs, the gains are often not significant and regardless of program are maintained only for a few years."⁴

There is great evidence of the impact of malnutrition and other health conditions on cognitive development. However, nutritional supplementation alone did not have such an effect in the studies conducted in Cali, Colombia.⁵ Initial results show that the combination of cognitive stimulation and nutritional supplementation produced ability outcomes from disadvantaged children which were not significantly different than those for children from relatively better backgrounds.

In his review of the findings of quasi-experimental studies and community service programs, Pollitt finds an interesting similarity between the results claimed by widely varying programs. "The pathways used to reach the children in order to benefit cognitive growth may not matter that much."⁶

Comprehensive programs are the recommendation of most program planners, in that a broad approach meets the child's needs in both nutrition and education. Indeed, the poverty which surrounds most children of developing countries requires services of a multi-dimensional nature due to the complexity of the roots of poverty. In low income areas, there is no single problem which can be solved by a single gesture or simple policy.

Nearly all documents of existing programs and future recommendations call for the participation of the parents and the family in any programs for children. However, High/Scope notes that, "While it has become increasingly clear to early childhood program planners that involvement of parents in preschool education programs ought to be a central concern, the kinds and levels of involvement envisioned by those planning and implementing programs vary considerably. The reasons given for the importance of parent involvement also vary. Nonetheless, all agree that parent involvement should be a big element in any future early childhood education programs."⁷

The justifications for parental involvement include:

- a. parents' broad role as the most important caretaker
- b. opportunity to reach more children in the family
- c. support of the traditional role of the family
- d. spin-off effects on the parents' capabilities and self-esteem.

Other than mentioning spin-off effects, scant attention is given to early childhood programs as a strategy for mothers' needs, as well as children's. Nutrition supplementation and cognitive intervention are measured gains attained for the children. Other benefits accrued are rarely taken into account in the analysis of whether the programs justify the investment made. The benefits accrue both to individuals (child and parents) and to society through greater capabilities for current productivity as well as future productivity.

Selected Examples of Projects

Occasionally an alternative child care approach is "discovered" by a government, private, or international agency which gives the ideas circulation and support. However, there may be a number of interesting approaches

being tried by individuals elsewhere, which are unknown outside the immediate vicinity. The selected examples have not been limited to developing countries, in order to present a wider assortment of ideas. The intent of this section is to convey concepts and approaches which may be adapted to local needs, conditions, culture and resources. In these projects common elements can be seen which made the efforts viable and "successful":

- a. high level of community participation in defining needs, and planning and implementing projects;
- b. utilization of local resources and training of local persons;
- c. starting small and building, as community confidence and resources develop;
- d. on-going assessment of needs and resources;
- e. flexibility to adapt as conditions change;
- f. clear conceptualization of the project and its objectives shared by all;
- g. coordination of the project with other community activities;
- h. active involvement of parents;
- i. use of paraprofessionals who are members of the local community.

Contact persons and institutions have been included where appropriate and available.

Mobile Creches, India

The Mobile Creche Programme, operating in New Delhi and Bombay, India, specializes in caring for children from one of the poorest sections of Indian society -- children of construction laborers. Mobility is built into the program as a direct response to the special needs of thousands of families engaged in an occupation which takes them from site to site, building makeshift shelters near the worksites. The child care centers are set up in whatever accommodations are available at a particular construction site, basements, unfinished skyscrapers, or tents. When work at one construction site is completed and families of the laborers depart for a new site, the mobile creche also moves to the new location.

Begun in 1969 with the opening of one creche in New Delhi, the program was initially the charitable effort of two concerned women who provided a supervised playing and resting place and some food for children while the parents were working. Since then the program has expanded to

include provision of lunch or nutritious snacks, regular visits by doctors and treatment of diseases and malnutrition, and teaching of primary skills. The creches have evolved into community centers which also address the needs of parents and offer classes in nutrition and hygiene for the mothers, adult literacy training, and training in vocational skills.

The varied components of a particular creche are determined by community needs and available resources, both financial and personnel. During the early years, financial limitations were a major constraint. However, once the program had proven its capability to make good use of available resources, contributions of money, services and materials came from varied sources -- social welfare organizations, international agencies, government departments and private individuals. Where once program workers had to approach building contractors to request that space be available to house a creche, now contractors often come to the program coordinator during the planning stages of construction projects to request that a mobile creche be provided.

