

WHO, it should be suggested that there should be an additional six months leave for the lactation period. He also said that the ESI mode should be followed when universalizing health benefits. Nevertheless in the case of the ESI, since the onus is on the employer, there is resistance to the scheme. This could be overcome through a collection of a maternity cess in general.

Mr. Kesavan Potti, the District Executive Officer of the Construction Worker's Welfare Fund Board then gave an explanation of the way the Construction Workers Welfare Board Functions. He said this Board was in existence even before the Central Act was enacted. Its procedures are very simple as a worker should have proof from a registered trade union that s/he is engaged in construction (and there are a listed number of activities covered under construction). The worker is entitled to benefits after one year's registration and 90 days of work and a monthly contribution of Rs. 20. The constructions above the cost of Rs.10 lakhs have to pay a cess of 1% of the total cost towards this fund. The maternity benefit under this board is Rs. 3000 for two deliveries. This is the best board functioning in the state and besides maternity there are a series of other benefits. The problem in this case is that the trade unions certify those who are not involved in construction as construction workers. It was also mentioned that the migrant workers in Kerala, who contribute substantially to the construction industry, do not get the benefits of this Board.

Subsequently there was a discussion on the issue that several workers are not given any benefits even if there are welfare boards in those sectors. The coir workers are a case in point as one of the representatives of the coir sector explained that this was a sector engaging a large number of women but that there were few if no benefits for the workers. Other sectors like the domestic workers and street vendors are not covered by any boards.

It was then explained that the Kerala government is considering the possibilities of universal registration and coverage of workers so that the coverage could be equalized and rationalized. A large amount of expenditure is expended on the management of the various boards and this could be reduced. Once the quantum of benefit is decided upon, then the contribution towards the fund could be decided based on the earnings and the state subsidy also plugged, the hospitals designated for the purpose listed and this would make the coverage universal.

Recommendations and suggestions for the furtherance of the study:

1. Both central and state governments should increase social spending on health care. Besides allocation from the state funds, this could be supplemented by a levy of a maternity cess like the present education cess.
2. The most important aspect is to strengthen the Public Health Care system capable of providing maternity and child care. The current programme to strengthen the Community Health Care Institutions is a step in the right direction (because it is decentralised and hence no need to travel long distance). The crucial problem of shortage of medical personnel should be addressed within a long term perspective of strengthening the public health care system as a whole. In the meantime, ways should be found to tackle this problem through innovative ways such as appointing honorary doctors (including those who are retired) either on a part-time or full time basis, encouraging internships to medical/nursing students, appointing private medical practitioners as consultants, additional monetary or non-monetary incentives to government doctors who are willing to work overtime etc.
3. There is need to rationalise the Maternity Benefits reducing the number of schemes. One way to do is to universalise the Rashtriya Swastha Bhima Yojana so that the insurance cover can take care of the expenses incurred for maternity related care and to have a basic monetary benefit to which individual boards/schemes may add on depending their own internal resources.
4. If and when the benefit scheme is rationalized, there would be need for a unique ID card.
5. Since child care is critical in the development of a human being, a case for rationalising and upgrading the services of the ICDS (anganwadis) may be made. Since absolute poverty (official definition) is quite low in Kerala, more children will be attracted to anganwadis only if the services are upgraded in terms of staff, activities, facilities and quality of food. While the ICDS concentrates on child care, the JSY should concentrate on the pregnant women with the Asha workers also being paid for their work. There should be a rationalizing of the ICDS and NRHM programmes.
6. It was felt that a study of the coir and fish processing sector should be undertaken for the case studies in Kerala. In the organized sector the hospitals and private schools should also be looked into.

Nalini Nayak

8.10.2009

time, life time jobs were the norm. This was despite the fact that the USA refused to ratify conventions – almost as a norm. Nevertheless, with the change of the economic scenario since the 1980s, the situation of labour and their bargaining power has also changed. The hope that the developing countries would follow the western rights of civilization was belied. Unfortunately as the new economic scenario was emerging, the developing countries did not foresee another framework of social provisioning.

Dr. Jose then explained through a series of data sheets the details of the population fertility and mortality rates, the need for greater social spending and education in order to develop basic health conditions. He highlighted that the Social Sector Expenditure should be at least 60% of the total state expenditure where as the social sector expenditure should be at least 15% of the gross state domestic product. Kerala, and more so the other states of the country are far from this. It is important therefore that there is informed national debate on these issues so that there is a greater mobilization of resources through greater fiscal responsibility.

There was then a discussion on the NRHM and its JSY component which is the scheme that takes care of maternity needs. Whereas the NRHM is a centrally sponsored scheme to improve health infrastructure and health delivery, the JSY is a scheme to improve institutional deliveries together with a cash bonus. Ms. Seena, the state consultant for the NRHM, spoke on the pros and cons of the scheme but there was a big discussion on whether this is a duplication of the existing ICDS programme as the Asha workers seem to do the same work that the Anganwadi teachers are meant to do in the ICDS programme. Mention was also made of the Junior Public Health Nurse (JPHN) attached to the Primary Health Centres (PHCs). It was felt that the majority of the JPHNs now only collect the data from the Anganwadis and the Asha Workers without any other specific role except the giving of immunization injections. The fact that they are state level workers not only gives them a superiority complex but they also shirk their responsibilities because they are assured jobs. There is therefore an overlap between workers of three separate schemes covering the same population. Later in a discussion some participants felt that while the NRHM has helped to improve some public health facilities, whereas some felt this was not an advisable manner of subsidizing the state public health infrastructure. Moreover, it is an exploitation of women's voluntary service through the Asha workers who are paid on an incentive basis. The incentive scheme under NRHM now creates competition at the local level as Asha workers have to identify the beneficiaries in a population of 1000 families and present them in the designated hospital of their area and they are known to pry on patients who go to designated hospitals with better facilities. Nevertheless, the anganwadi workers being anganwadi based, have no time to identify the deserving cases. As they provide the nutritional input, the poor needy pregnant women come to them and since the provision to give them the ration of uncooked food for a week was introduced, rather than the cooked food, the number of beneficiaries has increased. Some in the group queried whether it would be worthwhile to suggest that the anganwadi worker concentrates on the education of the pre school children and improve this input so that more children get to the public school system and that the Asha worker pursues the maternity and other health deserving cases. On the whole there is need for rationalization of the public spending on health care.

Mr. Appachan, the Joint Director of the ESIC, Kerala, then made an input on the outreach and the benefits of the ESI schemes. He explained that the ESI was constituted by an Act of the Central Government in 1948 and was the first social security Act for workers of the Indian Government after independence. It covers only organized workers for work related accidents, general health, maternity and death. It is a totally contributory scheme with no inputs from the government. Its average expenditure on maternity, including the bonus, is Rs.9250.

Maternity Benefit payments from 2006-2009

Sl.No.	Financial Year	No. of maternity benefit payments	Amount involved (Rs. In lakhs)	Gross no. of payments under scheme	Ratio between total no. of insured women and insured persons	Ratio between no. of maternity benefits and gross payments
1	2006-7	23998	352.13	375817	1:1.6	1:16
2	2007-8	21141	363.53	361113	1:1.6	1:17
3	2008-9	22954	441.61	331292	1:2.2	1:14

The ESIC has a series of hospitals of its own together with 54 multi specialty listed hospitals where the beneficiaries can go. In Kerala, unlike in other states of the country, its expenditure equals its income with a nil balance which means that workers make full use of the facilities. He explained that the beedi industry had asked exemption from this provision and they had been granted this. Hence beedi workers who work in the organized sector are not covered by ESI.

Mr. Appachan said that the present provisions for maternity leave with pay were six months in case of need and 15 days of paternity leave. He also suggested that since breast feeding was a recommendation of the

CONTENTS

Executive Summary of National and Kerala Study	
Introduction	
Lakshmi Lingam	
Chapter 1	
Maternity and Women's Work: Laying the Ground	
Lakshmi Lingam	
Chapter 2	
Social Protection and Maternity	
Lakshmi Lingam	
.....	
Chapter 3	
An Overview of Maternity Benefits in Kerala	
Nalini Nayak	
Chapter 4	
Detailed case studies regarding the outreach	
of Maternity Benefits in Kerala	
Nalini Nayak	

Appendix I

Report of the Round Table discussion on Universal Maternity Benefit Coverage Held at CDS, 30.9.2009

Ms. Aleyamma Vijayan welcomed the participants to this Round Table discussion which she explained was a means to get the worker's representatives, the various boards, the department of social welfare, activists and academics to collectively suggest how maternal benefits could be universalized, what institutional arrangements would be required to do so and how resources could be mobilized for the same. She explained that this was in lieu of a study Commissioned by the Central Ministry for Labour and Employment on Universalising Maternity Benefit in India. This study was being undertaken with the support of the Employees State Insurance Corporation and the International Labour Organisation and being carried out by the Tata Institute of Social Sciences, Mumbai. SAKHI has undertaken the study in Kerala.

After the welcome Nalini Nayak made a presentation on the general situation of maternity benefits in Kerala with the coverage of the ESI, the Welfare Boards and the centrally sponsored schemes like the ICDS, the JSY and the NRHM, and the NREGS. This was in the framework of the division between the organized and unorganized sector workers, the contributory and totally government supported schemes and the one time payments vs the maternity cover and care. The extensive coverage of pregnant and lactating women under the ICDS scheme was striking..

Dr. K.P.Kannan, member of the NCEUS Commission, then gave an overall framework for minimum social security affirming the basic premise that any country should focus on the health of its women and children. But all women are not workers and all workers are not organized therefore the limitation of present maternity benefit schemes.

Today 86% of the workers are in the unorganized sector. Of the 60 million workers only 9.2 million are covered by ESI in the country (around 15%).

If the idea is that all citizens are entitled to a social security cover then the focus should be on a family coverage in which case there will be at least one worker which would assure coverage to all members in the family.

He felt that the cover made by the ICDS was substantial, but this is a facility and not a real cover as it does not cover paid out costs – the bonus that some schemes like the ESI provide for.

It was in this context that the NCEUS proposed the National Minimum Social Security Scheme with the following components:

1. Health service accessibility for the worker and the family of 5 members in a series of hospitals designated by government
2. a cash benefit as well, covering health, life insurance and pension
3. the creation of a fund dedicated only to social security
4. a coordinating body

He then made a critique of the existing Unorganised Workers Social Security Act which covers only the BPL population and only through certain schemes that already exist. The Rashtriya Swasthya Bima Yojna (RSBY) a health insurance scheme for the BPL, was immediately implemented in 17 states as there was a big central government component. This is a cashless scheme but the fact that this is implemented through private insurance companies takes the punch out of it. He also said that the division into schemes makes it a hassle for the public as those that are covered by one scheme are refused the others and hence the people shy away from them altogether. He emphasized that the need was to improve the general health infrastructure of the state in order to make good healthcare more accessible.

Dr. Mridul Eapen from the State Planning Board then clarified that Kerala had remodeled the RSBY as there was a controversy regarding the BPL lists. The first list declared only 12 lakh people as BPL and the second declared 22 lakhs. Hence the government of Kerala has subsidized the balance 10 lakhs from its own funds thereby covering all the 22 lakhs under RSBY. (This is a third of the population of Kerala). It has also included the APL on the basis that they would contribute Rs.500 towards the premium. This covers all health care from accredited hospitals upto a limit of Rs.30,000 for any member of the family. For this reason it has been rechristened RSBY-CHIS (comprehensive health insurance scheme).

This was followed by a presentation by Dr. A.V. Jose, retired from the ILO, who gave a wider picture regarding universal coverage of health care. He emphasized that ever since 1919 international discussions have focused on social security because of the struggles of the workers movements. In 2000, the ILO amended the 1953 Convention on Maternity benefit so that the new convention covered the workers of the unorganized sector as well and extended the period of benefit from 12 to 14 weeks of which 6 weeks is after delivery. Nevertheless, only 17 countries have ratified this Convention and India has not.

Until 1980, he said, the countries were more inclined to ratify International conventions on Labour when full

GLOSSARY

ANM	Auxiliary nurse midwife
BPL	below poverty line
CSCDC	Kerala State Cashew Development Corporation
CAPEX	Cashew APEX
CPI (M)	Communist party of India (Marxist)
CITU	Centre of Indian trade unions
ESIC	Employment State Insurance Corporation
FGD	focus group discussion
GOI	Government of India
GOK	Government of Kerala
IT	information technology
ICDS	Integrated child development scheme
JSY	Janani Suraksha Yojana
kudivarappu	home based cashew peeling work – a putting out system
MBA	Maternity benefit Act
NMBS	National Maternity Benefit Scheme
NRHM	National Rural Health Mission
NREGA	National Rural Employment Guarantee Scheme
NSS	National sample survey
SC	Schedule caste
SSI	Small scale industries
SEWA	Self employed women's association
raat	hand or motor operated coir husk spinning device to make rope
PF	provident fund
RSBY	Rashtriya Swasthya Bima Yojna
WIN	Women's independent Network

In Kayankulam, also in Quilon District, there were two FDGs, one with a group of 30 old women who had all worked in factories that were under CAPEX and 20 women who worked at home. The discussion with the old women was pathetic. They had worked in the cashew factories since they were young girls. Only two of them knew how to read. The factories that they worked in were either converted into cooperatives in the 1980s or were taken over by the KSCDC. At that time they were members of the ESI. Most of them were dismissed when they were considered to be sixty at which time they were given their PF but no gratuity. 120 of them had filed a case for gratuity, had got a favourable judgment from the High Court but have not received it yet. After 35-40 years of work, in the booming cashew industry, they are poor and desperate. As they get older they have no security cover except that they receive the Rs.250 pension as members of the cashew welfare board.

Talking to the women who work at home, they are entitled to no benefits as workers but the older ones had registered in the Cashew Workers Welfare Board. They were between the ages of 22-65. The younger ones said they worked at home so that they could take care of their children who had been born in the government hospital. They had received no assistance from the state at this time. They planned eventually to work in the factory. Some of the older women had worked in factories and had received ESI benefits but this was not valid after retirement when it was also most needed. They had borne their babies before they were registered in the ESI so they had received no maternity benefit. One of them had received assistance from the local nurse and remembers to have received food grains from the health centre. The other women had always worked at home as they also had some animals at home that they cared for or had an old parent to look after besides house chores. These women were members of the welfare board.

The discussion with women in the cashew industry highlighted the fate of the women who keep this industry going. While the state and the private industrialists feel they play an important role in importing the raw nuts so that workers can have work, the fact remains that a substantial amount of foreign exchange is earned by the export of these nuts and yet the workers are paid only the minimum wage.

Most women workers, and all in the organized sector of the cashew industry are entitled to the ESI. But the three month coverage of cash payments is insufficient for women as they cannot leave the child at home unless there is someone to care at home. Not all factories provide the crèche facilities and even if they do, women are reluctant to bring the children as early as three months. There are a substantial number of workers who work at the household level too. Assessing this number is not easy. They are not covered by any social security measures and neither have they benefited from the RSBY registration as they are scattered. There is still demand for workers in this sector although the total days of employment fluctuate from 175-200 days a year.

References:

- Govt. of India, Report on an Enquiry into the conditions of Labour in the Cashewnut processing Industry in India, p 33*
Kurien, John; Antonyto Paul; 'Social Security Nets for Marine Fisheries', Working Paper 318, October 2001, Centre for Development Studies, Trivandrum, India
Kerala Economic Review, 2007-2008
Lindberg, Anna; Experience and Identity: An historical account of class, caste and gender among the cashew workers of Kerala 1930-2000, Studia Historica Lundensia, Malmo, 2001 pp 26
Rajalakshmi, T.K Frontline, Vol 23, Issue 09, May 06.2006

ACKNOWLEDGEMENT

This case study was undertaken by SAKHI on the request of Dr. Lakshmi Lingam of the Tata Institute of Social Sciences – Mumbai as a partner in the nation wide study on Assessing the coverage and effectiveness of national efforts to provide quality maternity protection for all

The study was commissioned by the Ministry of Labour, Government of India with support from the ILO and the Employees State Insurance Corporation. Kerala was one among the four states identified for a detailed case study to the National Report.

A large number of people in the various State Government institutions facilitated this study by providing data when requested. Special thanks are due to the Regional Director and his department of the ESI, Trichur and the Labour Commissioner and his officers in Trivandrum. Trade union leaders and some academics also assisted in providing information and advice. A large number of workers gave of their time to sit in group meetings to give feedback of their experiences. We are sincerely grateful to all.

This study was coordinated and report written by Ms. Nalini Nayak assisted by Ms. Sreekala T.S. We acknowledge their valuable contributions. Data was collected in 2009 and report completed in March 2010

Mercy Alexander
Coordinator,
SAKHI Women's Resource Centre

half the minimum wage when they worked at home. In 1967 a bill was proposed, declaring cashew processing in places other than registered factories illegal. But the practice continues even to this day. Subsequently, as the cashew exports increased and there was access to raw nuts because of imports in the mid 1990s, the demand for workers increased. The wages also increased in several areas although the workers are covered by no benefits. Interviews with some home workers revealed that they are paid a higher wage than stipulated for the work but no deductions are made and they are entitled to no benefits. On speaking with women they say they prefer this as they can care to home chores, protect the grown up girls in the family while also earning. Retired women (after 58) also continue to work at home while they are entitled to welfare fund pensions.

Nevertheless, there are complaints from women who work in the cooperative sector as CAPEX is said to withhold the benefits of the workers. There is presently a case of over 150 old women workers who claim they have not received their gratuity. A few other hundred workers say they have to wait for months/years before they get their benefits. (as it was the close of the financial year, the CAPEX, MD was not available for discussion)

Whereas the focus of the Central Government was to protect Indian export trade of cashew nut, the government of Kerala also aimed to serve the interest of the workers. In 1970, the import of raw cashew nuts was monopolised by the central government through the Cashew Corporation of India but this was liberalised in 1981 and later dropped. The Kerala state introduced its own state monopoly for import in 1976 but lost out in 1995 and had to free the import. A similar process took place in the factory sector. With the casualisation of labour resulting in exploitation of the workforce, the Kerala state created the Cashew Development Corporation (KSCDC) in 1969 and opened its own factory in 1971. It then gradually took over private factories and by 1975, 34 factories with a workforce of about 30,000 workers were under the KSCDC. By 1988, 70 factories were under this Corporation with a total of 54,860 workers making the KSCDC the largest employer and processor in the state. But in the mid 1990s there were drastic changes with the change in global logistics and the KSCDC plants began to run only a few months in a year and experienced losses. Today, the industry is in a more robust situation with the workers getting a minimum of 200 days of work. KSCDC factories have the capacity to process 210 tonnes of raw nut per day. But at present these factories are able to process only 140 tonnes. Shortage of workers is the main reason for under utilisation of capacity. Over the years, vacancies caused by retirements were not filled. The steps for filling these vacancies are being taken now. The Kerala State Cashew Development Corporation is the largest processor of cashew nut in the world. At present, it has 30 factories and the K.S.C.D.C. provides employment to around 20,000 workers. Of the present strength of 18874, 17792 are Female and 1082 are male.

The women workers are covered under the maternity benefit act and ESI Act.

In the last five years, the following number of women workers received Maternity benefits

Year	2005	2006	2007	2008	2009
Number	52	71	114	134	187

Each of the factories has a crèche.

More detailed interactions with the women workers regarding accessing maternity benefits.

An FGD with women workers was conducted at the Mark Cashew Factory in Kottiyam, Quilon District. This private factory, one of many under the same ownership, engages 300 women and 8 male workers and has been in existence for over 30 years. It houses all the four stages of cashew process. The roasting process is mechanized and managed by men now although there are still women who work in the factory who were engaged in the roasting in the manual phase. The shelling is all done by women who sit on their haunches, working with their bare hands and who are paid on a piece rate base. They work for 8 hours and earn Rs.90-120 at the end of the day. The manager says they have difficulty to get women to work at this job now. The women who work in the peeling sit on the ground in a cleaner surrounding than the former but also work with bare hands peeling the nuts while simultaneously separating them into different basins depending on the size of the piece which range from the unbroken full size kernel to a tiny piece of nut – about 8 sizes in all. They are also paid on a piece rate which is higher than the former and they earn from between Rs120-130 a day. The graders, all women, work in group and are paid for the number of crates they grade each day.

All these women are extremely happy with their work and their benefits as all are covered by ESI, get their bonus and contribute towards PF and will finally get a pension as well. They are happy too for the cash payments they get after delivery. The factory provides a crèche facility where they can bring their babies and they are entitled to feeding breaks. Most of them return to work only after 5-6 months. So there are still 2-3 months when they are without monetary earnings.

But the entire earnings of these women after years of work are very meager the take home being between Rs.3000 to Rs.3500 for six days of rigorous labour. Although the workers seem to have dignity of labour, their living conditions are still extremely poor.

The supervisor informed us that there was sufficient work and the factory could engage more women in the shelling but that no women were willing to come for this work any more as these generations have more education and see such work as drudgery.

continued to fight for the rights and in 1953 the factories also came under the Minimum Wages Act. In 1956, despite the opposition the cashew factories were declared 'perennial'. The owners then reverted to setting up factories in different locations and running them on a seasonal basis thereby declaring their factories seasonal and whereas employment in the cashew factories augmented to year round work, in the early 1950s, the number of annual work days gradually dwindled to slightly over 100 days by 1970. But all the time the workers employed 'seasonally', steadily increased in numbers. There was a casualisation of labour – a shift away from full time state regulated employment, thereby reducing job rights and disorganizing labour.

Table No. 32: Number of registered cashew factories and workers in Kerala 1958 -2000 – 2008

Year	Number of cashew factories	Number of workers in cashew factories	Cashew workers as percentage of total workers
1958	N.A.	67,278	41%
1960	181	69,249	41%
1963	197	78,695	45%
1967	241	96,867	48%
1971	266	99,050	48%
1975	267	122,465	46%
1978	243	122,029	45%
1981	260	127,550	42%
1984	243	104,727	36%
1987	264	107,067	36%
1996	379	180,598	44%
2000	400	200,000	
2008		200,000	

Source: Government of Kerala Economic Survey

The arena of cashew production has been ridden with struggle at all levels, between the private and public, the central and state government, between the states of Kerala and Tamilnadu, and at the workers level between the various trade unions.

The work process:

The production process from the raw kernels to the processed nut has several stages: roasting, shelling, drying, peeling, grading and packing. Not much change or improvement has taken place in this production process except for improved roasting drums. Roasting is the monopoly of men today although it was a joint effort earlier. The sexual division of labour has largely remained as follows:

Shellers 42% all women, Peelers 45% all women, Graders 8 % all women, Roasters and packers 5% all men

Since 1970, the cashew industry has had two distinct sectors: public (KSCDC and CAPEX the apex of the cooperatives) and private. The private sector is further split into large concerns and small companies. Workers and trade unions have declared that without exception, that minimum wages and all other benefits (such as sick leave, vacations, maternity benefit, bonus and contributions to welfare funds) have to be paid in all private factories. Fringe benefits have grown to where they constitute about 45% of basic wages. In her study in 2000, Anna Lindberg states that many women acknowledged they had received bonuses and remuneration from welfare funds. But many others testified that these benefits had been withheld after they were told their annual working days were too few, or that they were not registered workers. (pg 242)

When minimum wages were introduced in 1953, a putting out system also evolved – called kudivarappu in which case the workers are permitted to take the shelled nuts home for peeling. Initially the women earned only

Executive Summary of National and Kerala Study

Maternity protection is an important cornerstone to achieving three of the Millennium Development Goals such as Gender Equality, Reducing Child Mortality and Improving Maternal Health. However, the existence of multiple maternity protection schemes with varying governing frameworks (employer liability; employer-employee contributory and State) and varying emphasis on maternal health, infant health and public health, forms the background for this study commissioned by the Ministry of Labour and Employment, Government of India and the International Labor Organization, New Delhi.

The study was undertaken by the Tata Institute of Social Sciences, Mumbai and was ably supported by three research institutions of repute from Kerala, Orissa and Uttar Pradesh. Two senior consultants were associated in contributing to this project along with a distinguished Advisory Committee that had brought in a strong advocacy angle to this project.

The objectives of the study are (1) to provide an overview of existing maternity benefit schemes and their coverage, for the formal and informal sectors (2) To assess the efficacy of the schemes for the formal sector –MB Act and ESIC schemes

(3) To assess the current coverage in the informal economy through Central and State level schemes for maternity benefit/ assistance; and (4) To highlight the knowledge gaps, resultant lessons, similarities and differences in best practice among the various schemes and provide recommendations legislative and operational improvements.

The focus on 'maternity' had been part of public policy to protect maternal and infant health in India even prior to India's independence. Work and health related linkages, were recognized and protection of worker's health was reflected in the Factories Act in India, however, this was premised on industrial work, large scale industries and male as a worker. Several reports on labour continued to carry this bias.

The Committee on the Status of Women in India (1974) and the Report of the Commission for Self-Employed Women "Shram Shakti"(1988) had documented the weak legal framework that governs the informal sector women workers and the lack of implementation, monitoring and supervision of whatever that exists. The post liberalization period (1990s) had led to on the one end of the spectrum an increase in women's participation in the informal sector as casual workers and on the other end the emergence of women in the growing service sector with uneven social and maternity protection. Hence India, is at the crossroads of a global trade regime that is capital oriented and pushes for pro-market policies and a global social/human development regime that seeks commitments to achieve the MDGs.

The national report spread over seven chapters has comprehensively done a situational analysis of the labour and employment sector, the social protection approaches as currently being implemented, the broad legal framework and its interpretations and the actual ground realities in terms of implementation of existing

entitlements and schemes as well as their lacunae. The report covers field studies undertaken in four States of India – Kerala, Maharashtra, Orissa and Uttar Pradesh.

This report contains the introductory and first two chapters of the national study as this give the framework for the reconsideration of maternity protection. It also contains the national findings and recommendations together with a detailed case study of Kerala, conclusions and recommendations.

Broad findings

It is estimated that there are 293.5 million women in labour force (usual subsidiary status) out of 574.50 million in the current year. Women in the labour force are expected to be 191.3 million in rural areas and 102.2 million in urban areas.

Women bear double work burden of production and reproduction with little state support. Poor access to health infrastructure on the one hand and lack of access to maternity benefits on the other, compound the overall effects on women and their household. Due to inadequate rest and lack of financial support women go back to work earlier than warranted.

The Maternity Benefits Act and the Employees State Insurance Corporation's scheme provide for maternity protection for women in the organized sector. A content analysis of around twenty judgments among the cases filed for relief under this Act, indicate the lack of clarity regarding how the Maternity Benefit Act, 1961, is expected to interface with other Acts and/or Service Rules of different establishments governing conditions of employment. Women workers experience violation of their rights under these Acts.

An assessment of various approaches of social protection had brought out the following observations:

- The employer liability model being implemented by the organized sector, particularly, the public sector units (PSUs), is progressive and supportive of women's maternity and care work linked to child rearing. However, these establishments are progressively depending more on contract labour and daily wagers to cut costs and save on social security for the workers.
- Industries and enterprises that are covered by the contributory social security model (ESI) have uneven coverage
- Women serve in large numbers in the privately run education, hospital, hospitality and retail industrial establishments and enterprises, but do not receive any maternity protection for women. Fear of loss of jobs keeps women silent on these violations.
- In the newly emerging global industries which enjoy 'flexibility' to evade labour laws, women have uneven access to work related entitlements.
- Women in the unorganized sector are least protected. Cash conditional transfers at the time of delivery (Janani Surakhsha Yojana) provides for a meagre support but does not provide for loss of wages or support for social reproduction. Further this is limited only to women from BPL households, thus leaving many other women who also deserve protection.

The field based studies point to the following observations

- There are data related problems to do any assessment of the reach and efficacy of any scheme or programme pertaining to women workers and maternity protection. This needs to be addressed.
- Maternal and infant health is a subject matter that cuts across the Ministries of Labour & Employment, Health & Family Welfare and Women & Child Development. It is important that the Ministry of Labour, Health and Women and Child Development engage with maternity protection and maternal health synergistically.
- MB Act stipulates annual return forms to be given to Labour Commissioner regarding disbursement of benefits under MB Act in establishments. However with gross under reporting by establishments on the number of women employed and how many are availing the benefit annually, there is no comprehensive all India data on MB Act implementation.
- The ESI Act does not cover unorganised sector workers. ESIC benefits are available to only organised industrial workers with wage/salary of Rs 15,000 per month. Employers ensure that casual workers do not get paid a salary up to this level, thus denying them social security, for which the company has to contribute as well.
- Casual women workers are denied these benefits. Pregnant women are very often denied employment or asked to take unpaid leave and join after the delivery of the child. Since they are unaware and have low levels of literacy, women find it impossible to raise claims to proper authority/court due to the lack of unionisation in the private sector.
- There is no central authority to ensure convergence between Government departments, Welfare Boards and corporations; awareness generation and mobilisation of the women to ensure full access and utilisation of various schemes that cover maternity.
- Migrant workers across districts and States are completely out of the ambit of various programmes and

secured through the cooperative secretary.

For the women who worked under individual owners, some of them were still members of the cooperative but continued to work with the non motorized raat. They said there was not enough work in the cooperative, there were only a limited number of motorized raat, some of them were diffident to use the motor and so they worked for the local entrepreneurs. But they worked for between Rs.50-60 a day and that too not on all days of the week. 80% of them were members of the Coir Workers Welfare Board but very few of them were up to date with their annual subscriptions. They got no benefits.

All of the women knew of the ICDS and the anganwadi programme. Many of them had sent their children to the anganwadi. But very few of them (20%) had benefited from the ICDS maternity nutrition programme. They said that they were not enrolled as this benefit was only for a few women and mainly for those who were really poor. But a large number had received iron tablets and the tetanus shot during pregnancy, and in the earlier days, there was a check up at the primary health centre. Except for a small percentage of births that had taken place in the home of the older women, the majority of them had given birth to their children in the government Taluk hospital. They all said that this was a very good hospital but in recent years they were beginning to have to pay for medicines as there was limited stock of medicines in the hospital. They said there was even a 'coir ward' in the hospital with 9 beds for women which functioned very well earlier. But this ward had been closed down since 5 years and they did not know why. Three women had received Rs. 500 at the birth of a girl child and some of them said that they were also given Vikas Patras that would mature after 18 years for Rs.20,000 but none of them had received one.

When asked whether they knew about the Asha worker, several of them did know that there was an Asha worker, but none of them knew what her main work was. Three of these women had RSBY cards which they had received recently and knew about the medical insurance cover.

It was therefore obvious that the coir industry provided work for poor women but not on a regular basis and at wages below the minimum wage. Despite working long years in this sector, the workers still live in extremely poor conditions. Only a small proportion are covered by the ESI and even those establishments that should register are not doing so as they report that the industry is not viable. It appears that the industry survives in its present state as it exploits the labour of these poor women. Even the cooperatives are requesting an exemption from the ESI. Most of the workers are registered in the coir workers welfare board but they do not seem to know much about its benefits. It is the unions that register them but there seems to be no follow-up in several areas. As their subscriptions are not up to date, they will not receive the benefits. It is apparent that they are most familiar with the ICSD workers from which they have benefited from the nutrition supplement and now the ASHA worker. The existing public health facilities have been to their advantage and the new RSBY programme is a good health and maternity benefit.

4.3 The cashew industry

The economic and political importance of the cashew industry is based on the great number of workers it employs and the amount of foreign currency it brings into the country. From its inception, in the mid 1920s, the industry grew by leaps and bounds and in 1941 cashew workers accounted for 45% of the registered factory workforce in erstwhile Travancore. Since then the number has fluctuated reaching 60% at its peak but never declining below 30%. In the last fifty to sixty years, the industry's share of earned foreign currency has ranged between 19-33% of the value of total exports from Kerala.

Since the 1960s, an overwhelming majority of all cashew workers are women. In no other state in India do we find such a large proportion of women in registered factories as in Kerala. Cashew workers have been organized in trade union since 1939 and women have used their bargaining power to demand their rights. Nevertheless studies show that 80% of the cashew workers live below the poverty line – a figure much larger to the general population in Kerala.²¹

Since the dawn of the industry, the concentration of factories in Quilon District in Kerala had to do with this region being outside British India where labour laws were a degree more stringent. In the specific case of the cashew factories where women were the majority of the labour force, the absence of a law providing maternity benefits was of great financial significance to the owners and the workers. This was in comparison to workers in South Canara who received one day of vacation per 20 days of work and those who requested maternity compensation had received it, and where wages were also 15-50% higher.²²

In the 1930s and 1940s the cashew nut factories in Quilon were running six to seven days a week for most of the year. Up to 1947, all factories in India were officially designated 'seasonal' or 'perennial' depending on their annual operations and the cashew industry was classified as 'perennial'. This classification became expensive for the owners with the implementation of the Industrial Disputes Act and the Employees State Insurance Act of 1948 and the owners fought through the 1950s to have their industry declared 'seasonal'. The trade unions

21. Anna Lindberg's interviews with The Kerala Cashew Workers Welfare Board in Quilon: in Experience and Identity, a historical account of class, caste and gender among the cashew workers of Kerala 1930-2000, Studia Historica Lundensia, Malmö, 2001 pp 26

22. Govt. of India, Report on an Enquiry into the conditions of Labour in the Cashewnut processing Industry in India, p 33

living in coir work in privately owned family sheds. The sheds are of different sizes employing between 10 – 100 workers. In one big shed where there are around 100 women workers they work more systematically for a full 8 hours and earn Rs.80 a day. They are demanding Rs.100. The women workers are not included in the ESI, but the regular employees in the larger sheds who are mainly men, get the ESI benefit. This is because the Small Scale Producers Cooperatives are obliged to register with the ESI. Such units engage only the males as permanent workers – who will be very few – 2-3 men for around 50 women. The men collect, and role the fibre made by the women into larger bales, store and manage it. In this shed there are also women who hand beat the fibre as this makes very good quality rope most of which is exported.

The women in the group were between the ages of 35- 65 years. All of them had borne between 2-4 children. The older ones had delivered at home and some had delivered in the government health centre 5 kilometers away. Some of the women had been to a private hospital where they had paid Rs.1000 for a normal delivery. All these women are in the BPL category but none of them had heard about the RSBY or JSY although all of them had benefited from the ICDS nutrition programme and all their children had been in the anganwadi. The younger women in the group belonged to the Kutumbashree self help groups where they saved money and got some loans in time of need.

Another FGD was organized in Kadakrapally, Aroor in Alleppey District. These women belonged to a self help group called Shrishti, linked to the WINS society. These women had got assistance from the Coir Board to modernize their production process collectively in a shed. They received a loan of Rs. 41,000 of which Rs. 30,000 is a subsidy and they have 8 motorised raats. 11 women belong to this self help group and work collectively in the shed. They buy the raw material collectively and get their payment according to the amount of coir rope they produce. If they work for 8 hours a day, they earn Rs.100-110. Since the shed is close to their homes, this makes work easier for them.

These 11 women were between 40-60 years of age and had 25 children in all (all married) None of them had received any maternity benefits as lumpsum payments. Six of these women had BPL cards. Only one of the women had benefited from the ICDS nutritional and medical support during pregnancy as she lived close to an anganwadi. Her two children had also benefited from the ICDS nutritional programme and one of them had also received Rs.1000 after delivery. One more of the younger woman had received the Amritha powder which is a nutritional mix distributed through the anganwadis under the ICDS programme. None of them seemed to know anything about the government welfare maternity schemes and the Rs.500 for the delivery of a girl child. Presently 6 of these women, the BPL group had received RSBY cards. They know that this makes them eligible for medical benefits but they feel they are being exploited by the hospital that makes them inpatients for 5 days saying that the benefit is permissible only after that. This keeps them unnecessarily away from work.

All the women said they had to work to feed themselves and the family. They had all had a difficult time after the delivery as some of them had taken their children to the work shed very soon after delivery. In those days they worked in sheds of private families and they earned very little money. Two of them had started working only after their children went to school when life became more difficult and the husband's income was not sufficient to keep the family going. They all have their own houses and as this work shed is close by, they are also able to keep an eye on the home while they work. The WIN society, an NGO that assists and helps organise women into SHGs had helped them organize and get these financial benefits to work. This group was four years old and had proceeded without too many hurdles.

When talking to the Anganwadi teacher of the area she explained that between 1995-1996 the panchayat provided Rs.750 at the delivery time for two deliveries. Later in 1997 the Vishva Arogya Padathi programme commenced and the woman got Rs.500 in the form of a Vikas Patra that would mature into Rs.20,000 when the girl child was 18 years old. Subsequently the JSY has been introduced.

It was evident that although there are several programmes for assistance during pregnancy, though minimal, these rural women even though organized did not seem to know about such programmes.

The Anjengo Coir Society, in Cheriyankil Taluk of Trivandrum District is a very long standing coir cooperative that has a membership of over 700 workers. But not all of them work in the society now as work decreased over the years and some of the women are too old to work. Presently only 30 women find work in the cooperative.

In the group discussion with these women (20 working in the coop and 15 working in small sheds for individual owners), 30% of them were below 40 years of age and all of them had worked in the cooperative or otherwise for more than 15 years. 25% had BPL cards although all of them said they should be on the BPL list. 4% of the women were over the age of 60 years.

In the cooperative, it was only since two years that the coir raats were motorized and while the wage for 8 hours work a day was Rs.90 till four months ago, it is now Rs.100. But it is not certain that there is work every day as the cooperative has to make bulk purchase of the coir fibre and the members feel powerless about it. Besides their wage, they have no other benefits from the cooperative as they have not registered for the ESI.

All the members, working or not in the cooperative, are members of the Coir Welfare Board but they are eligible to benefits only if they pay their annual contribution of Rs.60. They were not very sure about what and from where they got certain benefits like grants of Rs.2000 for marriage of girls without a father, Rs.1000 for serious illness, Rs.1000 at the time of delivery, Rs.1000 for educational grant for the children. This was normally

schemes. Entitlements tied to employment or proof of residence excludes these groups from accessing several public services. Migrants as a category need special attention in order ensure that they have entitlements as citizens independent of their contractual or employment status. This would be immensely useful as a social protection measure.

- Despite the existence of the JSY, the long distance to be travelled to access health care service delivery, the prolonged procedures to receive the money and the higher out-of-pocket expenditures create barriers for families to support institutional deliveries. So policies and programmes have to go hand in hand with improved and accessible health infrastructure. This is linked to increasing the health budgets for health infrastructure.
- Across all the states (where the study was conducted) barring Kerala, women had poor knowledge of their rights as workers and about schemes/programmes. Women's knowledge of their rights is significantly linked to the presence of active unions, women's participation in participatory planning for women's component plan at the village level and the presence of active women's groups.

Specific conclusions from the Kerala study

The near total institutional births in Kerala are the most important reason for positive demographic indicators. Hence, offering a maternity protection to all women would be easily attainable. Presently only 15% are covered by the JSY

Although the work participation rate of women in Kerala is lower than the national level, the percentage of working women in the organized sector is higher in Kerala than at the all India level. Hence, the percentage of coverage of women with social security measures is higher in Kerala than elsewhere.

Though statistics reveal the increase in women's employment in Kerala's 'informal' sector, this employment is more in the nature of casual and irregular, contractual labour. Women are therefore employed for less than 50% of the year and even where they have more regular employment, they neither have contracts nor belong to unions which implies that their access to social security cover and maternity benefits is also limited.

Whereas women in the public sector have no problems accessing maternity benefits, those that are covered by the ESI in the organized sector have the following grievances/suggestions:

On the part of the workers

- The process of accessing good medical care is laborious and time consuming putting the patient through a lot of stress. Hence employees are reluctant to make their contributions to the ESI.
- In case of establishments where employees get a higher wage they feel that ESI is an expensive premium because for a person who earns around Rs.5000 a month, the total contribution works out to Rs.3900 a year. Good private insurance covers can be taken for Rs.2000 annual premium and the employee can go to good multi specialty hospitals directly. Nevertheless there is no compensation for the wages lost for days without work in such cases.

On the part of the employers

- The harassment from the ESI officials. Not only does the establishment have to submit detailed accounts every six months but there are detailed checks from the officials who desire to detect benefits given in kind to the workers based on which the employers 4.75% contribution is calculated. This restricts employers giving any such benefits to workers. This in turn leads to corrupt practices and very often the ESI inspectors are happy to receive some money and turn a blind eye to the details.
- Enterprises now prefer to take a private group insurance for workers and avoid the hassle of the ESI.