Creche workers receive small salaries and are recruited from the local communities. Most are young women who may be part-time students or unemployed, though recently more older boys are becoming interested in the program. Creche workers receive on-the-job training and participate in special seminars to learn basic nutrition, child care and hygiene.

Program workers are quite creative and thorough in making use of all available resources. Training of center personnel may be done by voluntary organizations; blankets, clothing and supplies solicited from social welfare agencies; cash contributions accepted from numerous sources. As more needs are identified, workers set about determining appropriate responses and finding necessary resources.

Originally supplies were given to the children free of charge but center workers found that parents, as well as children, did not value such materials. Currently everything is sold to families at subsidized prices -- prices high enough to make families respect and value the materials, but not so high as to be cost prohibitive.

An ongoing process of assessing community needs, finances, and available human and material resources has meant gradual but continual growth and acceptance, by the migrant community as well as the community at large. The secret of the mobile creche program success lies both in the services it offers and in the process by which it has evolved, learning from experience while meeting an important need. It may be argued that "ready-made", "full bloom" programs with all the same services now being offered through the mobile creche program might not enjoy the same

success simply because all concerned (community people, program staff, and donors) need to grow slowly with programs, struggle together, develop mutual trust, and learn from experience.

Further information about the program may be obtained from:

Mobile Creches
5B Telegraph Lane
New Delhi 10001
India

Day Care Homes Program, Venezuela

The Child Foundation of Caracas, Venezuela is meeting some of the child care needs of working parents through the establishment of a Day Care Homes Program. Groups of five or six children are assigned to a neighborhood child minder, to be cared for in her own home. The day care homes are selected according to the following criteria:

1. The caregivers must be Venezuelan and between the ages of 15 and 18.
2. The caregivers should be healthy and enjoy working with preschool children.
3. The family's house must have basic facilities.

The program supplies the caregiver with the equipment for efficient operation of the home. In addition to the participation fee paid by the working mothers, the caregivers are provided a stipend from the Foundation, to cover costs of meals and care for each child.

The costs of the program are minimal since donations and contributions are received from many sources, including the federal government, businesses, and private voluntary agencies. Due to this fact, the program is able to focus its activities in low income communities.

A team composed of a social worker, a teacher, and a para-professional health worker is responsible for training twenty caregivers in any particular neighborhood.

Parents who desire to leave their children for the day at such a home can be confident that their child's basic needs will be met, in a home setting, in an environment which is familiar and natural.

For more information contact:

Hogares de Cuidado Diario
Fundacion del Nino
Caracas, Venezuela

Mothercraft Centers, Zaire

Rehabilitation of malnourished children and prevention of malnutrition through education of the mothers are two aspects of the Mothercraft Centers Project in Zaire. Supported by the Task Force on World Hunger, the program operates two types of nutrition centers in the Bulape area (West Kasai region) of Zaire.

Prevention centers aim at preventing malnutrition of children by offering practical nutrition education directly to mothers and other caretakers in the form of 3 month seminars. In Zaire, as in many less developed countries, it is a cultural practice and economic necessity to leave infants in the care of an older child while the mother works. Infants are deprived of breast milk for long periods each day, and usually receive nothing but a thin cassava porridge.

At the preventive centers, therefore, the caretakers as well as the mothers are taught to prepare protein-rich porridges for very young children. Every mother must agree to spend one full day a week in the center. It is observed by the program personnel that many mothers choose to come much more frequently. Whenever a mother is not present in the center, she must send the child's caretaker, usually a child of 7 or older. The caretaker must prepare the meals for the young child, just as he or she will have to do when left alone at home in charge of the baby.

Each preventive center conducts training for the mothers and caretakers of an average of 30 children per seminar. When a village contains more than 30 children in critical age group, the ones with lowest weight-for-height are selected.

Children who are not reached by these preventive centers enter a rehabilitation center which is attached to a hospital. The children are admitted to the hospital with their mother for a period of 4 to 8 weeks. The first objective is to rehabilitate the children through feeding, supplemented by special medicines that re-establish growth and health (iron, vermifuge, malaria prophylaxis). The second objective is to teach the mothers to continue good feeding practices at home after discharge. To this end, under the supervision of a nutritionist, each mother is required to prepare the food for her child three times a day. Only locally grown grains and legumes are used. Children are discharged when weight gains are normal and when mothers have sufficiently learned and practiced proper feeding.