There are some categories of workers in the organized sectors who do not have access to maternity benefits. For instance, the contract labour in the organised sector does not have access. There are also a substantial number of private hospitals in which the workers do not have access. Moreover, in the private education sector, in which a large number of women are employed, the access to these facilities is limited. Women workers in the Special Economic Zones and Apparel Parks are not covered by any labour legislation.

Despite the creation of protective mechanisms like Welfare Funds, the Boards created for the relatively weaker sections among the workforce and sectors which are dominated by women are still struggling for financial viability (e.g. cashew, handloom, coir) whereas the more powerful and vociferous male sections of the workers seem to have ensured a better deal for themselves. (e.g. toddy, head-load and auto rickshaw workers). Unfortunately even today women's issues seem to take a back seat when it comes to their participation and problems in the labour market. This is in sharp contrast to their achievements in social development as in controlling the birth rate, enhancing literacy and schooling, life expectancy and so on. So where as there is no uniformity in terms of benefits, presently, maternity benefits receive a very small proportion of the funds even in the otherwise well endowed construction workers board.

The infrastructure of the ICDS set up in the State through its anganwadis (Child care centers) and related

to the Primary Health Centers is commendable. Now that this programme comes under the supervision of the local panchayat, there has been an increase in the number of anganwadis and improvement of several primary health centres. This is the most accessible nutritional health programme for rural women which also cover pregnant and lactating mothers. The central government has, over the years, invested a great amount of money in this programme and there are hundreds of women also making a living by working on this programme. Unfortunately they are not even paid a minimum wage and have no maternity leave.

The case studies revealed that the majority of women in the fishing sector and community belong to the unorganized sector. Those who fall into the category of workers in fishing and allied work can be registered in the welfare board. A substantial number who work for wages in the peeling sheds should be covered by the ESI or register in the Shops and Establishments Welfare Board, but they are not and only a very few that work in the processing industry on a regular basis with a salary are covered by the ESI. Only a few women of the community get the benefit of the ICDS pre and post natal care. Most of them who fall in the BPL category have been registered in the RSBY. But due to the wide spread of public health facilities, a large number of these women get maternity care free of charge from this system. The loss of days of work while lactating is not really compensated.

The coir industry provides work for poor women but not on a regular basis and at wages below the minimum wage. Despite working long years in this sector, the workers still live in extremely poor conditions. Only a small proportion are covered by the ESI and even those establishments that should register are not doing so as they report that the industry is not viable. It appears that the industry survives in its present state as it exploits the labour of these poor women. Even the cooperatives are requesting an exemption from the ESI. Most of the workers are registered in the Coir Workers Welfare board but they do not seem to know much about its benefits. It is the unions that register them but there seems to be no follow-up in several areas. As their subscriptions are not up to date, they will not receive the benefits. It is apparent that they are most familiar with the ICSD workers from which they have benefited from the nutrition supplement and now the ASHA worker. The existing public health facilities have been to their advantage.

Most women workers and all in the organized sector of the cashew industry are entitled to the ESI. But the three month coverage of cash payments during delivery is insufficient for women as they cannot leave the child at home unless there is someone to care at home. Not all factories provide the crèche facilities and even if they do, women are reluctant to bring the children as early as three months. There are a substantial number of workers who work at the household level too. Assessing this number is not easy. They are not covered by any social security measures and neither have they benefited from the RSBY registration as they are scattered.

It is evident therefore that although Kerala is one state in which efforts have been made to offer some social security measures to all sections of the working population and the poor, this is insufficient and particularly so in the area of maternity benefits

Key Recommendations

General:

- Recognize Unpaid Care Work for Social Protection: Valuing and supporting unpaid care work, and providing incentives for it to be shared more equally between women and men, and between families/ households and society more broadly, is significant starting point to rework what is seen as 'work' and who is seen as a 'worker'.
- Citizenship Based Entitlements in the place of Employment Based Entitlements: Maternity protection, which is a form of social protection, cannot be limited to covering child birth or any one such event in a women's life. Acts or schemes or programmes leave out the need to address risk reduction, capability enhancement and exploration of transformation potential. Maternity protection and benefits need to be delinked from being entitlements linked to 'employment' to entitlements linked to citizenship and human rights
- Maternity Cess: We recommend the levy of a MATERNITY CESS, like the educational cess prevalent in some of the states like in Kerala and Maharashtra, to award cash benefits to women during the time of maternity. A unique identity card for each one could be the basis for seeking the maternity benefits from any of the public sector banks. The framework for developing the financial estimates can take into consideration the live births per year. The compensation can cover 24 weeks to ensure recuperation after delivery and ensure exclusive breast feeding of the infant.

Kerala specific

- Reimbursement payment for Maternity Benefits should be timely. Nurses particularly complain about the time lag in receiving reimbursements which can be anywhere between one to seven years
- The ESI should endeavour to improve facilities in hospitals while also reducing the workers' contributions. The ESI could also provide crèches in areas where there are a concentration of small production units. Even day care centers for older children are a requirement as mothers often stop work because there

needed to be covered under welfare schemes such as ESI so that they can get the benefit of hospitalisation and medicines. The Coir Board Chairman also suggested that all those who are registered with the Kerala Workers Welfare Fund Act be given the protection of coverage under ESI on production of registration documents with the Welfare Board as the existing schemes do not compensate their medical expenses.

Benefits in the Welfare Board

Services	Current amount Eligibility: For members and families
Marriage financial assistance For members and their children	Rs.1000 Rs. 2000
Aid for delivery	300 1000
Aid for treatment	350 1000
Permanent work	Only members Rs.2500
Temporary work	members 300
Accident death family	5000
Death ceremony	200 1000
Member pension - Members at 60yrs age	100
Family pension Wife/husband who benefits member pension	75 100
Aid for education Children of members (a)+2, (b)degree (c)Professional courses	500 1500 750 3000

Beneficiaries are eligible only if they have minimum 2 years of constant membership

4.2.1 A closer look at the coir workers

especially regarding their access to maternity benefit:

In order to get a first hand feedback regarding maternity benefits from the workers themselves a few focus group discussions were conducted.

In Panathura, Trivandrum District (south) 20 women coir workers gathered. These women were between the ages of 35-60 years. They had all borne 2 children and more. They stated that there were about 300 families in the village where women from around 250 families work in homestead coir units. These units are organized by families that can afford to invest the money into getting machine extracted fiber in bulk. They then employ 5-8 women from the neighbourhood who come and work on a daily basis from 8 am -12 noon and could be for another two hours in the evening. These women work in unison using hand operated raats which means they have to be two in order to be productive. They earn around Rs.40-45 a day but find it convenient as it is near their homes and they can get back in the afternoon to cook and feed the children. They have been doing this for generations.

All these workers' families are in the BPL list and are all members of the Coir Welfare Board. But they have received no benefits as they do not seem to know much about the functioning of the boards and do not pay their monthly contribution regularly. They all benefit from the ICSD anganwadi programme for the education and nutrition of their children. Half of them had received assistance during pregnancy from the ANM and nutrition during pregnancy. Only one of these women had received Rs.900 in the last year for delivery in the government hospital, but she did not know too much about the scheme. None of them knew anything about the other schemes and they had not seen any Asha worker. They are also too busy to go to the Kutumbashree and hence also do not get much information. They were all members of the coir society but that is no longer functional.

Another FGD was conducted with 15 women in Kadinankulam,-Chanankara Trivandrum District (central): There is a big Coir society building in this village but without any work. Over 500 women in the area eke out a

this practice was stopped when the Congress-led United Democratic Front (UDF) came to power.

The bigger players in the industry have modernised their factories and use jute, and polyvinyl chloride to make ropes. This means that they are better able to withstand the fall in prices because production is more economic. Low costs of production in neighbouring States such as Tamil Nadu and the use of acrylic fibre have depressed the earnings of the small-scale coir entrepreneur. The decline of coconut production in the traditional coir-producing areas has increased the scarcity of coconut husk and fibre and this has made Kerala depend on fibre imports from Tamil Nadu. The increase in fibre prices in the last few years has also worsened the conditions of small producers and workers.

The high cost of production in the coir sector has become a major impediment to the growth of the industry in the State, at a time when world over, the markets have turned into a buyers' market where price and quality are of paramount importance. Therefore, the coir industry has to seek ways and means to cut down their costs.

In 2006 most of the 400,000 workers in the coir industry were organised under the Coir Workers' Centre, a CPI (M) union. According to CITU State secretary P.K. Gurudasan, only 8 per cent of the total coir workforces, around 32,000 workers, are employed in big factories. The rest are employed by small-scale entrepreneurs. Nearly 250,000 lakh workers are organised in cooperatives.¹⁹ The establishment of a strong cooperative system during the tenure of the first Left Front government led by E.M.S. Namboodiripad was one of the most significant steps to liberate coir workers from the grip of moneylenders. The cooperative societies continued to operate despite obstacles. In the early 1990s, state support to these societies was reduced as a result of neoliberal policies.

The State government wanted the Central government to bring about suitable legislation to facilitate husk control, but there was no response. But at the State level, it was decided that in every district, depending on the content of fibre in the husk, the prices would be fixed. The bigger players were reluctant to accept this, but the small producers supported the unions. Husk dealers were also told to sell 30 per cent of their total collection to cooperative societies; they were free to sell the remaining 70 per cent to anyone they chose. This arrangement was, however, scrapped later.

If irregular employment is one problem in the industry that results from erratic supply of husk, the problem of excess production is another problem that frequently pushes down prices and, in turn, wages. Exporters are crucial players and indeed, the income from exports has been steadily going up; in 2003-2004, it was Rs.404.5 crores; in 2004-2005, the value of coir exports was Rs.473 crores. In 2007-2008 there was a fall in export earnings and though many steps have been taken to revive the sector like introduction of the geo textiles and other innovative schemes, the sector is considered to remain sick.

Welfare schemes such as pension, housing and health programmes were introduced for coir workers for the first time in 1987 under the Left Democratic Front (LDF) government of E.K. Nayanar. However, such schemes failed to benefit workers in the long run with many aged workers not getting their pension in time.

Since around 2006, there is a lot of state pressure on the workers to switch to the self-help group (SHG) formula. Nearly 200 cooperative units have already converted to SHGs. Union leaders say this is a ploy to "finish off trade union activities".

Workers organised in self-financing SHGs do not have a sense of solidarity with the rest of the workforce and do not enjoy the kind of state support that the cooperatives do. They might get easy loans, but have no cushion if things go wrong. If the cooperative movement collapses, the SHGs would be in no position to compete with the bigger players or to control prices that are usually set by exporters.

Again according to a report in The Hindu July 24,2009 the Government of Kerala & Coir Board is implementing the Scheme "Mahila Coir Yojana" with a view to provide self-employment opportunity to rural women workers in the coir producing areas. As per the scheme, Coir Board will give training and supply raats with 75% subsidy. The Board has been requested to include GeoTextiles looms also under the scheme. The provision is for meeting 25% of the expenditure on the cost of raats/looms. The scheme envisages distribution of traditional motorized raats for spinning coir yarn and looms for weaving Coir Geotextiles to women workers after giving them necessary training. The physical target envisaged is approximately 5000 Women Coir Workers. The Women members of Coir Co-operative Societies are eligible for the scheme.

With the specific history of the coir industry, the Coir Workers Centre wants the government to make an allocation for social security benefits for coir workers. It says that the Central government, which spends Rs.14,548 crores on 47,971 Central government employees in Kerala, that is, an average of Rs. 30 lakhs on each employee in terms of welfare benefits, can afford to set aside Rs.5000 for every coir worker. For around 400,000 workers, the expenditure would be about Rs.200 crores. For the past 50 years, the investment has been Rs.750 a year for every coir worker - that is what the co-operative members get. Those outside the co-operatives do not get even this much.

Considering the plight of coir workers in the unorganised sector, the Coir Board requested the Union Labour Minister to bring them under the ambit of ESI scheme.²⁰ The Coir Board had introduced a Workers Group Insurance Scheme, which provides for death insurance and permanent disability. The unorganised workers

are no such support facilities.

- Mobile crèches, on the basis of the NGO mobile crèche programme could be developed as part of the ESI facility so that working women mothers can also go safely back to work
- Local monitoring committees involving women could make the ICDS implementation more effective and far reaching.
- Special attention should be paid to sectors in which women form the bulk of the workforce. The organized industry should be compelled to provide women maternity leave even if registered in a Welfare Board. The Present Kerala Shops and Establishments Welfare Board should be widely publicized.
- All lactating and pregnant women should be included in the ICDS feeding and monitoring programme and not just one or two in each anganwadi area as of now.
- The reach of the RSBY could be expanded to include all newly married women for the bearing of two children.

Key understanding that 'maternity protection as an entitlement linked to citizenship and/or employment rather than employment alone' should provide the rationale for creating an enabling environment for achieving substantive gender equality.

19. T.K. Rajalakshmi,Frontline, Vol 23, Issue 09, May 06.2006

20. The Hindu Businessline reported Oct 26.2007 Kochi.

Introduction

Lakshmi Lingam

Maternity protection is recognized as an essential pre requisite for women's rights and gender equality, with the right to maternity protection enshrined in International Human Rights Instruments (for example: International Covenant on Economic, Social and Cultural Rights 1966), International Labour Conventions (no.3, no.102, no. 103, and no. 183) and in national legislations in several countries. In 1975, International Labor Organization (ILO) adopted Declaration on Equality of Opportunity for Women Workers expressing the belief that equality of opportunity and equal treatment of women, require the elimination of maternity as a source of discrimination and the protection of employment during pregnancy and maternity.

In 2004, at the 92nd International Labour Conference, ILO member states adopted a resolution calling on all Governments and social partners to, among other objectives, provide all employed women with access to maternity protection, to develop gender sensitive social security schemes, and to promote measures to better reconcile work and family life.

The focus on 'maternity' had been part of public policy to protect maternal and infant health in India even prior to India's independence. One of the earliest was the Punjab Maternity Benefit Act (1943), which provided cash benefits to women workers for specified periods before and after confinements. The protection of women workers' maternity related rights was governed by the Factories Act 1948, which in turn was influenced by various conventions of the International Labour Organisation. The report¹ by the Bhore Committee (1946) pointed out to the inadequate availability of crèche facilities in several industries and poor implementation of Maternity Benefit provisions by various Union Provinces of pre-independent India.

When policy indeed recognized the link between maternity and women's work in much more explicit ways and addressed it in the Indian Factories Act 1948, it by design got limited to the organized sector where the presence of women is low (compared to the unorganized sector). The perspective that factory is the setting for 'work' and 'man' as an industrial worker governed the dominant thinking of this Act.

The first National Commission on Labor, which submitted its report in 1969 "reflected the prevalent mind-set. The bulk of the report was concerned with industrial labor, with less than 10 per cent of the report, 45 pages out of over 500, explicitly referring to non-industrial workers" (Jhabvala, 2003, p. 262). The national trade unions too neglected this sector making the workers truly invisible to planners and government (Bhowmik, 2009). This dominant neglect meant that the protective aspects of providing for leave during pregnancy and after child birth, providing for non-arduous work; and the promotive aspects of providing for transport, crèche facilities at the work place were unevenly implemented linked to the presence of women workers at the work place and the level of technology and mechanization of the industry.

1.Report of the Health Survey and Development Committee (1946): Vol. I - Survey, New Delhi: Government of India Press.

4.2 The coir industry

The Indian coir industry is an important cottage industry contributing significantly to the economy of the major coconut growing States and Union Territories, i.e., Kerala, Tamilnadu, Andhra Pradesh, Karnataka, Maharashtra, Goa, Orissa, Assam, Andaman & Nicobar, Lakshadweed, Pondicherry. India accounts for more than two-thirds of the world production of coir and coir products.

Kerala is the home of Indian coir industry, particularly white fibre, accounting for 61 per cent of coconut production and over 85 per cent of coir products. This industry is over 200 years old and has evolved from a domestic activity to a partially mechanised industry employing thousands of people. Along with cashew, handloom, beedi-rolling, pottery and other handicrafts, coir-making is categorised as a traditional industry of the State.

Although there have been over 5.5 lakh persons employed in this industry earlier on, in 2008 there were only 3.83 lack workers of which 76% were women in Kerala. Coconut husk is the basic raw material for coir products. Only around 50 per cent of the available coir husk is used to produce coir products. Hence, there is scope for growth of the coir industry.

The industry is again organized into five different sectors, the household, cooperative, private, export and public sectors, the household sector being the major one. In this sector the spinning, weaving and fibre extraction takes place. This sector is very traditional and ridden with middle men. There are 4 types of cooperatives at the base of which are the primary societies and in 2008 there were 826 registered societies of which 434 were working.¹⁸ Then there are the cooperatives of coir mats and matting, defibering mill societies and small scale producer societies.

In the traditional process, the husk is peeled and soaked in the water for six months. The fibre is separated from the skin and the pith of the husk; this is done partly manually and partly with a rudimentary machine. The pith, which is the black residue, is used as fertilizer or a land filler. The women are employed in the stages that involve a good deal of manual labour. Men do the heavy operations of taking the soaked husk out of the water. The quality of coir, its strength and sheen, depends on how long it has been soaked.

Women are paid on a piece rate basis for threshing the husk and can earn around Rs.60-70 a day. They get no other benefits, as this work where it still exists, is controlled by small family owners. Today much of the husk is machine threshed in neighbouring Tamil Nadu as machines were kept out of the sector to safeguard jobs in Kerala. But as the machine fibre is cheaper, though of inferior quality, this has invaded the Kerala market with the result that eventually some threshing machines operate also in Kerala today.

The next process is the making of the rope and this again is a women's work. Most of the rope is produced in sheds of different sizes and until a decade ago, women made the rope with hand turned raats. Now over the past decade, the raats have been motorised in the cooperative sector and gradually self help groups begin to motorise the raats with loans from the banks. This has increased the productivity of women. The trend to decentralize the older cooperatives into self help groups is in tune with modern norms of labour flexibility. None of these women are covered by ESI as even the coir cooperatives have approached the court on the grounds that they are unable to contribute towards the ESI on grounds of nonviability. In the late 1990s the left union once again revived the struggle to restore the Husk Control Order. In 2006 the unions felt that if the government collected the thondu, (husks) that alone could provide regular employment for 400,000 workers for 300 days. At present, big players are known to purchase raw husk at low rates and sell the finished products abroad at high prices; coir workers, however, do not get to share the huge profits.

The coir workers in Kerala's backwaters thus have to deal with all the uncertainties of the unorganised sector - irregular employment and insufficient wages included. It took a lot of struggle to ensure a minimum wage for the workers. Even now, however, it can be quite a struggle to keep the minimum wage going and sometimes the workers get as little as Rs.60 and Rs.70, though the minimum daily wage is now over Rs.100. These workers therefore choose the NREGA work where they are now assured Rs.150 as daily wage thus also putting in jeopardy the sustenance of the industry as a whole.

Irregular employment is a major problem in this industry, which is one reason why coir workers are keen to belong to a union. A typical entrepreneur is the small producer who has a unit near the backwaters, with 20 to 30 looms and a few motorised raatts. Such a unit usually functions without registration and employs workers only when raw material is available. Typically, there will be a shed where women do the spinning, while the men prepare the bales from the rope.

In Alapuzha district where the factories and bigger employers operate, the majority of the workers are on contract. They have no principal employer and are not directly employed. They are paid piece rate wages, which approximate to Rs.133-Rs.200 a day. Yet their wages are better than that of those who work for small producers, which prevents them from joining common struggles on issues concerning the coir industry as a whole. But even the piece-rate is exploitative if the length of every piece is allowed to increase. A minimum wage is fixed for 96 pieces of coir but the exporter can decide the length of the yarn. Ultimately, a worker ends up spinning 120 to 140 pieces of coir a day. In 1967-69, a Left-led government fixed a distress price which ensured that exporters could not sell below the distress price, and would, in turn, pay a minimum price to the producers. But

18 Kerala Economic Review, 2007-2008

teacher had been helpful in getting them the forms from the panchayat. They felt that after the Kutumbashree programme had become active, the ADS team had been instrumental in giving them information and facilitated their access to benefits.

80% of the women or their daughters, who had borne children in the last decade, had availed of the ICDS food supplement and also got the iron tablets. For those that had not, it was only because the anganwadi was at some distance from their place of residence. They had all received the Rs.500 for the delivery of a girl child, some of them had received the Rs.1000 or Rs.700 of the JSY component. 50% of those that participated in the discussions had been enrolled in the RSBY programme but from what they reported, it looked as if the designated private hospitals were exploiting them as they were made to remain in hospital for 5 days for no valid reason.

But as fish processing workers, they had fared less successfully vis a vis their benefits from the Fishermen's Welfare Board. Those that worked in larger peeling sheds which in principal should be covered by the ESI, there was no ESI cover. The owners had only just begun to talk about ESI registration. All of them had the right to be registered in the Fishermen's Welfare Board. Only a third of them were registered but none of them had made an up to date contribution. Some of them had got some benefits like the lump sum educational grant for school children, but no one had received the maternity benefit or the assistance of the famine cum relief scheme in the off season.

Most of these women had stopped work for a whole year when they had borne children in which time they had no income of their own. Some were cared for by mothers while others had to depend on the husband's income. For the really poor, they had got back to work after 5 months, running home in between to nurse the baby or tying the baby in a cradle near the shed. These hanging cradles are visible outside some sheds.

It was quite clear therefore that the decentralization programme of the government, through the kutumbashree (women's SHG) network had facilitated women's access to benefits. The anganwadi worker is closest to the women and where she has played her role, the women have had access to the later schemes like the maternity benefits and the RSBY.

In Poonthura, of Trivandrum District, 40 women participated in the group discussion all between 25-65 years of age. Poonthura is a suburban fishing village where all the men are marine fishers belonging to the catholic community. The village is densely populated with problems of sanitation and water. Being close to the city of Trivandrum there is access to good medical and other facilities.

These women were all members of the SEWA Union. While the husbands of all these women are fishers, 40% of them were fish vendors, 25% were tailors, 30% were domestic workers and 5% petty street vendors. They were between the ages of 22-65 years and 80% of them had BPL cards. 5% of the women who were older had 4 children and above, 40% of the women had three children and 55% had one or two children being among the younger group. While around 45 % of the women had given birth at home to some of their children, some of the younger women also reported that they had given birth at home because they had a very good midwife in the village. Since she had passed away recently, they feel now obliged to go to the government hospital. All of them go to the district government hospital where they have good facilities. Nevertheless all of them said that they have had to pay the doctors before delivery and if there was a complication that needed some special attention. Medicines also had to be bought outside but they did get the bread, milk and eggs while they were in hospital.

None of the women had received the Rs.500 that was available for the delivery of the girl child. Since three years they had received Rs. 500 under the JSY programme for delivery in hospital. There are 4 Asha workers in Poonthura and according to the group only two of these four actually worked as per the rules.

Regarding their benefits, of the group only 2% had received the nutritional substitute from the ICDS programme. They said there was provision only for 5 women to receive this facility at a time in the village. They felt that this facility should be available to all pregnant and lactating mothers. But they also complained that not all the anganwadi teachers do their work responsibly as there is no supervision. There is a government health centre in Poonthura with a regular nurse and there the prenatal health check up, injections and folic tablets are given free.

All the BPL card holders had already received the RSBY cards and several had benefited from this programme. Of the fish vendors, all of them had registered in the fisheries welfare fund and had received the educational grant for the children. But the four young women that had borne children had not received the maternity benefit which they claimed they didn't know existed.

So, over the board it is clear that the majority of women in the fishing sector and community belong to the unorganized sector. Those who fall into the category of workers in fishing allied work can be registered in the welfare board. A substantial number who work for wages in the peeling sheds should be covered by the ESI or register in the Shops and Establishments Welfare Board, but they are not and only a very few that work in the processing industry on a regular basis with a salary are covered by the ESI. A few women of the community get the benefit of the ICDS pre and post natal care. Most of them who fall in the BPL category have been registered in the RSBY. But due to the wide spread of public health facilities, a large number of these women get maternity care free of charge from this system. The loss of days of work while lactating is not really compensated.

The Committee on the Status of Women in India (1974) pointed out a large proportion of women workers are in the agriculture sector and in traditional home based industries with very poor public policy support to improve their incomes and livelihood. The Report of the Commission for Self-Employed Women "Shram Shakti"² (1988) had documented the weak legal framework that governs the informal sector women workers and the lack of implementation, monitoring and supervision of whatever that exists. The report pointed out the need to expand the understanding of 'work' and 'worker' and strongly recommended the need to create policy framework for ensuring social protection on the one hand women's rights as workers on the other. However, the neglect of the informal sector despite its large numbers and contributions is a cause for concern.

The post liberalisation period (1990s) had seen the increase in women's work participation. On the one end of the spectrum is the increase in women's participation in the informal sector as casual workers and on the other end is the emergence of women in the growing service sector (education, financial, communications, travel and hospitality) and the global information technology (IT) and information technology and enabled services with uneven social and maternity protection. In the era of globalization, there are severe constraints in the growth of secure employment. While public sector employment has declined, the additional employment generated was entirely in the category of unprotected regular, casual or contract wage-workers which constitute informal employment. The workforce in the informal sector grew from 361.7million in 1999-2000 to 422.6million in 2004-2005. The emerging evidence shows that job destruction has outpaced job creation in the formal sector, forcing those thrown out of employment to eke out a living in the informal sector (Parasuraman, 2009). Hence India, is at the crossroads of a global trade regime that is capital oriented and pushes for pro-market policies and a global social/human development regime that seeks commitments to achieve the MDGs. The state seems to perform a tight rope walking with these competing demands.

Maternity protection in employment is an important cornerstone to achieving three of the Millennium Development Goals such as Gender Equality, Reducing Child Mortality and Improving Maternal Health. However, the existence of multiple maternity protection schemes with varying governing frameworks (employer liability; employer-employee contributory and State) and varying emphasis on maternal health, infant health and public health, forms the background for this study commissioned by the Ministry of Labour and Employment, Government of India and the International Labor Organization, New Delhi.

Broad Objectives

The objectives of the study are:

- To provide an overview of existing maternity benefit schemes and their coverage, for the formal and informal sectors
- To assess the efficacy of the schemes for the formal sector –MB Act and ESIC schemes
- To assess the current coverage in the informal economy through Central and State level schemes for maternity benefit/ assistance.
- To bring to light incidences/ signs of evasion tactics deployed by employers to avoid paying maternity protection under the MB Act and ESI acts in particular and in other schemes, and assess whether the evasion is aggravated in the case of an employer liability scheme.
- To highlight the knowledge gaps, resultant lessons, similarities and differences in best practice among the various schemes and provide recommendations legislative and operational improvements.

The study is specifically expected to:

- Provide a picture of the pattern of women's employment in India, such as the number of the workforce in the organized and unorganized sectors, industry sectors of employment, rural and urban distinction and so on.
- Map Central and State level schemes for maternity protection in the informal and formal economy in India to provide an overview of coverage and provisions.
- Investigate the efficacy of the MB Act and ESIC Schemes through cluster (industries/ location) based studies in four States.
- Provide case studies of women in the informal sector to understand their experiences of availing maternity protection and their suggestions.
- Conduct in depth case studies of the Janani Suraksha Yojana and assess the effectiveness as maternity protection for informal economy workers that are not covered by anything else.

Key Questions governing the enquiry and policy suggestions:

- Which segment of female workers enjoys a satisfactory or better coverage and which are the least cov-

2. The chapter on "Legislative Protection" discusses about the different labour laws affecting the status of women workers. With respect to any categories of work, where the normal pattern of labour laws may not be applicable, it is necessary to evolve patterns and systems by which working women have a role not merely as beneficiaries but as participants in the enforcement of provisions applicable to them (Shram Shakti 1988: pp 99).

ered due to poor reach as well as poor implementation?

- What are the critical sectors to extend/ strengthen the implementation of maternity protection on the basis of cost and extending existing structures?
- What is the scope for broadening the scope of MB Act and ESIC schemes to the informal economy workers, through convergence of funds and approaches? Likewise, to what extent could funds be merged to have a unified maternity protection system for all women workers?
- To what extent do non-employer liability schemes offer equity in maternity protection outcome of women workers?

National Advisory Panel

To advise and give suggestions on the study and carry it to the next level of advocacy for policy innovations, a National Advisory was set up. Prof. Armaity Desai (former Chairperson, University Grants Commission), Dr. Mina Swaminathan (MRSSF, Chennai); Prof. Padmini Swaminathan (MIDS, Chennai), Dr. Mirai Chatterjee (SEWA & National Advisory Council) were the members on the Panel.

Key Consultant

Prof. Maitreyi Krishnaraj, Retired Director, Research Centre for Women's Studies, SNTD Women's University, was the key Consultant who contributed to the conceptualization of the study and to the various stages of conducting the study and preparing the report.

State Partners

To conduct the study in four states, three partner institutions and senior researchers were associated for conducting the study— Ms. Nalini Nayak of Sakhi (Trivandrum, Kerala), Ms. Nishi Mehrotra of Education Research Unit (New Delhi), Dr. Amrita Patel of Sansristi (Orissa) were identified. Maharashtra the fourth state was taken care of by Dr. Shewli Kumar of the TISS who was ably supported by Ms. Aruna Kanchi and Mr. Rahul Sapkal.

Time Frame of the Study

With a consultative meeting in August 2009, the project commenced. There was an inception meeting attended by officials from the Ministry of Labour & Employment, ESIC and the ILO. The period of the study is from September 2009 to July 2010. Primary data for the study was collected during the months of January, February and March 2010.

References:

Bhowmik, K. Sharit. (2009): *Labour Sociology Searching for a Direction. Work and Occupations*, 36(2): 126-144.

was about 1814 points. (Kurien 2001)

4.1.3 Case studies among the women in fishing allied work.

Women in fishing communities are engaged either in assisting their husbands who go to fish by preparing for the fishing trip, sorting and auctioning the fish when it is landed, or selling fish either door to door or in markets. All this is self generated work. There is another group that works for wages sorting, loading, drying fish or shelling shrimp for small and large agents. This is piece rate work paid on a daily basis. There are others who work in the fish processing factories and among them they either work on a daily basis or on monthly salaries.

In order to get a first hand feedback from the women workers regarding the maternity benefits they receive, focused group discussions were conducted with the women fish workers in Trivandrum, Alleppey and Ernakulam Districts

In Aroor and Eramaloor areas which fall in Alleppey and neighbouring Ernakulam Districts, the coastal villages are dotted with shrimp peeling sheds and fish processing factories. In the shrimp peeling sheds which are of varying sizes that are attached to family homes or just standing by themselves one sees from 50 to 100 women squatted on their haunches all busily engaged in shelling shrimp. The floor is wet as water drains off. It is cold when the shrimp is supplied from a cold storage or warm when the shrimp is fresh from the harbour. So women also have to cope with this, as they peel with their bare fingers. A couple of men or women are moving around, distributing small basins of shrimp for peeling together with tokens to the peelers, that keep count of the basins supplied. One or more of the women are also standing at a steel top table grading the shrimp into various sizes. At the bigger sheds one sees insulated vans either off loading shrimp for peeling or carrying back the peeled shrimp to the processing plants. At the smaller sheds men drive in in their small auto trucks with shrimp from the harbour and carry the peeled shrimp away to the processing plants. From some small sheds one sees insulated vans pick up the peeled shrimp after weighing the trays and settling accounts. These are the unregistered peeling sheds which supply the processing plants with shrimp. Women are paid on a piece rate for the number of basins they clean and earn from between Rs.60 – Rs. 80 a day depending on their speed. On occasions when there are large catches, women are called to work round the clock to clear the stocks. But they also only get work when shrimp is landed and for the most part this is for 9 months in the year. In some of the bigger sheds that are related to bigger companies that have a big storage capacity, the women get work for 10 months a year. Besides their wages, the women get no other benefit from the owners as none of the small and medium size sheds are registered with the ESI and not yet with the Shops and Establishments Welfare Board. In one of the larger sheds that operated under a company, the women explained that the owner had promised them that they would soon be eligible to ESI benefits but they had not availed of it till then.

Several of these women have been peeling shrimp for the last 20-30 years and they are of all ages from 25- 60 years, castes and religion. Several of these women can be seen running home in between to attend to home chores and at some sheds one sees women taking a break over a cup of tea and a snack supplied by the shed owner's wife. In the same locality, one walks by high white painted walls of a processing factory, well guarded. One sees men handling the freight outside but inside one sees women clad in uniforms and heads covered, some of them with gloves and others bare handed all standing at work tables sorting shrimp in large semi cooled rooms and working very seriously. In these places women are paid a monthly salary of between Rs.4000-Rs.6000 depending on the job they do and the years of service. Most of these factories are covered by the ESI although the workers say that some such factories are not registered.

In this area, there were two FGD discussions in which 50 women shrimp processing workers participated. These women live in the coastal region where the habitation is very dense and hence people congregate quite easily. These women are organized into self help groups and belong to the Women's network called the WIN Society. Except for two women who worked in factories, the rest of them worked in peeling sheds. The age group of these women was between 26-65 years with the majority of them over 40 years which means that they were all significantly after child bearing age. 60 % of them had three children, 2% had more than three, and the rest of them had 2 children. Half of them had daughters who were presently bearing children. Hence the discussion on maternity covered a long period. 60% of these women had BPL cards.

Fourty years ago two older women who had 4 children said they had borne their children at home. In those days all the poor in the village received some bulgar wheat and oil that was distributed through the church. The church also ran some clinics that gave them medicine and advice. Most of the women remember that they had been to primary health centres for assistance. In those days the nurse/midwife from the PHC visited the area regularly giving advice, medication and assistance. Then in between, things changed, the PHCs ran down and women began going to private hospitals. The food distribution from the church stopped. They say this could have been from about 1970-1980. Later they recall the Anganwadi coming and the anganwadi teacher taking initiatives with pregnant women and children. But the anganwadis were very far away and so not all could take advantage of it. Then things changed after 2000 when they seemed to think that things have improved at the local level now. There are more anganwadis, the PHCs are working with regular staff although it is not always that there are medicines etc., and there are several new schemes. All the groups knew about the Asha worker who told them about hospital deliveries although they did not know too much about the schemes. The anganwadi

characteristic of open access resources subject to increased commercialisation. If the state income statistics are any guide, the evidence shows that the fishery sector product per fisherperson (i.e. total number of persons in the households of the active fishermen of the state) was always lower than the state domestic product per capita. The gap increased between 1970 and 1985 with the decline in the fish production and then narrowed down between 1985 and 1995, thanks to increased fish prices following rising demand and stagnant output.¹⁷

More than these differences in the income levels, it is the lower quality of life (on the average) and the higher occupational risk (both to human life and productive assets), which set marine fishing communities apart from the other occupational groupings in Kerala. It is also for this very reason that social security measures attain paramount importance for them. Because of their dependence on the sea, the fishers desire to live as close to the sea as possible. As a result the population density in marine fishing villages was around 2652 persons per square kilometre. This is in comparison to the state figure of 742 per square kilometre, which is already one of the highest in the country.

4.1.2 CMFRI Census 2005

According to the Marine Census of the CMFRI in 2005 there are 222 marine fishing villages in Kerala. The total number of fisher households was 1,20,486 with a total population of 6,02,234 with a sex ratio of 979 females to 1000 males. Active fishermen constituted 23% of the marine fisherfolk population and 12% in allied activities.

30% of the fisherfolk are members of cooperative societies.

75% of the houses were pucca and all villages electrified and 99% connected by road.

There were 414 curing yards, 320 ice factories, 153 peeling sheds, 112 boat yards and 56 freezing plants in the fishing villages.

Table NO. 32: Gender-wise division in fishing allied activities

2005	Sectors						Total
	Fish marketing	Net making	Processing	Peeling	Labourer	Other	
Male	4964	5500	590	416	15705	8447	35,622
Female	13012	4060	3291	7641	1537	5911	35,452
Total							71,074
Total fisher population: 602,234							

The production is divided in pre harvest, harvest and post harvest activity and as can be understood from the data above, the sector is divided between the producers who are the actual fishers, processors, and distributors. The latter two are considered fishing allied activities. Among the fishers, the majority is self employed or earns a share of the catch, while some belong to cooperatives. In the pre and post harvest activity, a substantial number of women are also engaged. In the post harvest activity there is also a big organized sector doing the processing of export fish. But even in this sector, certain stages of the activity like peeling of shrimp are done in the unorganized sector and the chunk of employees is women. None of the production stages is in the public domain. Nevertheless the Government of Kerala inducted all fisher people into the cooperative domain by an Act of the Legislature. This facilitated the registration of all workers in the marine sector.

Initially, the Fisheries Department was the sole agency engaged in the implementation of social security for fishermen. Later, newly created agencies like the Kerala Fishermen's Welfare Corporation, Kerala State Co-operative Federation for Fisheries Development (more commonly known as Matsyafed), and the Kerala Fishermen's Welfare Fund Board (known as Matsyaboard), were created to supplement the social security initiatives. Financing of social security has undergone both widening and deepening. Whereas plan assistance was the only major source of financing in the initial years, the later years have witnessed a flow of more funds from non-plan assistance. Resources from various central government schemes, a variety of financial institutions, as well as the various participants in the fishery have contributed to the funds. Concomitantly, both the protective and promotional social security schemes were on the increase over the years as a result of the organization of the fishers that made such demands.

Compared to the first three decades since the formation of Kerala State in 1956, the decade commencing from the mid eighties was the one that witnessed a significant increase in the social security provision. The year 1986 witnessed the commencement of many new welfare schemes in response to the historic 1984 struggle by the fishworkers. The percentage increase in the volume of social security assistance before and after 1986

17. Kurien, John; Antonyto Paul; 'Social Security Nets for Marine Fisheries', Working Paper 318, October 2001, Centre for Development Studies, Trivandrum, India

Maternity and Women's Work: Laying the Ground

Lakshmi Lingam

1.1. Maternity and Legal Policy Frameworks

Globally various protections to workers are spearheaded by the International Labor Organization (ILO). The ILO laid down in the Maternity Protection Convention, 1919, various maternity related entitlements for women workers. Women workers were entitled for 12 weeks of leave with cash benefits; daily breaks for nursing, protection against dismissal during leave. 33 countries ratified this Convention. The 1952 revision stated that 6 weeks should be after confinement. Medical benefits should include pre natal, postnatal care by midwife or qualified medical practitioner or hospital if necessary. More recently ILO Convention 2000 extends the number of persons covered and protection offered. The minimum paid maternity leave is 14 weeks with a compulsory leave of 6 weeks after birth of the child (ILO, 2000). The convention provides that the cash benefit should be at a level that ensures that women can maintain themselves and their children in suitable conditions of health and standard of living. The amount should be not less than 2/3rds of the woman's previous earnings or insured earnings and preferably through compulsory social insurance or public funds. Countries with insufficiently developed social security may set lower levels. The convention provides for means tested allowance to be paid out of public funds for women who do not qualify. In addition to the special focus convention on MB, the ILO has several social security conventions.

1.2. Indian Constitutional Guarantees & Workers Welfare:

The following articles in the Indian Constitution provide the broad framework for workers' rights in India:

- | | |
|-----------------|---|
| Article 41: | The State shall within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement and in other cases of served want. |
| Article 42: | Provision for just and humane conditions of work and maternity relief |
| Article 43: | offer a living wage for workers. |
| Article 15: | promises equality before Law |
| Article 15(1): | enjoins no discrimination on basis of sex, caste, religion or region. |
| Article 15 (3): | expressly stipulates special provisions for women and children |

Article 16: declares equality of opportunity in all state appointments

Article 39(d): declares equal pay for equal work

Article 43 states: "The State shall endeavour, to secure by suitable legislation or economic organization or in any other way, to all workers agricultural, industrial or otherwise, work, a living wage, conditions of work ensuring a decent standard of life and full enjoyment of leisure and socio cultural opportunities and in particular, the State shall endeavour to promote cottage industries on an individual or cooperative basis in rural areas"

The State has to carry out these obligations through enactments, setting up appropriate agencies, for execution and monitoring and creation of redressal mechanisms, such as appellate tribunals, for protecting the rights of workers.

1.3. Women's movements and workers rights

An enlightened vision for India's women workers emerged after a century of struggle by liberal reformers and women's action groups. Unfortunately, the promise of no discrimination on the basis of sex, ensuring humane conditions of work and a living wage, have remained an utopia after more than three decades since its enactment.