**Further information on the Mothercraft Centers Project
may be obtained from:**

**Judith Brown
Institut Medical Chretien du Kasai
B. P. 117
Kananga, Zaire**

Child Minders, Sweden

The inconvenience and loss of income for a working mother when her child is ill and cannot be taken to the child care center normally used, has been addressed in Sweden by providing "child minders" who go to a child's home in the cases of a short-term illness, thus permitting a working mother to go to her job. It would be possible to design a system of child care which includes additional child minders working in conjunction with a number of centers. When none of the children who are regular users of the centers is ill, the extra person would either not work that day or remain at a center to help the staff.

Child to Child Programme

In such diverse locations as Guatemala, Kuwait, India, Jordan, Brazil, Burundi, Chile, Papua New Guinea, Transkei, and Western Samoa, projects based on an innovative approach to child health care are being adapted to local needs and conditions. These projects make use of techniques pioneered by the Child to Child Programme of the Institute of Child Health (London, England) and revolve around the fact that in most developing countries, older siblings participate in the care and upbringing of younger children. With training in observation and basic preventive and curative methods, older children can do much to prevent their brothers and sisters from becoming ill, treat them when they are ill, and minimize the effects of illness.

Much of the success of such a project depends upon making health care an enjoyable activity. Games, role playing, adaptations of traditional songs and dances, and various experiments are used to train the children in health management. For example, to help children understand dehydration from diarrhea, experiments may be conducted with two cut plants or flowers, placing one in water and one without. The children observe that the flower placed in water does not wilt, while the other dies. With such a vivid example before them, children understand better the effect of water loss. Discussion of how a baby with diarrhea loses water then makes much more sense.

Translating concepts into visual representations and tangible examples through devising and maintaining growth charts, drawing pictures of the identifying signs for particular diseases, preparing "special drinks" of salt, sugar and water for diarrhea control, etc., help children to visualize and make use of ideas. By finding out about local and new foods which are most nutritious, then actually growing these foods in schools or cooperative plots, children not only learn techniques related to gardening, but also discover that new foods are more than just descriptions in books and can be very real and useful additions to their diets.

In the formal and non-formal training of the older sibling, the emphasis is on using training activities children find enjoyable, encouraging a sense of pride, responsibility and initiative, and presenting new ideas in a non-threatening manner.

Child-to-Child is an approach to health maintenance with many techniques and ideas that may be adapted to fit the particular needs, resources and learning environments of schools or groups throughout the world. Materials are available from Child-to-Child in Arabic, English, French, Hindi, Portuguese and Spanish. Further information may be obtained from:

Child-to-Child Programme
c/o Institute of Child Health
30 Guilford Street
London WC1N 1EH, England
Telephone 01-242-9789

Bench Schools, Colombia

The residents of the southeastern section of the city of Cartagena, Colombia have developed a system to make use of their available resources in meeting child care and education-related needs. More than 100 "bench schools" have been set up in the Cartagena area. The term "bench school" derives from the fact that children bring their own benches or seats to the house of a neighbor who serves as the teacher. Each bench school has an average of 30 children, aged 4-10 years. The use of bench schools emerged as public schools were unable to meet needs of numerous families of this rapidly growing city. The inhabitants of the area are largely migrants from rural areas and an estimated 120,000 share the insufficient housing which is available. Unemployment is high (over 20%) and families are impoverished so private schools for their children are out of the question. More than 50% of the mothers work, primarily as domestic servants, and thus must find alternative child care arrangements while they are away from home.

Among the large number of unemployed persons are women who have not completed the requisite schooling to become licensed teachers; but they are literate and possess skills gained during an average of 6 years of formal education. From these groups of educated women, neighborhoods select those whom they know and trust to care for their children. Each woman, with the support and assistance of her community, sets up a bench school in her compound or home. Parents pay a modest fee per child per month. The children receive the rudiments of reading and writing while being cared for near their own homes, by a neighbor who understands the community.

Many of the bench schools operating in the Cartagena area have added other services in response to community needs and availability of additional resources. With UNICEF support, creative learning materials have been introduced. Teachers have been instructed in techniques that shift the emphasis of education from rote memorization to discovery and experiential learning. Parents have been encouraged to become involved in their children's education. Interested parents receive instruction in the use of learning games and materials which are loaned to the children for use at home.

One of the government departments, the Office of Slum Rehabilitation, is supporting the bench schools by helping to supply running water and drainage systems, and has supported rebuilding of roofs and other repairs to bench school homes.

Bench schools began as community-based and organized responses to local problems. Neighborhoods continue to identify changing and additional needs. With their own resources, plus support from government agencies and international organizations, new needs are assessed and met. In some neighborhoods, in response to community needs, the bench schools have become centers for other community activities -- youth clubs, recreation programs, family education courses and communal stores.

Further information concerning the bench schools of Cartagena may be obtained from:

Oficina de Rehabilitacion de Tugurios
Calle de Cuartel - Edificio Pombo, 2do piso
Cartagena, Colombia

UNICEF
Apartado Aereo 7555
Bogota, Colombia

Centro Internacional de Educacion y
Desarrollo Humano
Apartado Aereo 50262
Medellin, Colombia

Women's Sericulture Cooperative, Bangladesh

The experience of the Nijera Kori Women's Sericulture Cooperative in Bangladesh illustrates the need for integrated programs which recognize the interrelated nature of mothers' and children's needs.

The Nijera Kori Project was initiated in 1975 to rehabilitate malnourished children by teaching mothers to prepare nutritious diets from locally available, inexpensive foods. Although the women were interested to learn about such foods, their learning was seldom applied and had little impact. This was due in part to the fact that the women were simply too poor to purchase even local vegetables and products and in part to an inability to recognize the importance of good nutrition and future benefits of improved diets.

By the end of the first year, the focus of the Nijera Kori project shifted to skills training in silk production, supplemented by kitchen gardens and fish culture. At a later stage, nutrition education was incorporated into the project. By this time women had begun to earn money, felt less desperate, and were more able to make use of nutrition education.

An understanding of and responsiveness to local conditions, practices and attitudes, a built-in flexibility which can accommodate a shift in emphasis as necessary, and an appreciation of the need to expand and evolve gradually, in tune with women's readiness, are essential elements of the Nijera Kori project that apply to programs anywhere.

Further information on this project may be obtained from:

Nijera Kori
Women's Sericulture Cooperative
c/o World Food Programme
United Nations
Dacca, Bangladesh

Fathers Fight Malnutrition, Kenya

"Add an egg...or some beans" is the message conveyed by a nutrition education project in Kombu within the Machakos district of Kenya. Formal nutrition programs which had been conducted in the Machakos region had consistently failed to alleviate malnutrition.

At the suggestion of Mutua Muide, one of the village elders, a new nutrition education program was developed.

Muide and other men from the area were also to take part in the new program. The community decided that each village would enlist and train a man and a woman to give short, uncomplicated demonstrations. These presentations were given in the bazaars and the community meeting places. The focus was on the nutritional value of locally available foods.

The project was launched in villages with the aid of two members of the East Africa Medical Research Foundation. The villagers were instructed to "add an egg to the young child's porridge. If you don't have an egg, add some mashed beans".

After 18 months, the results showed that the overall malnutrition rate had dropped from 55% to 39%. However, the malnutrition rate continued to rise in certain areas reached by the program. It is not known what caused this rise, though the possibility exists that fathers still believed that child care and nutrition are strictly a woman's task.

UNICEF, which is involved in nutrition projects throughout Kenya, hopes to continue the promotion of such programs through the use of radio announcements and broadcasts. Further information may be obtained from:

UNICEF Regional Office for East Africa
P. O. Box 44145
Nairobi, Kenya

Elderly Persons Enlisted in Child Care-Jamaica

In some societies where nuclear families have replaced extended families, programs have been designed to involve older persons, who are no longer occupied full-time, in community child care. Just as elders who share the same house-compound have traditionally assumed many of the child care responsibilities within their extended families, older people who live apart from their own children and grandchildren, may be enlisted to meet many child care needs.

A Jamaican project allows mothers to bring their children to be cared for during the day at the community's home for elderly people. Many other arrangements are possible to enlist older persons in meeting child care needs. Older persons may provide their services free of charge, while other programs may charge the recipients of services small fees which are given to the older persons. Services provided may include childminding, counseling, and visits to hospitalized children. Retired women and men may also be organized to teach vocational skills to older children.