Women's India Association (1920) was the first to demand maternity benefits for women workers in Jamshedpur steel industry. The association raised questions of dismissal without compensation. Subsequently, Women's India Association, which was renamed All India Women's Conference (AIWC), demanded enquiry into the conditions of women workers in plantations and mines. It is through lobbying in the Congress led trade union (INTUC) that the matter was brought to the notice of then provincial governments. In the fourth, fifth and sixth conference AIWC 's major focus was women workers' condition and their rights. From 1920 onwards it was the considerable presence of women in workers' movements that finally led to the central Maternity Benefit Act of 1961. Women's organisations demanded that all factories should have a woman doctor, and pre natal, post natal care, crèche, nursery for older children, and housing for women workers.

These efforts did result in positive State response in terms of suitable legislation.

However the legislation is limited to the organised sector and the huge back yard of unorganised sector and volume of unpaid women's work in the household and agricultural sector got omitted.

1.4. Key National Reports and Policy Documents

'Towards Equality' (1974) the report submitted by the Committee on the Status of Women in India (CSWI), pointed out the unsatisfactory condition of women in many walks of life. The report highlighted three critical areas - employment, health and education, where a great deal needed to be done if any dent on gender inequality was to be addressed. It argued strongly for promoting, encouraging, and protecting women's economic participation. For strengthening and recognising women's economic participation, the report made three telling compelling arguments:

- Economic subjugation of women and dependence leads to exploitation and denial of social justice and human rights to women.
- Development of a society requires full participation of all sections of the population. Therefore there should be opportunities for full development of the potentialities of women.
- Demographic changes like rise in age of marriage, smaller families, urbanisation, migration, rising costs, all call for fuller participation of women in decision making.

The committee noticed declining ratio of female workers to male workers and the preponderance of female workers (41 to 49%) in the unorganised sector. Thus from the earlier complacency a new knowledge of the actual situation emerged. The Committee made extensive recommendations for job security, maternity benefit, vocational and skill training and institutional reforms to monitor and implement legal provisions.

The public policy focus on women was propelled by UN mandates during the Women's Development Decade (1975-84), the second wave women's movement and scholarly works on the 'invisible' women by women's studies scholars. The focus on women independent of their role as mothers was recognised for the first time in the Sixth Five-Year Plan (1980-85) document with a separate chapter on 'women and development' devoted to enumerating the multiple roles that women play and the need to recognize women as 'partners' in development rather than as 'beneficiaries' of welfare programmes.

A renewed concern on women in the unorganized sector, led to the constitution of the National Commission on the Self Employed Women by the Government of India to make a comprehensive study of the working and living conditions of women in poverty. The report "Shram Shakti"(1988) was compiled on the basis of taskforces for specific areas of concern.

The report observed that poor women are not a homogenous group; the vast majority of them is in the rural areas; and is concentrated in food production, food processing, forestry, rural industry and is also home based. Anti poverty programmes have had limited effect. There is land alienation, environmental degradation, rising poverty in the agricultural sector due to low productivity, limited access to critical resources like technology and market and rising inequality. The commission strongly recommended that to improve the status of women working in the informal sector, strategies need to be devised (i) to enhance women's ownership of productive

Chapter 4 Specific case studies of sectors which compose both organized and unorganized workers

Nalini Nayak

One of the reasons why Kerala created Welfare Boards for the workers is a result of the labour organizations that evolved in the state and the manner in which the industry is structured. Most of the sectors in which production takes place have a mix of organizational forms/controls. In each of these sectors there is a public domain, possibly a cooperative domain, a private domain and a household domain which either is independent self employment or piece rated work (putting out system). Again within the public and private domains there are workers who are employed on a permanent basis and those on contract or piece rate. Depending on the nature of their employment the social welfare measures also vary. But the labour organizations have pressured the government to organize welfare benefits for all categories of workers. The case studies below highlight the access workers have to these benefits particularly in cases of maternity.

4.1 The Fisheries Sector

4.1.1 Background of the sector

The coastal waters off Kerala's 600-km coastline (10 percent of India's mainland coastline) are the most productive in the country. This high productivity is one of the important factors behind the concentration of marine fishermen in Kerala. Numbering over 170,000 (i.e. the active workers at sea), they form a fifth of the Indian total. The people of Kerala, cutting across religious affiliation, are avid fish eaters. Fish and fisheries therefore have a very significant place in the socio-cultural fabric of life in Kerala.

It may be of relevance to point out that unlike other traditional occupational sectors in the Kerala economy, the marine fisheries sector was one in which unbridled market forces, modern technology and export orientation were introduced without any opposition by an organised working class. By the yardstick of our present liberalisation policies, a sector with this three-fold orientation should have achieved substantially increased output and productivity leading to higher levels of income and quality of life. The evidence on this account is mixed, to say the least. Fish harvests have fluctuated showing trends that first increased (1970-75), then substantially declined (1975-80), increased significantly again (1980-90) but have remained stagnant at that level since the decade of the 1990s. Physical productivity per worker and per unit of capital invested has declined due to the steady increase in the number of workers and the steep increase in the capital invested. This is a phenomenon

But things improved gradually. According to the Hindu, Jan11, 2009: 'The Kozhikode district topped the utilisation of funds released by the District Society, National Rural Health Mission (NRHM), to local self-government bodies under various heads in the State. The district registered an overall utilisation percentage of 91, while the State average of NRHM finance deployment stood at 63 per cent, as on November 30, 2008. "The exemplary fund utilisation was due to the tremendous support of the local bodies.

The Janani Suraksha Yojna, a programme aimed at pregnant mothers, was one among the many heads under which the fund was earmarked by the NRHM District Society to the local bodies.

As many as 29,437 pregnant and nursing mothers in the below-the-poverty line category in the district benefited from the funds provided under the Janani scheme.

Funds distributed to the ward sanitation committees were utilised to the extent of 93 per cent. Only Palakkad, with 99 per cent utilisation, was ahead, sources said. The district made good use of funds devolved through hospital management societies for purchasing medicines and equipments and conducting small repairs. The utilisation stood at 94 per cent. The fund utilisation by the community health centres (CHCs) and the public health centres (PHCs) in the district was 87.63 per cent and 91.69 per cent, respectively'.

In Kerala there are around 5.4 lakh births a year and this is falling gradually. 99% of the births are institutionalized but only 15% receive JSY

It is evident therefore that although Kerala is one state in which efforts have been made to offer some social security measures to all sections of the working population and the poor, this is insufficient and particularly so in the area of maternity benefits.

We look at these inadequacies thorough the detailed case studies that follow.

References:

Eapen, Mridul. 1992. "Fertility and Female Labour Force Participation in Kerala", *Economic and Political Weekly*, October 3, pp. 2179-88.

Eapen, Mridul; *EPW* June 30,2001

Gulati, Leela, S.Irudaya Rajan and A. Ramalingam. 1997. "Women and Work in Kerala: A Comparison of 1981 and 1991 Censuses", *Indian Journal of Gender Studies*, 4(2), pp.231-52.

Kannan.K.P, *The Welfare Fund Model of Social Security for the Informal Sector Workers, The Kerala Experience, Working Paper 332, April 2002*

Maya, C, *The Hindu* June 18,2007

Tharakan Michael P.K.; K Navaneetham, *Population Projection and Policy Implications for Education: A discussion with reference to Kerala, Working Paper 296, Centre for Development Studies, Trivandrum, Kerala*

assets ii) better monitoring by the Dept of Women and Child Development iii) to create a development commissioner in the States iv) strengthen extension services for women v) to have a separate labour commissioner for unorganised sector and vi) women should be specific target group in development programmes.

1.5. Workers or Mothers? : Three Key Dots to be connected

The recognition of women's contribution to economic activities and social reproduction through the multiple roles that they play is fraught with definitional problems of what constitutes 'work' and who is a 'worker'. Over the past two decades these definitional issues are a matter of public advocacy to affect census enumeration of the work force on the one hand, and methodological innovations through time use studies to generate better estimates in order to untangle wage work and non-wage work of women. The period of mid 1970s and 80s can be designated as the period that had focused on making women's 'invisible' work 'visible'. Understanding women's work and making it visible for researchers, planners and policy makers had contributed to challenging several hitherto taken for granted assumptions about women's work. The invisibility is in the realms of disciplinary paradigms, concepts and notions of what constitutes 'work', who is considered a 'worker', whose work is considered to contribute to economy and national income and thereby who qualifies for various entitlements as a worker and as an extension a citizen.

Apart from unveiling the nature of women's work, especially that of the poor, with all its peculiarities (monotonous, repetitive, non-seasonal, energy intensive, drudgery producing, back breaking and so on), the location of women's work within the household as part of their domestic roles (case of artisans), or as unpaid family helpers (small and marginal farmers), or as self employed or low paid workers; research has brought out the poor social policy support for women to carry out wage and non-wage work.

Over the years international and national studies have highlighted the unpaid work of women in household which includes market related farm work and household industry but critically the entire burden of family care. Time use studies bring this out very sharply (CSO 2005). The contribution of unpaid work of women to national income is estimated to be around 30 to 40 %.

India's maternal mortality figures tell us the story of neglect of women during their most vulnerable period of pregnancy and childbirth. According to Sample Registration System, India's maternal mortality rate was 407 per 100, 000 deliveries. There are immense regional variations in this with Kerala at one end having 198 and Uttar Pradesh at the other end having a high of 700. It is believed that institutional deliveries reduce maternal mortality. Though Tamil Nadu performs well on institutional deliveries its MMR is not significantly as low as it should be. Obviously the mere fact of institutional delivery is not enough. Post natal care and support for mothers and infants is important. Further, negative pregnancy and maternal outcomes are higher among women from the Scheduled castes and tribes, reiterating the multiple ways in which social disadvantage not only creates for access to social resources but thwarts survival and life. Indicators like the maternal mortality ratio is estimated to be quite high among the Scheduled Tribes (652) and Scheduled Castes (584) compared to the women of other castes (516) [Bhat, 2002]. MAPEDIR or Maternal and Perinatal Death Inquiry and Response, initiated by UNICEF in 2005, also reiterate the fact that most maternal deaths occur in case of women belonging to SCs/STs and illiterates (UNICEF, 2008). Considering the poor socio-economic status of the families, where a majority of maternal deaths occur, strengthening the implementation and coverage of different maternity benefits becomes imperative to making healthcare accessible and more affordable for these underprivileged classes.

It is observed that the key issues around maternity linked to the context of employment; the context of work/gender division of labour; women's, infant and child health are not viewed comprehensively. Hence, the policy and programmatic frameworks as well as advocacy strategies do not cohere.

1.5.1. Maternity, Context of Work & Breast feeding Guidelines

The legislative framework is supportive of maternity but is limited to organised work; sets preconditions for record of continued work (160 days for example) and, limits the period of maternity leave to 14 weeks. Obviously this leads to the neglect of women in the unorganised sector where work is irregular, seasonal; and employment records are poorly maintained.

Over and above all these limitations, the period of maternity leave does not cohere with the WHO guidelines of six-month period of exclusive breast-feeding that infants should receive. Women often make the difficult choice of quitting work or introducing formulae feed to their babies. Lack of or poorly maintained crèche facilities at the work place and lack of transportation facilities discourage women from continuing with breast feeding their infants. This is detrimental to the survival, health and growth of infants (Swaminathan, 1988)

1.5.2. Women, Work and Supplementary Nutrition

A high proportion of Indian women and more precisely, pregnant women are anaemic. According to NFHS-3 (2005-06) about 60 percent of pregnant women aged 15-49 years are anaemic, and the proportion has increased by 10 percent compared to NFHS-2 (1998-99) figures, which was around 50 percent (IIPS and Macro International 2007). In order to improve maternal health and also support positive pregnancy outcomes, the Integrated Child Development Scheme is supposed to provide supplementary diet to pregnant women to meet

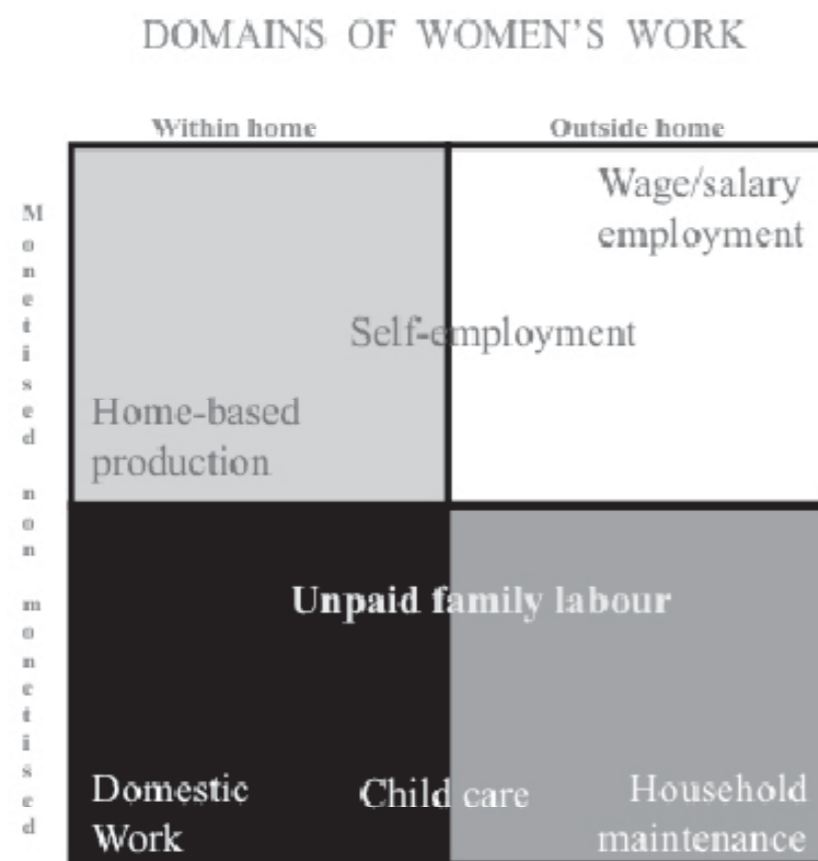
the additional calorie requirement during pregnancy. This scheme is now restricted to only pregnant women holding the below poverty line (BPL) card. While this is an important intervention, the implementation of the programme and issues of access to and quality of food, registration of women for ante-natal care are causes for concern.

Moreover, the assumption of supplementing pregnant women's diet to meet the additional demand for calories during pregnancy is laudable but research on the subject indicates that this supplementation too would not fill the pre-existing calorie deficiency that women have. Batliwala's study (1982) had thrown fresh light on understanding gender-based division of labour and norms as mediators of access to nutrition among poor households. Any attempts to increase or supplement nutritional requirement without reducing women's extraordinary work burden (wage and non-wage work) and providing for alternative energy sources, is like a "leaking bucket" syndrome. So any attempt to address food needs through targeted or direct food transfers will superficially and minimally address the requirement but not create sustainable solution of reduction of work burden and gendered food security.

1.5.3. Recognition of Care Work and Social Reproduction

Apart from maternity related matters among women workers, women's contribution to care work, social provisioning for the household, receive least attention in public policy. Women as bearers and rearers of children provide the foundation for generating future labourers for any economy. Reproduction involves not only procreation but nurturing and caring a growing child. There is also additionally social reproduction by means of care work for the family and household, transmitting culture and maintaining social bonds and community. Social reproduction attains lot more significance in economies which have a large subsistence sector and public provisions are inadequate or absent in many aspects of maternal care and child care. Despite the knowledge that women's work falls within a continuum of public and private domains, with the co-existence of wage and non-wage work, attempts are often made to draw neat distinctions to privilege what is seen as 'economic' work or 'productive' work. This underlines the discrimination and marginalisation that women face for their commitments to their household and care work. The competing demands on women's energy and health is not within the existing policy radar.

A diagrammatic representation of the domains of women's work and the overlaps as presented by Swaminathan (2009)³ is given below:



Source: Representation by Mina Swaminathan, 2009

3. Dr. Mina Swaminathan, presented this diagram at the inception meeting of this project on 9 August, 2009, held at TISS, Mumbai

General comments

Initially there seemed to have been difficulties in the execution of the scheme as seen in some news paper reports. The Hindu reported: *Kerala might have made a late start with the implementation of the National Rural Health Mission (NRHM). However, more than that, what is affecting the State's performance could be the lack of coordination between the health-care delivery system and the NRHM. NRHM is intended to fill the critical gaps in the existing health-care system and strengthen the public health infrastructure.*

For the first time, Central Government funds to the tune of 10000 crores are at the disposal of the State for improving the health system. Health planning at the local level is critical for the Mission's success. However, the apparent lack of coordination between Health Services officials and the NRHM machinery has slowed down this process.

The NRHM blames this on the bureaucratic functioning of the health-care delivery system. On the other hand, the Health Services is peeved that it has been sidelined in the planning process. NRHM was inaugurated in April 2005. But the project was set rolling in Kerala in September 2006. Kerala took another year before the District H&FW Societies were registered and a State Mission Director appointed. It was only in April 2007 that NRHM District Programme Managers (DPMs) were appointed.

However, many of the components of NRHM such as district and village-level health plans, accredited social health activists, Rogi kalyan samithis, public-private partnership, are all familiar to the State where de-centralised planning process was kicked off in the late 1990s itself. Kerala did not submit the State Action Plan for 2005-06.

NRHM has now set in motion many initiatives aimed at strengthening the public health system, such as filling the vacancies of doctors and nurses, upgrading of primary and community health centres and setting the district action plan in progress. But the Panchayati Raj institutions and the district health officials have little awareness of and orientation on NRHM.

The result: *despite getting ample funds this year, many sub-centres and primary health centres have not utilised a single paisa for up gradation. "Many district health officials or panchayat presidents, who have the jurisdiction over PHCs, have no clue on the NRHM guidelines for funds utilisation," an official said. In many districts, there is no co-ordination between the District Medical Officers and the District Programme Managers (DPMs) of NRHM. The Mission is perceived as a new power centre by some in the system and this dual control has not gone down well with many. There is also the duplication of structures -- the Reproductive and Child Health Officers and DMOs of the health service and the DPMs have similar roles.*

Public health experts point out that the NRHM should assume the role of a social mobiliser because it has the resources to turn the system around. "Our health system might not have a proper work culture. But despite its weaknesses, it achieved the health indices that we are so proud of. NRHM cannot be there forever to do the fire-fighting whenever there is an infection outbreak at SAT hospital or a chikungunya epidemic. It should concentrate on giving proper training and incentives to those in the health system so that they can raise themselves to the expected level," says a public health expert.¹⁶

The State should therefore ensure quality of care for pregnant women at public healthcare institutions by ensuring :

- adequate number of trained staff and doctors
- improved physical infrastructure of the facility
- post- delivery stay of 48 hours
- provision/ assured linkage of blood storage unit at the FRUs
- up-gradation of PHCs & CHCs into 24*7

The state should improve implementation of JSY by ensuring that:

- Payment is made to the beneficiary at the time of delivery through bearer cheque
- The referral package is as per guidelines.
- The monitoring of JSY is as per directives of GOI.
- The grievance redressal mechanism for JSY is set up at the local level; listing of beneficiaries outside the PHC/ CHC, etc should be instituted for ensuring transparency and for facilitating grievance redressal.
- The quality of deliveries at public health facilities is monitored; private sector facilities are accredited and monitored.
- The State should update beneficiary/ eligible couple registers (ECR) in April to get the list of potential clients; give cards to clients and track services received at VHNDs and home visits; and match cards with ECR to track left outs.
- Contractual staff has to be engaged on a consolidated amount. No other allowance is admissible to them.
- A system should be developed for holistic monitoring of the PIP based on outcomes, costs and activities.

16. C. Maya, The Hindu June 18,2007

- Access to integrated comprehensive primary healthcare
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH
- Promotion of healthy life styles

The Janani Suraksha Yojana (JSY) is a centrally sponsored scheme aimed at reducing maternal and infant mortality rates and increasing institutional deliveries in below poverty line (BPL) families. The JSY, which falls under the overall umbrella of National Rural Health Mission covers all pregnant women belonging to households below the poverty line, above 19 years of age and up to two live births.

The JSY, launched in 2003, modifies the existing National Maternity Benefit Scheme or NMBS. While the NMBS was connected with providing a better diet for pregnant women from below poverty line (BPL) families, the JSY integrates help in the form of cash with antenatal care during pregnancy period, institutional care during delivery as well as post-partum care. This is provided by field level ASHA or health workers through a system of coordinated care and health centres.

The role of the ASHA or other link health worker associated with JSY is the following:

- Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC
- Assist the pregnant woman to obtain necessary certifications wherever necessary,
- Provide and / or help the women in receiving at least three ANC checkups including TT injections, IFA tablets,
- Identify a functional Government health centre or an accredited private health institution for referral and delivery,
- Counsel for institutional delivery,
- Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged,
- Arrange to immunize the newborn till the age of 14 weeks,
- Inform about the birth or death of the child or mother to the ANM/MO,
- Post natal visit within 7 days of delivery to track mother's health after delivery and facilitate in obtaining care, wherever necessary,
- Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

Tracking Each Pregnancy: Each beneficiary registered under this Yojana should have a JSY card along with a MCH card. ASHA/AWW/ any other identified link worker under the overall supervision of the ANM and the MO, PHC should mandatorily prepare a micro-birth plan which effectively helps in monitoring Antenatal Check-up, and the post delivery care.

Eligibility for Cash Assistance:

LPS States	All pregnant women delivering in Government health centres like Sub-centre, PHC/CHC/FRU / general wards of District and state Hospitals or accredited private institutions
HPS States	BPL pregnant women, aged 19 years and above
LPS & HPS	All SC and ST women delivering in a government health centre like Sub-centre, PHC/CHC/FRU / general ward of District and state Hospitals or accredited private institutions

Funds in this scheme are distributed by the Medical Officer, Rs. 300 for referral and transport.

Table No. 31: Number of Beneficiaries under JSY in Kerala

Year	No. of Beneficiaries	Amount approved	Amount expended
2005-2006	19603		124.5
2006-2007	58296	890.49	424.14
2007-2008	193417	635.24	1486.26
2008-2009	108816	935.96	1283.97

Source: NRHM Mission Trivandrum

1.6. Globalisation, Informality and Vulnerability

Since the 1990s, the loss of employment due to closure of public sector companies, loss of demand for products produced internally and competition from external markets led to shift of jobs from the formal sector to the informal sector. Increase in women's income earning work is explained as a counterbalance to male employment instability. Further, studies have shown an 'added worker effect' – i.e., households have deployed more workers to retain the same level of household income. Women from several states migrate within and outside the country to contribute to the global 'care economy'. The typical characteristic of women seeking flexible income earning opportunities, due to multiple and competing demands on their time and energy in the absence of any familial or community or state run support services, makes them susceptible to seek home based work or outsourced work as part of subcontracting. Manufacturing industries are characterised by skeletal permanent workforce, this 'flexibility' of labor supply seems to suit the need to 'outsource' or 'subcontract' to small-scale enterprises at times of peak demand or on a regular basis. Further, within the context of an international spread of the workforce, where manufacturing takes place in different locales, the tasks that require manual dexterity but least supervision are transferred to Asian countries with enormous labor supply and poor bargaining power. The 'footloose' nature of foreign capital is always in search of cheaper labor wage destinations (Krishnaraj, 1999). Hence, to retain the foreign investment, there is a further downward pressure on wages, a tendency that is described as 'race to the bottom' syndrome. Therefore, the informal economy has emerged not as a residual category, but a sector that is embedded in the globalised economy holding the 'wrong end of the rope' (Lingam, 2006).

Regular work is available more to the relatively well to do women while poor women are bunched at the causal labour end. In addition, migration of males from rural areas for non farm work have increased the burden of work on rural poor women. Female migration has also increased with the attendant hardships on women without childcare facilities.

While the official poverty ratio has declined the decline has been very slow and India still has the largest number of poor people. To the old debates of unorganised sector workers and their rights, it is time to look at the rights of women workers in the several private enterprises, in sub-contracted workshops and in the high-end new industries that are part of the globalising economy. At another end of the spectrum, there is the IT sector and IT enabled services where out sourcing is done here while control and command lying in global centres (Pani 2010). The export orientation bases itself on cheapness of labour here, which prohibits grant of labour social security measures. Maternity benefit will not figure under this regime.

While there is considerable heterogeneity in the informal sector, uniformly there are high levels of vulnerability and poor social security to cover sickness, unemployment, accidents, child birth, injuries and so on (Canagarajah & Sethuraman, 2001). Compounded to this situation is the overall decline in social sector funding, switch to a targeted approach in delivery of services rather than the provision of universal access and thereby exclusion of several groups who miss being the targets due to narrow definitions of who is considered to be eligible. While maternity provisions exist their reach and coverage is small. The household has to bear the maximum responsibility for the family's welfare and given the gender division of labour, this burden falls disproportionately on women.

Mainstream trade unions have ignored the presence of the large informal sector and failed to unionize and mobilize this sector. Apart from ideological difficulties in accepting the sector the peculiar character of the sector also threw challenges to union building. The large presence of women as artisans, landless, fishers, vendors with poor state support, connections to formal credit and marketing institutions spurned unions like the Self Employed Women's Association (SEWA), Working Women's Forum (WWF), National Fish workers' Forum, which creating a hybrid model with elements of union, NGO and social movements. Therefore, the discourse on 'workers rights', goes beyond 'working conditions', 'workmen's compensation' and 'risk reduction' to a framework of redefining 'work', 'location of work', inter sectionality of work with other aspects of life to include social reproduction.

References:

Jhabvala, R. (2003): *Bringing informal workers centre stage*. In R. Jhabvala, R. M. Sudarshan and J. Unni (eds.), *Informal Economy Centre Stage* (pp.258-275). New Delhi: Sage.

Government of India (1974): *Towards Equality. Report of the National Committee on the Status of Women*.

Parasuraman, S (2009): 'Economic Liberalisation, Informalisation of Labour and Social Protection in India'. George Simmons Memorial Lecture delivered at the 31st Annual Conference of the IASP on "Population and Disease", Tirupathi, 4 November 2009.

ILO (2000), *World Labour Report 2000: Income Security and Social Protection in a Changing World*, International Labor Organization, Geneva.

Central Stastical Organisation, India (2005): *Time Use Studies in five states*.

Mari Bhat PN (2002): *Maternal Mortality in India: An Update*. *Studies in Family Planning*, 33(3): 227-236.

UNICEF (2008): *Maternal and Perinatal Death Inquiry and Response: Empowering Communities to Avert Maternal Deaths in India*. New Delhi: UNICEF, April 2008.

Swaminathan, Mina. (1988): *The Continuum of Maternity and Child Care Support*. Center for Women's Studies. Indian

Association of Women's Studies. Sixth National Conference on Women's Studies, 1988. *The Dynamics Of the New Economic Policy: Implications for Women*. P.186-217.

International Institute for Population Sciences (IIPS) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005-06: India: Volume I*. Mumbai: IIPS.

Srilatha Batliwala (1982): *Rural Energy Scarcity and Nutrition: A New Perspective*. *Economic and Political Weekly*, Vol. 17 (9): 329-333, February 27, 1982.

Krishnaraj, Maithreyi (1999): *Globalization and Women in India*. *Development Practice*. Vol.9, No5, November.

Lingam, L (2006): 'Gender, Households and Poverty: Tracking Mediations of Macro Adjustment Programmes'. *The Economic and Political Weekly*, Vol. XLI, No. 20, May 20, p. 1989-98.

Pani, Narendra (2010): *Borders within Borders*. Working Paper, National Institute of Advanced studies, Bangalore.

Canagarajah, S. and S.V. Sethuraman (2001): *Social Protection and the Informal Sector in Developing Countries: Challenges and Opportunities*. SP Discussion Paper No. 0130. Washington DC: The World Bank.

72 ICDS projects in urban areas on the basis of GOI norms and population figures of 2001 Census resulted in non-availing of annual Central assistance of Rs 22.14 crore.

Though 6,722 additional Anganwadi Centres (AWCs) were sanctioned by GOI in November 2005 and February 2007, only 2,745 AWCs were made operational as of March 2007. During 2002-07 the State received Rs 103.17 crore in excess of norms fixed by GOI towards Central assistance for General ICDS Projects. Nearly 63 per cent (Rs 78.45 crore) of funds released by GOI during 2002-07 for various ICDS programmes remained unutilised. More than half the number of AWCs functioning did not have basic minimum facilities like own buildings, toilets, drinking water and weighing scales. The food items chosen for Supplementary Nutrition did not have stipulated nutritive value and also did not take care of the micro nutrient needs of the beneficiaries. Internal Audit Wing was not constituted in the Directorate of Social Welfare as of April 2007

So it is clear that the infrastructure developed by the ICDS programme over the years is a good framework to reach out to the pregnant women from the informal sector. The central government has, over the years, invested a great amount of money in this programme and there are hundreds of women also making a living by working on this programme. Nevertheless, there is still much that can be done by the State to utilize the funds available. There are also incidences in which the money and the supplementary food is also misappropriated but if there are modifications made to the programme, in that there can be local monitoring committees made up of women representatives, this programme could be a great boon for poor pregnant women.

3.9.2 National Rural Health Mission (NRHM)

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of people, the Government of India in 2002 launched the National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system.

The Vision

- The National Rural Health Mission (2005-12) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.
- These 18 States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.

The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.

It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme and promote policies that strengthen public health management and service delivery in the country.

It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.

It seeks to

- revitalize local health traditions and mainstream AYUSH into the public health system.
- effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.
- decentralization of programmes for district management of health
- address the inter-State and inter-district disparities, especially among the 18 high focus States, including unmet needs for public health infrastructure.
- define time-bound goals and report publicly on their progress.
- improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

Goals

- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)
- Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases

diseases-poliomyelitis, diphtheria, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

ICDS budget in Kerala for 2008-2009 was Rs. 190 crore

Table No.30: ICDS Beneficiaries

Year	Pregnant and lactating women covered	Nutrition provided	Expenditure
2003-2004	379371	153137	
2004-2005	380268	153937	Rs. 71,05,94,103
2005-2006	382943	162478	Rs. 76,47,63,583
2006-2007	386985	167386	Rs. 115,15,09,192
2007-2008	406178	217779	Rs. 154,09,23,470
2008-2009	377447		Rs. 184,20,44,424

Source: Social Welfare Department records

ICDS Structure:

State Level	Directorate of Social Welfare	Director
Block Level	ICDS Project office	ICDS Project officer –CDPO – one per 5 supervisors
Project level	ICDS	Supervisor- 1 per 5-15 anganwadis
Unit Level	Anganwadi centre	Anganwadi worker and helper

The infrastructure of the ICDS set up in the state through its Anganwadis and related to the Primary Health Centres is commendable. Now that this programme comes under the supervision of the local panchayat, there has been an increase in the number of anganwadis and improvement of several primary health centres. This is the most accessible nutritional health programme for rural women which also covers pregnant and lactating mothers.

Services rendered to the pregnant women:

Weight check up, immunization – once in every three months, iron folic acid, awareness classes, supplementary nutrition – 2 out of 5 beneficiaries

Services rendered to nursing women:

Supplementary nutrition for mother till child is six months, iron tablets, health checkup and awareness classes

Food quantity:

August 2009 for a pregnant woman 500 calories energy and 30 grams protein a total of 120 grams rava and 16 grams oil daily. Earlier cooked food was supplied – uppumavu with vegetables sometimes with groundnut, soya bean oil and in some the women got an egg. Today uncooked food is distributed so that women need not come on a daily basis to the anganwadi.

Discussions with some of the women in the panchayat revealed that they appreciate the assistance although they complain that accessing cooked food is difficult as it takes up a good part of their working time. Moreover, poor pregnant women actually work for at least 4-5 months of their pregnancies, so uncooked food is a better option as it can be carried home.

In other locations, when case studies were made of the coir and fish workers, they complained that only a miniscule number availed of these facilities because they were not enrolled by the anganwadi teacher or because they were too far away from the anganwadi to access the benefits as they also had to work.

According to the Finance and Appropriation Accounts of GOK for 2006-07¹⁵The Integrated Child Development Services Scheme (ICDS) launched in 1975 aims at holistic development of children up to six years of age, adolescent girls and pregnant and lactating mothers by providing a package of services. Failure to set up

15. Audit Report (Civil) for the year ended 31 March 2007

Social Protection and Maternity

Lakshmi Lingam

The role of state in securing the rights of voiceless and vulnerable groups and devising 'safety nets' and mechanisms like 'social audit' and 'right to information' has attained a new significance in the post-liberalisation period in India. In contemporary times, several social protection initiatives broadly within the realms of health, child development, food security, employment and so on, are receiving fresh impetus with communities and civil society groups seeking good governance to ensure the delivery of these initiatives. So the initiatives that purportedly looked like they were welfare oriented are being steered to bring in discourses on rights and fulfillment of constitutional mandates. The discussions on maternity protection are also going through a similar trajectory.

While the earlier chapter had laid the ground for understanding the context of women's work and the changing context of labour, as well as the missing links in conceptualisation and policy framework, this chapter attempts to elaborate discussions on social protection and the location of maternity benefits within them.

2. 1. Social Protection

Poverty and vulnerability are key issues that provide the rationale for devising measures for social protection. There is enormous literature that examines the 'why of poverty and vulnerability'. Social protection within public policy addresses 'how to deal with the consequences of vulnerability and deprivation'. Guhan (1994) makes a distinction of various social protection measures in terms of the outcomes – promotional measures – help improve incomes and capabilities; preventive measures – help avert deprivation and protective measures – guarantee relief from deprivation. While each of these measures is important in varying levels (macro, meso and micro) and contexts (conflicts, disasters & normal times) the possibility of having social protection measures to provide for improvements in capabilities and structural transformation has greater long-term promise. Suwannavat, explains protective measures as preventing households or individuals from falling below a certain threshold level; promotional measures prevent the fall in the first place. However, there is growing literature to centre stage safety nets with wider objectives such as addressing vulnerability and the 'promotion' of better chances of individual development (Guhan, 1994).

There is consensus on the need to have social protection policies, especially in this region, where as per the Global Employment Report 2008 (ILO) the largest share of vulnerable employment as a proportion of the total employment worldwide with a rate of 77.2 per cent exists. This means that nearly eight out of every ten workers are unprotected with no access to labour rights or security in times of economic crisis.

The ILO (2000) has defined social security "as the protection which society provides for its members through

a series of public measures:

- to offset the absence or substantial reduction of income from work resulting from various contingencies (notably sickness, maternity, employment injury, unemployment, invalidity, old age and death of the breadwinner)
- to provide people with health care; and
- to provide benefits for families with children."

This definition places the understanding of social protection not just as a 'safety-net', or as 'risk reduction' but, more importantly, to 'prevention' against increases in deprivation. Interventions in India are framed with risk and vulnerability management framework rather than addressing the deeper issue of dealing with the factors that create vulnerability.

Social protection initiatives can be positioned as (a) employment based entitlements, (b) community based entitlements, (c) market based entitlements and (d) citizenship based entitlements (Chhachhi, 2009). It is important to assess in the case of maternity protection for women workers which approach and framework will be important. This study is attempting to examine the following models to assess the way forward.

Maternity Entitlements under review	
Sector	To Understand
1. Existing Employer Liability model (organised sector)	<ul style="list-style-type: none"> ➤ Implementation ➤ Categories of informal workers in the organised sector – entitlements
2. Contributory Social Security Model (informal sector)	<ul style="list-style-type: none"> ➤ Enterprises under ESIC ➤ Functioning and the Reach of sector based Tripartite Boards Funds where they exist
3. Public Safety Net model (all unreached by the first two sectors)	<ul style="list-style-type: none"> ➤ Reach the unreached - scattered, tiny and invisible, self-employed, migrants, seasonal labour etc. and women in the 'care' economy. ➤ Examine possible linkages of Maternity to ICDS and other existing basic services for poor ➤ Assess Insurance schemes & the JSY

2.2. Maternity Protection, MB ACT & ESIC⁴

Maternity Protection rests on the ethic of social responsibility. ILO's declaration of Equality of Opportunity and Treatment of Women Workers adopted by member states in 1975, categorically stated that elimination of maternity as a source of discrimination was needed to protect women's employment during their maternity. This was further reiterated in the resolution at the 92nd ILO conference of 2004 adopted by all member states that called on all governments and social partners to advance gender equality in the world of work with a particular attention to provide access for all women to maternity protection, to develop gender sensitive social security schemes and to promote measures to better reconcile work and family life.

It is worth reiterating that maternity protection is not just a health issue but an equality issue. The principles enshrined in the ILO instruments for maternity protection state: "While it is essential that expectant and nursing mothers receive health protection to prevent harm to their and infant's health, it is as important that they have some form of income replacement, employment security and protection from arbitrary dismissal. Such protection not only ensures a woman's equal access to employment, it also ensures the continuation of often vital income which is necessary for the well being of her entire family."

4. This section draws from the project terms of reference note prepared by the ILO, New Delhi, August, 2009.

3.9 Other Programmes that take care of Maternity

3.9.1 Integrated Child Development Scheme (ICDS)

Besides the workers who are covered by the welfare boards, the government also invests a substantial amount of money in women's reproductive care and health through the various other programmes that exist under the Social Welfare Department. One of these programmes that is centrally sponsored and covers the entire country is the Integrated Child Development Scheme (ICDS) that was started in October 1975.

1. Objectives:

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

2. Services

The above objectives are sought to be achieved through a package of services comprising:

- supplementary nutrition,
- immunization,
- health check-up,
- referral services,
- pre-school non-formal education and
- nutrition & health education.

The concept of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services.

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Anganwadi Worker and Anganwadi Helper
Immunization*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO
Health Check-up*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years: Pregnant & Lactating Mother (P&LM)	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

*AWW assists ANM in identifying the target group.

Three of the six services namely Immunisation, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

Nutrition including Supplementary Nutrition: This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.

Growth Monitoring and nutrition surveillance are two important activities that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

Immunization: Immunization of pregnant women and infants protects children from six vaccine preventable

Maternity benefits provided by various boards:

● Kerala Agricultural Workers Welfare Fund Scheme	Rs.1000
● Kerala Artisans & Skilled Workers	Rs. 500
● Kerala Beedi & Cigar Workers Welfare Scheme	Rs. 500
● Kerala Building & other Construction Workers Welfare Scheme	Rs.3000
● Cashew Workers Relief and Welfare Fund Scheme	Rs.1000
● Handloom Workers Welfare Fund	Rs. 500
● Tailoring Workers Welfare Fund	Rs.2000
● Barbers Welfare Fund	Rs.1000
● Fishermen Welfare fund	Rs. 750
● Reed and Bamboo Workers	Rs.1000

Another important aspect is that it is precisely the Welfare Funds created for the relatively weaker sections among the workforce and sectors which are predominated by women that are still struggling for financial viability (e.g. cashew, handloom, coir) whereas the more powerful and vociferous male sections of the workers seem to have ensured a better deal for themselves. (e.g. toddy, head-load and auto rickshaw workers). The fact is that even now women's issues seem to take a back seat of debate and policy even in Kerala when it comes to their participation and problems in the labour market. This is in sharp contrast to their achievements in social development as in controlling the birth rate, enhancing literacy and schooling, life expectancy and so on. Maternity benefits receive a very small proportion of the funds even in the otherwise well endowed construction workers board.

According to the official estimate of the Construction Workers' Welfare Board, there are 1.5 million workers engaged in construction activities in the state. Over 70% of construction workers register in the board and according to a study by R.P. Nair, in some areas like Alleppey, over 36 percent of the workers registered are women.¹⁴

Table No. 29: Maternity benefits disbursed by the Construction Labour Welfare Board

Year	No. of beneficiaries	Amount sanctioned (Rs)	Expenditure on this item as % of total welfare benefits
1991-92	3	900	0.20
1992-93	148	47 600	1.10
1993-94	244	115 200	3.02
1994-95	595	196 400	4.00
1995-96	447	189 200	1.05
1996-97	609	551.500	1.78
1997-98	1196	931500	1.98
1998-99	976	976 000	1.48
1999-2000	1142	1142000	1.11
2000-01	1546	1703000	1.38
2001-02	1197	2657000	1.79

Source P.R.Nair,2004

According to Nair, although women constitute on average 23 per cent of the registered workers in the state as a whole, yet the amount of maternity benefit disbursed by the Board is less than 2 per cent of the total welfare benefits disbursed each year. This could be because most of these women have passed the normal reproductive age group and have grown-up children, even of marriageable age. This is suggested by the much higher amount of marriage assistance (16 per cent of total benefits disbursed) received by the workers in 2001-02. (In this connection it should be noted that marriage assistance is given by the Board not only to registered workers but also to their children).