Child Care Cooperative

One child care approach which works well in urban residential areas is the "child care cooperative". A cooperative is run on a barter system: exchanging hours of babysitting rather than paying for the service.

In the city of St. John's, Newfoundland (a northern province of Canada) a group of six families share child care responsibilities. This type of cooperative can operate with any number of participants, though the larger the group, the easier it is to find a caretaker with little advance notice.

In a similar Maryland (USA) cooperative, the system has evolved to include payment by chits. At the beginning of every month, a mother receives a certain number of chits, each chit worth one hour of babysitting. A mother who uses all of her chits before the end of the month may purchase chits or exchange another service for chits, from a mother who has accumulated extras.

1. Money need not be involved, hence, out-of-pocket expenses are reduced
2. The coop sitters live in the immediate neighborhood, therefore, no transportation is required
3. The caretakers are neighbors and friends; individuals who are accepted by the community and trusted with the care of the children
4. Cooperative care may involve the entire family. Husbands, older children or other adult residents of the household may participate when schedules permit
5. The children have the opportunity to be with their friends. Parents have at times used the services when their children are in need of playmates
6. There are no strict schedules or hours of operation which limit the availability of services.

For further information contact:

Mrs. Elaine Fredericksen
Early Childhood Development Association
21 King's Bridge Road
St. John's, Newfoundland, Canada

Cluster Centers

The New York City Agency for Child Development has an interesting program incorporating groups or "clusters" of

family day care centers into coordinated units. Fifteen to twenty caretakers, each of whom operates a day care center, are coordinated by a professional staffperson. All of the caretakers have gone through a basic training period and they continue to meet once a month to attend workshops and to update their methods of instruction. Some of the topics presented during the workshop training are the development of the child, health, nutrition and personal hygiene, and arts and crafts.

Joining together the caretakers from the day care centers allows for volunteer organizations and welfare agencies to aide in reducing expenses.

Parents are actively involved in the centers. Many centers have "Parent Advisory Committees" and some parents are active on the directing boards of the centers. A survey showed that homes involved in the cluster system produced a higher quality of care than the homes not in the system.

For further information, refer to:

Mary Dublin Keyserling
"Viewpoints in Teaching and Learning"
Journal of the School of Education
55(3) 1979
Indiana University, Bloomington

Puno Project, Peru

"Learning by doing" is the concept behind the pre-school program of Puno, Peru. The major goal of the project is to make the child an aware and productive person in the community. Through the education and development of the child, the government of Peru hopes to achieve active participation of the parents and community. The outcome of the project depends largely upon the decisions made by the community members.

The program is carried out by paraprofessional teachers, who are chosen by the community. These layteachers, who have already had six years of primary schooling, undergo a short training course. The layteachers are coordinated by a small group of professionally trained teachers, who are themselves from the region. Although the whole project is coordinated by the Ministry of Education, the layteachers are directly responsible to the community.

The layteacher acts as a community leader and encourages involvement of the people. For example, to stimulate learning, parents and children create educational materials that are appropriate within the environment, in terms of cost, availability and familiarity. Rather than introduce

educational toys developed for young children in industrialized countries, in the Puno early childhood centers, creative play makes use of clay, water and straw. The ultimate value of the learning taking place is dependent upon how these materials are used in the student-teacher interaction. But the choice of materials is more culturally appropriate and just as pedagogically useful as bright plastic blocks, scissors, paper, expensive building materials and tools.

Nutrition and health are also important aspects of the program. One way in which nutrition is encouraged is through the raising of domestic animals. The residents of Puno have a poultry farm project, through which the children learn about chickens and the nutritional value of eggs.

Each activity in which the child participates must have a specific purpose, whether it be motor development, nutrition or hygiene. The child and the parents learn to be flexible by adapting to new activities and to understand that personal and group interaction are essential in the child's educational process.

For further information contact:

Direccion de Educacion Inicial
Ministerio de Educacion
Lima, Peru

On-The-Spot Day Care, Bangladesh

In Bangladesh, the World Food Programme supports a number of Food for Work projects that employ large numbers of women. The major work of these relief schemes involves earth-moving work such as constructing dirt roads and embankments, and dredging rivers and fish tanks. Workers' payment is made in wheat rations. Many young women, including mothers of young children, participate in this heavy work. However, older needy women generally cannot because of the nature of the work.