The most productive years of a woman's life are also the reproductive years. In the absence of maternity protection a woman has to forego her employment with adverse consequences not only for herself but also her family through reduced income and enhanced medical expenses that often results in her returning to work soon after child birth with deleterious consequences for her health. It also affects the infant's health, for according to health specialists babies need six months of full breast - feeding and supplemented by solid food for the next two years. Breast - feeding is energy intensive for mothers, who require extra nutrition as well as extra calories. In the former socialist countries, a mother was given fully paid leave for one year to take care of the child. In the Netherlands, the period of childcare is given 'work points' if the woman is receiving welfare assistance to exempt her from working outside the home. These are examples of progressive policies.

The Constitution of India stipulates in its Directive Principles that States should make provisions for securing just and humane conditions of work and for maternity protection. Accordingly, the government of India promulgated the Maternity Benefit Act in 1961 and the Employees State Insurance Act in 1948.

2.2.1 The Employee State Insurance Act, 1948 provides social security benefits to individuals employed in power using factories employing 10 or workers, and in non-power using factories, shops, hotels and restaurants, cinemas, road-motor- transport undertakings and newspaper undertakings employing 20 or more employees who are working on the premises. Presently the ESI applies to employees who are earning up to Rs. 10,000 a month (approx USD 220). Under the Act the insured persons are entitled to comprehensive medical care as well as cash benefits for self in contingencies of sickness, maternity and employment injury arising out of employment and occupational diseases. As it is a social security scheme, employers are obliged to uniformly cover men and women. The employees' share of contribution is 1.75 percent of their wages per month and employers' share is 4.75 percent of employees' wages per month.

2.2.2 Maternity Benefits Act, 1961 is applicable to all workers in the organised sector who are not covered under the Employees State Insurance Act. This Act covers workers in regular employment in factories, mines, plantations and establishments irrespective of the number of people working in the establishment. Further, every woman employee who has worked for a period of 180 continuous days in one year is eligible to be covered under the Act. The salient features of the Act include protection from dismissal during pregnancy, and 12 weeks of paid leave of which six weeks may be taken in the period preceding childbirth if the mother so desires. Further, the Act also stipulates that the employer will not compel the woman to do any arduous work during her pregnancy, or give notice for discharge or dismissal during this period. It also makes provisions for two nursing breaks of 15 minutes each, once the mother gets back to work.

The Second Report of the National Labour Commission highlighted important shortfalls of both Acts for example the limited ability of these Acts even in establishments where all working women are covered by them. According to the Second Report of the National Labour Commission "only 0.25 percent of women avail of maternity benefits in a situation though 94 percent are entitled to it. Further, the laws have many loopholes as factory owners and contractors find it easy not to adhere to the ESI Act by employing 19 rather than 20 women. These Acts provide no work protection for women. Many women are either forced to leave their jobs when they are pregnant, or are not hired at all because they will have to be provided maternity benefits during and after pregnancy. It has been brought to our notice that the amount of benefits provided by these two Acts are inadequate, as women are not able even to cover the cost of the extra nutrition that they require during their pregnancy." The stipulation of 180 working days also goes against the interest of the worker. Chapter five elaborates on the various evasions of these Acts and the positions of the courts on the subject.

The low level of women availing of maternity protection requires closer inspection. A study by Ganapathi (1990), out of all women covered under the MB Act, the benefit claims were from 0.45 percent women and maternity benefits were provided for slightly less than that. There is an urgent need to investigate what is the estimated number of eligible females and whether all those eligible and in need are claiming maternity benefits under the current systems. The same study also observed a tendency of employers to take women on casual and contractual basis to avoid payment of maternity benefits and noted that such a tendency was inevitable where the maternity benefits are to be solely borne by the employers as employment of women workers becomes comparatively more expensive.

Notwithstanding challenges in the organised sector, the biggest challenge may be to provide coverage to workers in the unorganised sector, where 91 percent of the female workforce is found. The Indian government has taken several steps in this regard, for example the Central Government through the Ministry of Labour & Employment operates, at present, Welfare Funds for Beedi workers, Limestone & Dolomite Mine workers, Iron ore, Chrome ore & Manganese ore Mine workers, Mica Mine workers & Cine workers. These Funds are used to provide various kinds of welfare amenities to the workers in the field of health care including maternity benefit, housing, educational assistance for children, drinking water supply etc. Furthermore, the Building and Other Construction Workers' Welfare Cess Act, 1996; stipulates the establishment of a fund at the State level to provide for the welfare of construction workers including maternity benefit.

14. Nair, R.P; The Kerala Construction Labour Welfare Fund, Working Paper 219, International Labour Office, Geneva, 2004

Other related examples in this regard are the Rajiv Gandhi Shilpi Swasthya Bima Yojana, a scheme of the Ministry of Textiles, which extends health insurance, including maternity benefits, to the artisans' community. The scheme covers artisan's family of four comprising self and any three out of spouse, dependant parents and children.

Tamil Nadu Integrated Nutritional Project provides nutritional supplementation to pregnant and lactating mothers and the Muthulakshmi Reddy Scheme (1988) in Tamil Nadu and the maternal protection scheme of Gujarat (1986) provide cash benefits (Rs 350) to compensate for loss of wages.

Another important initiative in the informal economy is the Janani Suraksha Yojana which has replaced the National Maternity Benefit Scheme (NMBS) under National Rural Health Mission (NRHM). The purpose of JSY is to reduce over all maternal mortality ratio and infant mortality rate, by increasing institutional deliveries of Below Poverty Line (BPL) families. JSY is a modified version of the National Maternity Benefit Scheme (NMBS) and is fully funded by the GOI.

Maternity protection is a significant intervention that recognizes women's reproductive rights whether they are in the formal or in the informal sector or 'non-workers'. It is a key instrument in promoting equal opportunity for women. The MoLE, ESIC & ILO are keen on reviewing whether the current maternity schemes in India are functioning well to meet the demand and provide the necessary support to women. A study to be conducted under the stewardship of the Tata Institute of Social Sciences, Mumbai, has been specially commissioned to provide broad policy, programmatic and legislative directions in order to achieve quality maternity protection for all.

References

- Guhan S. (1994). *Social Security Options for Developing Countries. International Labour Review* 133 (1): 35-54.
 Cook, S, Kabeer, N & Suwannarat, G. (2003): *Social Protection in Asia. New Delhi: Har-anand Publications.*
 Unni Jeemol and Uma Rani (2003): *Social protection for informal workers in India: Insecurities, Instruments and Institutional Mechanisms. Development and Change, 34(1): 127-161.*

	2008-2009			M: 36000 F: 144000		309	317470
4	2004-2005 2005-2006	KASWWB (artisans)	236577		100	230 237	115000 118500
	2006-2007					242	121000
	2007-2008					67	33500
	2008-2009					222	111000
5	2004-2005	KCONWWF (construction workers)	1500000		77.20	2089	4177000
	2005-2006					1248	2496000
	2006-2007					1788	3882000
	2007-2008					3271	6666000
	2008-2009			T: 1503763		2766	7421000
6	2005-2006	KFMWF (fishermen's)	277862		100	1233	924750
	2006-2007					1407	1055250
	2007-2008					290	217500
	2008-2009			M: 207623 F: 28120		1235	926250
7	2004-2005	KCWRWF (cashew workers)	200000		78.20	145	145000
	2005-2006					194	194000
	2006-2007					48	48000
	2007-2008					72	72000
	2008-2009			M: 15477 F: 139294		40	40000
8	2008-2009	Tailoring Workers Welfare Board	388760	T: 69000	100	81	162000
9	2004-05	Kerala Dinesh Beedi	110000	M: 2817 F: 13012	37.41	108	154181.62
	2005-06			M: 1957 F: 11245		86	118941.00
	2006-07			M: 1418 F: 10306		45	56148.06
	2007-08			M: 1083 F: 9545		25	36343.50
	2008-09			M: 831 F: 8565		29	42092.64
10	2006-07	Kerala Bamboo and leaf workers welfare board	15006	M: 757 F: 14249	100		
11	2006-07	Kerala Handloom workers welfare Board	100000	M: 23450 F: 26966	50.42		
12	2006-7	Kerala Anganvadi workers and helpers welfare board	50786	F: 42074	82.85		

Source: Compiled from submission of the Welfare boards and Economic Review: Poverty and special programmes for weaker sections and direct submissions from Welfare boards

of nomination of the leaders of the main unions active in a particular occupational group.

Employers' representation is also through nominations either of the employers' organisations or prominent employers in a given occupation. Since employers as a group have accepted the institution of collective bargaining and care arrangements through Welfare Funds, their participation is more out of necessity than out of a conscious policy. They also ensure that such participation is used to articulate their views and grievances.

Nomination of government representatives is often done bureaucratically with little concern for assessing the nominees' expertise and interest. The concerned officials of the Labour Department and Finance Department are the usual nominees. Others may belong to departments that look after the industry or occupation. The Chief Executive is usually a senior government official on deputation from a department.

3.8.1 Coverage of the Boards

Estimating the exact coverage of the Welfare Boards is problematic as there are no reliable estimates of the number of workers in each occupational group. Even the census estimates apply only to a few categories of workers such as agricultural labourers, fish workers, and construction workers. For a number of occupations, workers are clubbed in such broad category as workers in food processing (that would include cashew workers and toddy tappers). The category of the home based workers or domestic worker does not exist although they are presently being included in the Artisans Welfare Board. More recently there is also a Shops and Establishments Welfare Board based on contributions and with comprehensive coverage of workers. All workers in the State's unorganised sector would benefit from this welfare fund including employees working at shops, hospitals, medical stores, fuel pumps, meat stalls, hotels, telephone booths and similar commercial establishments. These are sectors in which a large number of young women work and until now had no security cover. Women workers going on maternity leave get maternity benefits till they return on similar terms to the ESI. As this payment is made on the basis of the minimum wages principle, a woman can get up to a maximum of Rs.17,041 as maternity benefit. Wages for the miscarriage will be given for 6 weeks. The IT workers also have access to this board, but their benefit is limited to Rs.15000/-

Today, it is estimated that over 70% of the workers in the unorganized sector are registered in the welfare boards, but not all of them have a maternity benefit provision.

Table No. 28: Number of workers who received maternity benefit under the various welfare boards

Sl.No	Year	Name of Board	Total number of workers in the sector in 2007	Number of workers registered in the Board	Percentage of members to total workers in 2007	No. received maternity benefits	Amount disbursed (in Rupees)	
1	2004-2005	KAGWWF (agriculture)	2100000		90.42	3218		
	2005-2006					2276		
	2006-2007					2170		
	2007-2008					1460		
	2008-2009						T: 1972491	1306
2	2004-2005	KKHWWF (khadi)			100	M: 22485 F: 26392	8500 State health package	
	2005-2006					M: 22774 F: 26733	16,000 State health package	
	2006-2007					M: 23313 F: 26289	3	2250
	2007-2008					M: 25970 F: 24457	2	1000
	2008-2009					M: 113 F: 11939	1	500
3	2004-2005	KCORWWF(coir)	387000		51.37	50	15000	
	2005-2006					82	24600	
	2006-2007					133	39900	
	2007-2008					191	115300	

Kerala is a state that has won international acclaim for its forward looking social welfare measures. It has been acknowledge for its significant social indicators like the high rate of female literacy, low infant mortality, high levels of life expectancy, and falling fertility rates. The crude birth rate has been gradually falling and there is a high percentage of institutional births as indicated in the tables 1-5 below. All this has been achieved through public spending on health and education infrastructure that is accessible to all.

What we try to achieve in this case study of Kerala is to give a picture of the demographic data relating it to women's employment to understand how women who continue to bare children are supported during maternity and what more can be done in order to facilitate this important role of women while not detracting from their opportunities to be gainfully employed.

3.1 Demographic data

Kerala indeed has achieved a positive demographic profile when compared to the rest of the country.

Table 1. Demographic Indicators for Kerala and India 1990, 2000

Rate	1990					
	Kerala			India		
	total	Rural	Urban	Total	Rural	Urban
CBR	18.3	18.4	18.1	29.5	30.9	24.3
TFR	1.8	1.8	1.7	3.6	3.9	2.7
CDR	6	6.2	5.3	9.8	10.6	7.1
IMR	16	17	16	80	87	53
MAM	22	22	22.2	19.3	19.2	20.6

2000						
Rate	Kerala			India		
	Total	Rural	Urban	Total	Rural	Urban
CBR	17.9	18	17.5	25.8	27.6	20.7
TFR	1.9	1.9	1.8	3.2	3.5	2.3
CDR	6.4	6.3	6.2	8.5	9.3	6.3
IMR	14	14	14	68	74	44
MAM	22.2	22.1	22.7	19.8	19.4	21.1

Source: Statistical Report (2001), Sample registration System, RGI, Govt. of India; Fertility and Mortality Indicators (1991) by the same organisation

In this present decade too the positive profile in Kerala continues:

Table 2. Crude Birth rate per 1000 population

Year	2001	2002	2003	2004	2005
Kerala	17.3	16.8	15.2	14.9	14.7

Source: Prashant and Raymus CEHAT Database

Table 3. Number of births

Year	2004	2005	2006	2007
Kerala	563153	559082	556324	545154

Source: Prashant and Raymus CEHAT Database

Table 4. Total Fertility rate in Kerala

2003	2004	2005	2006	2007	2008
1.8	1.7	1.7	1.7	1.7	1.7

Source: Prashant and Raymus CEHAT Database

Table 5. Infant mortality rate

2002	2003	2004	2005	2006
10	11	12	14	15

Source: Prashant and Raymus CEHAT Database

According to the Kerala Economic Review 2008 the average annual growth in population of Kerala during 1991-2001 was 0.91 per cent as against the average annual growth rate of 1.93 percent in India. In addition to achievements, such as low infant mortality rate and high life expectancy the population growth rate in the state remains the lowest in the country.

Table 6. Percentage of Institutional Births in Kerala

Year	1981	1986	1991	1996	1998	1999	2008
Kerala	52.7	78.10	91.50	97.10	97.10	97.10	99.4

Source: Prashant and Raymus CEHAT Database

From the table above it is clear that institutional births are the norm in Kerala and this in itself provides the basis to see that women can also be monitored and supported during pregnancy. Moreover, the existing infrastructure and administrative system can be utilized to support the same.

Of the 21 institutions surveyed, 8 of them say that they provide maternity benefit but of these 8, three say that no such situation occurred. This means that although there is supposed to be a benefit, this could not be availed, because the staff were on contract. There are another 9 institutions which say that no such situation has occurred which implies that there is no such facility as their staff are all on contract. Nevertheless, there are complaints from women who say this should be their right as seen in the news paper cutting dated 25.11.2009 in the Malayalam Manorama Daily: Appendix II

While talking to the staff, they complain that it is not only the wages that are meager, but that they all have to resign when pregnant. The Kripa clinic stated that they are interested in registering with the ESI but that the staff are not willing to make the contribution as they get medical benefits at the clinic itself.

3.7 Protective Legislation for the Unorganised sector

As stated earlier, the majority of the workforce is in the unorganised sector. With its history of pro labour policies and the organization of labour, Kerala has been a leading state vis a vis protective legislation for labour. Hence, Kerala has organized a series of Welfare Boards that cater to the social welfare of several sections of workers. Most of the boards also provide for a one time maternity benefit. Over the last 30 years, around 4.9 million workers are covered by social security.

The Welfare Fund model¹³ of social security for the unorganized/informal sector workers in Kerala is now around 40 years old. It started with the formation of a Welfare Fund for the toddy tappers in 1969. At present there are over 24 Welfare Boards covering workers in the unorganized sector.

Although the Kerala approach reflects what the workers in the informal sector could achieve in India given the contemporary political context and the democratic political framework of the state, what was achieved in Kerala required sustained collective action on the part of the workers. For that reason, the collective care arrangements in the form of Welfare Funds were constituted with the active participation of the state. In fact the state played and continues to play the leading role in the initiation and management of the Welfare Funds. Workers organise through their unions that articulate their demands and exert pressure on the state government. The employers are, by and large, unwilling but co-operating partners since the larger political context and the political economy of power relations do not provide them with the choice to opt out of such arrangements.

In 1977 another Welfare Fund known as the Kerala Labour Welfare Fund was set up for workers in small scale factories, plantations, shops and cooperative institutions. The political perception changed drastically by the early eighties. The seventies witnessed a proliferation in unionising the hitherto non unionized workers in the informal sector. Thus during the eighties, nine Welfare Funds were set up covering workers in such diverse occupations as loading and unloading (known as head-load workers), motor transport, clerks working with legal advocates, artisans, fish workers and handloom workers. To this should also be added such groups as cashew and coir processing workers dominated by women. Given the wide political acceptance of this form of collective care arrangement under the initiative of the state, the process continued in the nineties with the setting up of another seven Welfare Funds. These Welfare Funds offer some form of social security during and after the working life namely: social insurance in the event of sickness, maternity benefit, accident and/or death and a measure of welfare arrangements in the form of assistance for housing, education of children and marriage of daughters. In certain cases where the Welfare Funds are not in a position to provide old age pension, the state has come out directly to provide such pensions from the budget.

3.8 The Welfare Fund Model

The Welfare Fund arrangement is modeled after the social security and insurance cover arrangements available to the workers in the formal sector. Within the limited financial capacity, these Funds have also conceived of some measure of welfare provisioning. The underlying model has the following characteristics:

- (i) providing a measure of social security, insurance and welfare assistance to the workers;
- (ii) creation of a tripartite body consisting of the representatives of the workers, employers and the government with veto powers for the government on policy issues;
- (iii) a bureaucratic organisational mode with the chief executive appointed by the government and staff drawn from the government departments;
- (iv) mandatory financial contribution from the workers and employers with the exception of a few 'voluntary' funds; and
- (v) minimal financial contribution by the government except in cases where the workers are directly under the government activities (i.e. government as employer) or where paying capacity of the workers is deemed very low.

The initiative for setting up a Welfare Fund usually comes through a political process wherein the political parties and their unions make a public demand for it. Once the legislature comes out with an enactment, the executive wing of the government (in this case the Department of Labour) would set up a tripartite body consisting of the representatives of the workers, employers and the government. Workers' representation is usually in the form

13. Working Paper 332, The Welfare Fund Model of Social Security for the Informal Sector Workers, The Kerala Experience, K.P.Kannan, April 2002

Sl.No	Name of School/hospital	Name of Panchayat	Total Staff	Female	Male	Contract/Daily wage	Maternity Benefit		What
							Yes (Leave without pay)	No	
12	Mary Matha English Medium U.P.school, Pothencode	Pothencode	26	25	1	1	Yes	No	--
13	Nissamia Public School (HS)	Pothencode	40	30	10	All permanent	Yes		3 months with salary
14	S.R. Hospital, Pothencode	Pothencode	12	12	6	6 trainees	---	No	Rs.40 paid to labour welfare office
15	Karunya Hospital, Pothencode.	Pothencode	18	14	4	7	--	No	--
16	Vidhy Mount Public School, Edavilakom Mangalapuram,	Mangalapuram	27	22	5	--	(no such situation occurred)	--	Recently give 1 year loss of pay leave to a staff. She did not claim maternity leave. Soidid not give it. If demand for maternity benefit will give.
17	Sree Krishna Public school, (L.P.S)Koithoorakonam	Andoorakonam	7	5	2	--	Yes		Loss of pay leave
18	Sagar Public School(L.P.S), Vayalikkada, Vattiyoorakave	Vattiyoorakavu	9	8	1	3	No	--	==
19	Jawahar Public School,(U.P.S) Vattiyoorakavu	Vattiyoorakavu	18	17	1	5	No such situation occurred		Loss of pay leave
20	Holy Angel's Convent High school, (ICSE) Nanthancode, Trivandrum	Trivandrum Corporation	110	100	10	Around 10 contract	Yes	--	3 months leave with ½ salary.
21	Nirmala Bhavan	Trivandrum	160	145	15	Around 30	Yes	--	3 months leave with Rs. 1500 Higher Secondary School Corporation as salary in place of Thiruvananthapuram Rs.4000. (for staff of up to 12 years. But for the remaining permanent staffs 3 months leave with full salary.

Childbearing in India is concentrated in the age group 15-29, which contributes more than three-fourths of total fertility. Current fertility is characterized by a substantial early childbearing: 17 percent of total fertility is accounted for by births to women in the age group 15-19 years. The fertility declines sharply beyond age 30 and child bearing is negligible for women in their forties⁵.