Young mothers in need of someone to take care of their children, and older women in need of an income, have devised a way to meet each other's needs. Groups of mothers engage the services of an older woman who goes to the work site to watch the young children there. Because the children are close, mothers are able to breastfeed and attend to special needs as necessary. In payment, the working mothers give a portion of their wheat ration to the older woman who keeps some for her own consumption and sells the remainder to earn cash for other needs.

Bernard Van Leer Foundation

The Bernard Van Leer Foundation supports a number of projects which cover diverse intervention approaches, geared toward integrating preschool activities with various community projects. The Van Leer programs range from preschool training centers and curriculum development in Brazil, Malaysia and Venezuela to pre-primary education linked with adult education in Nigeria and Iran and teacher training groups in Singapore and the Dominican Republic. The Van Leer projects focus mainly on the rural areas and are generally conducted with the use of mobile training units, in conjunction with the traditional child care institutions.

Further information may be obtained from:

Bernard Van Leer Foundation
P. O. Box 1905
The Hague
Netherlands

"Padrinos", Cuba

In Cuba the traditional "padrino" (godparent) concept has been adapted by the national government to stimulate voluntary community involvement in child care. State farms, factories, neighborhood committees, women's groups and other organizations "adopt" child care centers and schools, providing needed services which are unobtainable for financial and other reasons. The "padrinos" offer a variety of services such as help with building repairs, special training sessions, counseling, construction of school equipment, organizing of fund-raising activities, and sponsoring visits by the children to the "padrino's" work places.

Patrons are proud of their adopted schools and often a good-natured competition evolves among these patrons. The "adoptive godparents" have the satisfaction of helping their communities, while schools and child care facilities receive needed support.

Child Care in China

Child care is provided for the children of working parents in both rural and urban China. Such care is considered a responsibility of the State, although the three-generation family is still a strong force in Chinese life.

In China, most of the parents work an average of 8 hours a day, 6 days a week, often requiring nightcare for the child when they work a factory night-shift.

There are three areas within the early childhood program: nursery rooms for infants, generally 2 or 3 months of age, nurseries for children up to 2 or 3 years of age and kindergartens for those between the ages of 3 and 7.

These centers are generally located near or at the place of work of the parents. For example, many of the nursery rooms are located in the factories, hospitals, or high schools. By having her infant so close to her workplace, a mother is able to breastfeed and be with the child. Ninety percent of the mothers in China work outside the home, and of these, 50% utilize the nurseries for infant care; the other half rely on grandparents or friends to care for their children.

The second stage in the child's development is the nursery. In the rural areas, these nurseries are part of a large communal system. Each commune in China has between 30,000 and 100,000 people. Within the communal complex, there are two smaller units: the production brigades and the work teams, each of which usually has 15-30 families. These units assume the responsibility for child care.

The emphasis at the kindergarten level is placed on the child's motor development. It is here that formal programs are introduced, for instance, health and hygiene, children's opera and ballet, arts and crafts and instrumental music. In rural areas, groups of students are sent to the urban kindergartens so that the rural children can also be exposed to cultural activities.

The educational background of the teachers and child care workers is varied. Some have degrees from teachers' colleges while others have taken part in a six month training program which is funded by the Municipal Health and Municipal Education Bureaus. This knowledge is supplemented by on-the-job training.

The major purpose of the Chinese day care centers is the children's mental, physical, and cultural development and political awareness. They also meet the needs of working parents.

More detailed information on child care in China can be found in Ruth Sidel's book, entitled Women and Child Care in China: A Firsthand Report New York: Hill and Wang, 1973.

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APPENDIX

METHODOLOGY

A number of research techniques were employed to gather data on the child care needs of low income mothers. The project has encompassed four phases in the investigation and the dissemination of research findings: an initial literature search; field research in six countries -- three in Asia and three in Latin America -- including surveys conducted in low-income communities; seminars in three of those countries to review the research data and make recommendations on national needs; and finally, an international conference-workshop in Washington. The purpose of the international conference, with representatives from the six countries plus one Near Eastern and one Southern African nation, is to discuss child care needs as a crucial element in development, to suggest alternative ways of meeting those needs, and to make policy recommendations directed to international agencies - specifically to the Agency for International Development which provided funding for the project.

Literature Search

The initial literature search was undertaken (a) to identify existing information on child care systems and models; (b) to identify persons involved in child care projects and research on child care needs; and (c) to supply background information which would assist in the selection of countries and the development of the field research design. The search was restricted to material published after 1966, in English, pertaining to developing countries. Some writings on highly developed systems of public day care facilities were included because they were comparative studies having relevance to LDC's.

More than 300 institutions, libraries, and agencies around the world were contacted for the literature search. These included public and private international development organizations, private voluntary organizations, United Nations agencies, U.S. governmental agencies, schools of social work, and universities. Eight computer searches were made. The bibliography has been published as a separate document.

Country and site selection

Asia and Latin America were agreed upon before the start of the project as the two developing regions to be studied. Selection of countries within those regions was

based on the literature search and on the advice of the project advisory committee and other experts. The countries were chosen to provide a variety of cultures and conditions. Korea, an ethnically homogeneous nation, and Malaysia and Sri Lanka, each with several different ethnic groups, were chosen for study in Asia. A Caribbean island nation, the Dominican Republic, an Andean country, Peru, and in contrast the largest western hemisphere nation, Brazil, were the choices for Latin America.

The survey sites in the six countries were selected by the project's research coordinators during an initial field trip, in consultation with local experts and with the investigators selected to carry out the surveys. In four countries the study sites included both urban and rural low-income areas; in two, Malaysia and Brazil, the research was confined to urban communities.

Except in Brazil, all urban surveys were conducted in the national capital city, which in each of the five countries is also the largest and most rapidly industrializing city. The city of Salvador was selected as the research area for Brazil because it is in that country's most underdeveloped region, the Northeast, and is a focus of government development policies and programs. With a population of over a million, Salvador faces the same problems of urbanization, migration, and industrialization as Sao Paulo and Rio de Janeiro but has been much less studied. The survey site is the second largest low income neighborhood in Salvador and suffers, like the Peruvian and Sri Lankan urban survey sites, from its isolation from areas of the city which offer job opportunities. In Malaysia, on the other hand, at least half of the squatter areas and low-cost flats chosen as survey sites in Kuala Lumpur were located near factories or other job opportunities. Selection criteria also included representation of Malaysia's three ethnic groups - Malays, Chinese, and Indians.

In Sri Lanka, where over 90 percent of the population belongs to one of three ethnic groups, three rural communities were surveyed - one predominantly Sinhala, one Tamil, and one Muslim. Within the single urban area selected, representative numbers of persons from each ethnic group were interviewed. An effort was made to choose communities considered "typical" in terms of economic activities and living environment for each group.

In Korea both urban and rural survey sites were selected with the assistance of the Community Development Foundation, a U.S.-based private organization working in the low income areas. The urban survey site was a resettlement community on the edge of Seoul where the

government has been relocating former inhabitants of squatter colonies. For the rural survey five villages were chosen in what is considered the least advantaged of Korea's farming provinces.

The urban survey in the Dominican Republic was done in 23 low-income neighborhoods of Santo Domingo which had been identified in a previous, somewhat related study. The rural survey in the Dominican Republic was carried out in the southwestern region, considered the most poverty-stricken in the country. The rural survey community is surrounded by one of the Republic's largest cotton plantations, which employs a large number of women.

For the Peruvian study, an "average" squatter settlement on the southern outskirts of Lima - neither one of the older ones nor one of the most recent - was chosen as having material conditions close to the mean for what are now called "young towns" (pueblos juvenes). The rural community was picked for its location in the Andes of northern Peru, its traditional culture, the inhabitants' knowledge of Spanish, and relative ease of access from Lima. An essential ingredient in the choice of both field research sites was the presence within the investigating team of a person with previous personal contacts with communities which might otherwise be unwilling to cooperate in such a study.

Field Research

The methodology in the field used a combination of techniques. The primary research instrument was a structured survey of a sample of women in the selected site or sites. The women's husbands were also interviewed in four of the six countries. Other techniques included observation of respondents by researchers and the field coordinator, discussions with community leaders and groups, interviews with government planners and representatives of national and international organizations, and a review of existing literature and policy.

All six countries in the project followed the same general research design developed by the Overseas Education Fund child care project staff to meet the study objectives. Questionnaires were adapted to the conditions and needs of each country by the local investigators in collaboration with the OEF field coordinator and translated into the national languages. In each case the survey instrument was pretested in at least two areas and necessary revisions incorporated. Thus the six questionnaires were not exactly alike. Similar in their essentials, they produced, in the main, comparable information. Samples of the questionnaires are included in each country report.

In each country the OEF field coordinator arranged with a national institution or a qualified researcher or group of researchers to adapt the research design, to recruit and train interviewers, to carry out the survey, and to produce a preliminary report. In Korea the principal investigator was the chairman of the Nutrition Department of Seoul National University, with a research team of six graduate students in the department. In Sri Lanka the Sri Lanka Federation of University Women was the institution responsible for the survey. The National Family Planning Board conducted the research in Malaysia.

The investigator in Brazil was a nutritionist in a neighborhood health center and a graduate student in the Community Health Program of the Federal University of Bahia, working under the supervision of the department chairman. In the Dominican Republic the investigator was an experienced Dominican sociologist who had previously carried out studies of women, relating especially to health and employment. The Peruvian research team consisted of an anthropologist, a psychologist, and a pediatrician who worked in the public health center serving the urban survey site. For the rural field research the team was joined by a graduate student in anthropology native to the area and with experience as a rural school teacher there.

Interviewers, generally residents of the survey areas or familiar with the neighborhoods, were recruited by the investigators and were trained in use of the questionnaire in two-to-three day workshops. Except in Brazil, the Dominican Republic, and Korea, the interviewers were both men and women.

Sample Selection

Criteria for sample selection included low income and, with the exception of Brazil, the presence in the household of at least one preschool child. Income is a sensitive issue, and it proved impossible to obtain precise information. In Korea low income families were identified by the local leaders. In Sri Lanka they were chosen from district lists of families entitled to free rice under the government subsidy program. In Malaysia low income families were selected on the basis of residence in a poor neighborhood. Residence in a low income neighborhood was also the criterion in the three Latin American countries.

The size of the samples varied from one country to another. In general, however, determination of sample size for each community was based on available time and resources, with consideration of what would be the minimum acceptable as statistically valid in relation to the size of the selected area. The Korean urban sample consisted

of 108 households, the rural sample of 104. In Sri Lanka a total of 136 families were surveyed in the two urban sites and 40 to 50 families in each of the three rural villages. The Malaysian sample included just under 500 households, divided among several urban neighborhoods and giving appropriate weight to the three ethnic groups. In Peru the urban sample consisted of 74 households and the rural of 43. The Dominican Republic survey covered 300 women in the urban areas, 40 in the rural; and the Brazilian sample consisted of 1,022 women. The urban survey in the Dominican Republic made use of the sampling framework developed for a "Study of Women: Employment and Fertility" which was conducted in the summer of 1978. Of 67 blocks of Santo Domingo selected at random for that study, the 23 low income blocks were selected for the child care needs sample. Those homes identified as having a preschool-age child were noted, and the desired number of homes were then picked at random.

The Peruvian samples, both urban and rural, were drawn on the basis of the physical layout of the communities. In the urban survey site, the Women's Council block delegates assisted in finding families which met the sample criteria. From among these, two families in each of the 37 blocks were selected at random. For the rural survey, the field workers estimated the total number of houses in the community and calculated the interval necessary to derive the sample. They then selected cases by walking along each of the community's three paths and applying the interval.

The Brazilian investigator used the random sample of quadrant technique, taking advantage of a previous study of the area which established the expected prevalence of women of fertile age who work for pay. To allow time for interviewing a large number of women, it was decided not to interview husbands. Three categories of women were interviewed: those with children of preschool age, those with older children, and those without children. Thus it was possible to show that responsibility for young children operates as a constraint to participation in the labor force or the community.

Constraints of time and funds, the need for respecting cultural sensitivities, and the lack of recent, accurate census data, made it impractical to develop and apply consistent sampling methods to the six country surveys, or to test fully the representativeness of the samples selected. However, the methods followed show no intended or obvious bias. The supplementary information collected in each country suggests that, as a guide to general areas of policy regarding child care needs of poor mothers, the surveys provide a reasonably accurate picture of the kinds of situations to be found. In view of the broad nature of the inquiry, there seems no reason to believe that larger samples, more consistent or exact methods, would have produced a noticeably different result.