The NFHS 1992-93 reports that median age of childbearing in Kerala for the first births increased from 20.9 for the age group of women 45-49 to 22.3 for the age group of women 25-29 (Nair,P.S., 1995). This gives an indication that mean age at childbearing has been increasing and might have contributed for depressing the total fertility rate.

S Irudaya Rajan et al in the Kerala Development Report⁶ project the expectation of life at birth which provides the data for future planning as well.

Table No. 7 Expectation of life at birth, assumed in the projections of Kerala

Period	Expectation of life at birth		Total fertility rate		
	Males	Females	Projection 1	Projection 2	Projection 3
			(low)	(medium)	(high)
2001-06	75.20	81.20	1.5	1.7	1.7
2016-11	75.28	81.78	1.4	1.7	1.7
2011-16	76.29	82.29	1.4	1.7	1.8
2016-21	76.74	82.74	1.4	1.7	1.8
2021-26	77.15	83.15	1.4	1.7	1.9
2026-31	77.53	83.53	1.4	1.7	1.9
2031-36	77.89	83.89	1.4	1.7	2.0

Based on population projections made by S. Irudaya Rajan, K.C Zacharia and Sabu Aliyar exclusively for the Kerala State Development Report.

Table No. 8: Revenue Expenditure on Maternal and Child Care in lakhs

Year	1987	1991	1996	1998	1999
Kerala	0.98	37.80	76.20	60.10	15.05
Maharashtra	28.45	119.85	381.02	382.75	157.16
Orissa	1.83	7.16	11.65	7.01	6.42
UP	4.55	25.69	40.79	NA	NA

Source Prashant Raymus CEHAT Database

The important aspect is to know who these women are and to understand how they access maternity support. For this we will look at the employment data to see where these

3.2 Employment and Labour force participation of women in Kerala

If linking maternity protection to employment is the norm, then it is important to take stock of the nature of women's employment in the State.

In a society that is acknowledged for important social achievements, the participation of women in the labour force does not seem to be commensurate with its other indicators. Census 2001 reveals that Kerala has the lowest workforce participation rate among females among all the major states in India. It is widely acknowledged that women's work participation in India, is higher at the lower and higher ends of women's educational achievement and is lowest in the middle ranges of education. Culturally across many parts of the country including Kerala, wage work carries low prestige and as a corollary withdrawal of women from public domain wage work is a mark of upward mobility.

5. Tharakan Michael P.K.; K Navaneetham, Population Projection and Policy Implications for Education: A discussion with reference to Kerala, Working Paper 296, Centre for Development Studies, Trivandrum, Kerala

6. Kerala Development Report, Government of India Planning Commission -2008

According to the 2001 Census:

- the total workforce in Kerala, is estimated to be around 10.3 million out of which 7.8 million are males and only 2.5 million are females.
- the difference between the male and female participation rate has widened. In 2001 it was about 34 percentage points while it was around 32 in 1991⁷.
- the percentage of main workers among women has declined quite substantially implying that female labour is being increasingly marginalized.
- the overall trends for the state indicate that women are losing long-term employment and their employment as casual labour is on the rise. Women are moving increasingly into either home based work or into retail outlets and establishments on daily wages. This is evident in the increase in female work force participation rate in the 'other worker' category, especially in the urban areas.

Table 9: Work participation rates in Kerala and India

	1971			1981			1991			2001		
	T	M	F	T	M	F	T	M	F	T	M	F
Kerala	29.1	45.0	13.5	30.5	44.9	16.6	31.4	47.6	15.6	32.3	50.0	15.3
India	32.9	52.5	11.9	36.8	52.7	19.8	37.5	51.6	22.3	39.3	52.0	25.7

Source: Census Reports

The demographic transition in Kerala has had a two-fold effect on female labour force participation, the lagged effect of fertility decline has caused a shift in the age structure of the population in favour of the working ages, and simultaneously, decline in mortality levels, particularly maternal mortality also has contributed in the same direction. Similar evidences emerge from the pattern of changes in the 'dependency ratio' (Eapen, 1992)⁸. Such a pattern of demographic change, which, above all, had led to a growth in the population among the job seekers, offers an explanation for depressed economic activity rate, the female labour force being more affected in the process.

Whereas the work participation rate of women in Kerala is lower than the national level, the percentage of working women in the organized sector is higher in Kerala than at the all India level. Hence, the coverage of women with social security measures would be higher in Kerala than elsewhere. In 2007 the total workforce in Kerala was 11,10,980 of which 54.36% was in the public sector and 45.64% in the private sector. Interestingly the major sector for employment in the public sector was community services (53.70%) where as manufacturing and mining together engaged 9.16% of the workforce. In the private sector, manufacturing engaged 37.87% of the workforce and community services 37.51% with 0.09% in mining. Although the public sector is the largest employer in Kerala, the employment in this sector has been falling as also in the organised private sector.⁹

The tables presented below indicate:

- a larger number of women, in the private sector, are employed in larger establishments as indicated in Table 10.
- within small-scale industries there is a higher presence of women in unregistered units (Table 11)
- the proportion of workers ineligible for social security is high, however, lack of unions in the enterprises that women work, make them vulnerable and lacking in any bargaining power (Tables 12 & 13)
- Around this data 30% of these workers do not belong to trade unions.
- All this implies that a large number of women that work gainfully are not covered by any social security and therefore do not get any maternity benefit.

Table 10: Women employed in organized private sector by size of establishment, 2002 (in thousands)

State	Larger establishment (more than 25)	Smaller establishments (10-24 women)	Total	Grand total
Kerala	231.4	50.9	282.3	475.8

Source: Ministry of Statistics and Programme implementation GOI

According to the Ministry of Small Scale Industries, GOI in 2001-2002, the female employment in small-scale industries of the total employment is 37.15 percent in Kerala state.

7. Women's Portal, GOK

8. Eapen, Mridul. 1992. "Fertility and Female Labour Force Participation in Kerala", Economic and Political Weekly, October 3, pp. 2179-88.

9. Directorate of Employment

Table No.27: Maternity benefits available in private schools and clinics in 5 panchayats in Trivandrum District

Sl.No	Name of School/hospital	Name of Panchayat	Total Staff	Female	Male	Contract/Daily wage	Maternity Benefit		What
							Yes	No	
1	7th Day Adventist High School, Vellarada	Vellarada	26	22	4	8	Yes	--	3 months leave with salary
2	Mother Theresa English Medium U.P.school Misih Nagar Kiliyoor	Vellarada	17	16	1	17 (all are on 1 year contract)	--	No	--
3	Rugmini Memmorial Devi Hospital, Vellarada.	Vellarada	28	20	8	All are trainees from nursing college. Prefer unmarried	--	No	--
4	Rajan Memmorial Vrindavan Public School Market road, Kuttichal.	Kuttichal	24	20	4	8	Yes (no such situation occurred)	--	--
5	St. Antony's L.P.S Kuttichal	Kuttichal	6	6	0	1	Yes (no such situation occurred)	--	--
6	Alpha Medical Mission Hospital, Kuttichal	Kuttichal	4	3	1	--	(No such situation occurred)	--	--
7	High Care Clinic Kuttichal	Kuttichal	4	3	1	Not permanent	(no such situation occurred)	--	--
8	G.C. Hospita Melermukku, Kuttichal	Kuttichal	4	3	1	Not permanent	(no such situation occurred)	--	--
9	G.S.N. U.P.Public School Vilappilsala	Vilappil	16	14	2	--	(no such situation occurred)	--	--
10	St.Mary's U.P. School Puliyaakkonam	Vilappil	12	10	2	3	(no such situation occurred)	--	--
11	Kripa Clinic, Peyad	Vilappil	12	11	1	2	(no such situation occurred)	--	Planning for medical insurance or ESI

and Kannada of the border languages. These schools had a total of 22068 teaching staff – 2627 male and 19441 female. 82% of these schools are in the panchayat area. Of these, only 2136 teachers received a salary above Rs.3000, 4480 received between Rs.2001 and Rs.3000 and 3974 got up to Rs.1000. There were also 2733 male non teaching staff and 4022 females. None of these teachers are covered by social security and hence no maternity benefits too.

One booming industry in Kerala is now in the health sector. While some of these hospitals are registered under the shops and Establishments Act, several of them are not. Hence a small survey was conducted in 5 panchayats in Trivandrum District to assess the situation regarding maternity cover.

Below is a feedback from a survey of private and unrecognised schools and a few private hospitals of 5 panchayats in Trivandrum district.

Table 11: Number of women employed in small-scale industries (2001-2002)

State	Registered units	Unregistered units	Total
Kerala	189640	224491	414131
Tamil Nadu	270936	223050	493986
India	974713	2342783	3317496

Source: Ministry of Small scale Industries, Govt. of India

According to labour norms all women in the above sectors should be eligible to maternity benefits.

Table 12: Proportion per 1000 of rural & urban employees not eligible to any social security benefit according to usual status engaged in non agriculture and AGWGC enterprises

Area	Male			Female			Persons		
	Regular wage	Causal labour	All	Regular wage	Causal labour	All	Regular wage	Causal labour	All
Kerala	555	964	819	522	905	674	543	953	780

NSS report 519, 3.24.1 (2005-2006)

Table 13: Proportion per 1000 of rural & urban workers with non existence of unions in their activity among workers according to usual status of 15+ age group in non agriculture and AGWGC enterprises

Category	Status of Employment			
	Self employed	Regular wage	Casual labour	All
Male	281	342	350	323
Female	501	349	424	438
Persons	365	345	363	359

NSS No. 519, 3.28.1 (2005-2006)

3.3 The unorganized sector

There are over 7 million workers in the unorganized workforce in Kerala comprising different categories of workers. Data from the NSSO and other sources indicate:

- Higher proportion of households are dependent on self-employment (Table 14)
- The percentage of females engaged in the unorganized manufacturing sector is slightly higher than the males (15)

Table 14: Distribution of households by employment type for 1000 households

Area	Household type				Total
	Self-employed	Regular wage	Casual labour	Others	
Rural					
Kerala	336	293	260	110	1000
All India	357	420	124	99	1000
Urban					
Kerala	268	283	280	66	1000
All India	418	404	124	54	1000

NSS report No.522(2005-2006)

Though statistics reveal the increase in women's employment in Kerala, this employment is more in the nature of casual and irregular, contractual labour in the informal sector. Women, especially from the lower classes and the lower castes are in this sector. They not only have to cope with physical hardships that impact their health, they continue to be paid much lower wages than men in the same category.¹⁰

The percentage of females engaged in the unorganized manufacturing sector is slightly higher than the males. This is also borne out in the case studies, which highlight that all the labour intensive work like in the coir, cashew and shrimp peeling sectors are relegated to women¹¹.

Table 15: Percentage of workers by gender in the unorganized manufacturing sector in the rural and urban areas

Area	Total	Female	Male
Rural	1008614	51.2	48.8
Urban	382393	47.6	52.4
Total	1391006	50.2	49.8

NSS report No 525

In this scenario, we now turn to the access that women have to maternity protection. To put this in context, we have to understand that women in Kerala, though marrying at a later age the average child bearing age is between 20-22 years of age. As the majority of women stop with two children, this is the age group that has to be considered when considering maternity protection. There is no data that indicates the age of women who are engaged either in the organized or unorganized sectors.

3.4 Maternity Benefits

There are a series of maternity benefits that women can avail by virtue of being a worker or because they are poor. All these schemes offer different benefits and avail of their resources from either the Central Government, the state government or are contributory. Their provisions too are governed by law where they are earned as a right or as a welfare measure.

The first of the legislative measures was the Employees State Insurance Act, 1948 that provides Social Security Benefits to employees employed in power-using factories employing 10 or more employees and in non-power using factories, shops, hotels and restaurants, cinemas, road-motor- transport undertakings and newspaper undertakings employing 20 or more employees who work on the premises.

The Maternity Benefits Act, 1961 is applicable to all workers in the organized sector who are not covered under the Employees State Insurance Act.

3.4.1 Maternity benefits vary between sectors in Kerala.

The workers in the organized sector are covered either by the provisions of the Maternity Benefit Act or the ESI. But in the organized sector, depending on whether the institution falls within the public or private sector, the access to the Maternity Benefit Act differs in that the period for leave with pay is still three months in the private sector where as it is now six months for the public sector for those employees covered by the MBA. The contract labour in the organized public sector are not given the same privileges as the permanent workers if at all they get a benefit which they are entitled to by law.

In the unorganized sector, there are one time cash benefits accessible from the various Welfare Boards that have been created by the State. But for this the worker has to have registered in the Board for at least one year before availing the benefit and has to pay the annual contribution that some boards demand.

The poor in the unorganized sector may have access to the various government schemes fully sponsored by the state government like the ICDS programme which is a nutrition programme with some medical assistance. But with the network of government facilities all over the state, a normal delivery and at district headquarters even caesarian section can be availed free of cost but with no cash benefit. Today, under the NRHM, a pregnant mother can avail of both medical care and a minimal cash benefit for the delivery. (all details follow)

10. Eapen, Mridul; EPW June 30,2001

11. Gulati, Leela, S.Irudaya Rajan and A. Ramalingam. 1997. "Women and Work in Kerala: A Comparison of 1981 and 1991 Censuses", Indian Journal of Gender Studies, 4(2), pp.231-52.

there are detailed checks from the officials who demand to browse through all the accounts to see what benefits are given in kind to the workers. And if so, they demand this to be calculated in cash terms on the total basis of which the 4.75% contribution of the employer is calculated. So the employers are not even able to give a free tea, meal or even a festival allowance to the workers. He says this leads to all kinds of corrupt practices and very often the ESI inspectors are happy to receive some money and turn a blind eye to the details.

● Enterprises now prefer to take a private group insurance for workers and avoid the hassle of the ESI.

The employers and the employees recommended that some assessment should be done in order to improve the facilities in hospitals while also reducing the contributions. He also felt that for very small establishments, the six months maternity leave becomes a burden as not only does a double salary have to be paid but work can also pile up as there are no others to share the work and newcomers take a few months to pick up the work. He felt that employers could do better in providing crèches in areas where there are a concentration of small production units. Even day care centres for older children are a requirement as mothers often stop work because there are no such support facilities.

Whereas these are the benefits provided to the organised sector, there are some categories of workers in the organised sectors where workers do not have access to these benefits. For instance, the contract labour in the organised sector does not have access. There are also a substantial number of private hospitals in which the workers do not have access. Moreover, in the private education sector, in which a large number of women are employed, the access to these facilities is limited. A couple of case studies highlight these facts below.

In the IT sector there are different security measures. For example at US Technologies in Trivandrum the company has a contributory Medical Plan that also covers maternity. The employee also gets 90 days leave with salary. No crèche facilities are provided.

At Alliance Con Hill there is 90 days leave with salary with no other benefits. There is no facility for extension of leave without pay. The employee loses employment if leave needs to be extended. No crèche facilities are offered.

We must take into consideration that only a small percentage of workers are employed on a permanent basis in the IT sector. For those who are not, this facility cannot be availed.

It is evident that the paying of maternity benefit and the fact that the employee will be absent from work is resisted even by big establishments. Big commercial establishments like the State Bank of India dared to include this in the recruitment policy which stipulated that women who are pregnant or likely to become pregnant at the time of recruitment shall not be given immediate posting. (The Hindu, August 7, 2009 Appendix 1)

3.6 Maternity benefits for teachers in schools

The educational sector is out of the ambit of labour laws as this is not considered an industry. But this sector engages a large number of women – especially in the schools – and they are not protected.

The school sector is divided between fully government schools, schools under private management but funded by government – called aided schools and totally private schools.

Table No 26: The picture is as follows in Kerala

Year	Government	Aided	Private	Total	Male teachers	Female teachers
2004-05	57425	106717	11102	175244		
2005-06	56056	107047	13436	176569		
2006-07	55130	106936	14060	176126	53812	122757
2007-08	54300	106143	14535	174978	51242	123736

Source: Directorate of Education

The table shows a gradual fall in the number of government and aided schools and a gradual rise in the number of private schools. But the female teachers are double those of the male.

All teachers in government and aided schools now get six months maternity leave with pay. The private schools give their permanent teachers three months maternity leave with pay and some of them give an additional three months leave without pay. But this is rare. A large number of private schools have teachers employed on contract basis, repeatedly for years, and none of the teachers on contract are eligible to maternity benefit. They are obliged to resign and it is left to the discretion of the management to reemploy them after delivery.

Besides the above categories of schools, there are also what are called unrecognized schools. In the year 2007, according to a study undertaken by the Department of Economics and Statistics, Kerala,¹² there were 2646 unrecognized schools. These are schools of high standard and also in vernacular languages like Tamil

12. Report of Survey on Unrecognised Schools in Kerala, Dept of Economics and Statistics, Kerala, Trivandrum 2007

form to the ESIC branch office from where they receive the cash benefits. Cash benefits are made according to a slab system on the basis of the salaries. For a period of 84 days the employee gets the cash benefit which is according to the slab which is double the rate of the standard benefit rate. Rs. 90 is the lowest and Rs. 193 is the highest per day benefits that the employees receive.

Table No.23: Employees registered under ESI in Trivandrum in December of:

Year	Female	male
2005	10240	15355
2006	9822	29467
2007	15069	37971
2008	46867	21307

Data from ESIC Trivandrum

The increase in female workers was due to the increase in the number of hospitals that registered under the ESI in 2008

Table No.24: Total amounts disbursed on maternity benefits in Trivandrum

Year	Number of payments	Amount disbursed
2006	240	Rs.977720
2007	227	Rs.935314
2008	374	Rs.1969151

The number of payments above does not indicate the number of workers who availed maternity benefits but only the actual number of times payments were made as some workers may get their benefits in more than a single installment.

Table No.25: Maternity Benefit paid under ESI Act in Kerala

Year	Amount disbursed in rupees	Number of beneficiaries
2000-2001	24337417	
2001-2002	26336954	
2002-2003	24713657	
2003-2004	23011588	
2004-2005	2,22,09,839	136950
2005-2006	2,36,88,019	140300

Discussions with some workers who are registered under the ESI, revealed that they have no complaints about availing of their benefits. Some of them complained that it is sometimes difficult to reach the ESI hospital and hoped that the facilities could be improved.

Discussion with the president of the Kerala Small Scale Industries Association in Trivandrum highlighted some problems that the SSI units have in dealing with the ESIC. The problems from the employees point of view are:

- The process is laborious and time consuming putting the patient through a lot of stress. Hence employees are reluctant to make their contributions to the ESI.

- In case of establishments where the workers earn less than Rs.75 a day, the employee does not have to make the 1.75% contribution. This is borne by the state while the employer has to make the 4.75% contribution. Where employees are better off, he felt that ESI is an expensive premium because for a person who earns around Rs.5000 a month, the total contribution works out to Rs.3900 a year to the ESI. Good private insurance covers can be taken for Rs.2000 annual premium and the employee can go to good multi specialty hospitals directly. Nevertheless there is no compensation for the wages lost for days without work in such cases.

Problems on the part of the employers are:

- While the employers have no problem to make their contributions they complain about the harassment from the ESI officials. Not only does the establishment have to submit detailed accounts every six months but

Table No.16: Maternity benefits in respect of the factories covered by the Maternity Benefit Act 1961

Year	No. of establishment covered by the act	No. Which submitted annual returns	Average daily no. of women employed	No. claimed maternity benefits	Claims Accepted paid fully or partially
1981	1095	629	88297	715	465
1985	1296	805	59337	419	369
1990	1049	815	71062	418	418
1991	1049	966	55682	189	79
1992	1100	949	44306	158	61
1993	1044	739	69622	197	32
1994	1065	1065	61809	54	54
1995	924	924	20266	41	41
1996	1015	1015	66296	51	51
1997	776	776	22564	36	36
1998	1584	1584	48917	70	70
1999	813	813	21482	26	26

Source DES

In Kerala there are no complaints from women who come under the MBA regarding granting of the benefits. The main problem is regarding the time lag in receiving the payments. Nurses particularly complain about the time lag in receiving reimbursements which can be anywhere between one to seven years.

3.4.2 National Maternity Benefit Scheme

The National Maternity Benefit Scheme was introduced in 2001 to provide nutrition support to pregnant women. Under this scheme BPL pregnant women are given a one time payment of Rs. 500/- 8-12 weeks prior to delivery. In the year 2005, the Government of India launched the Janani Suraksha Yojana under the National Rural Health Mission to provide cash incentives for women to have an institutional delivery. The NMBS was merged into the JSY and with the intervention of the Supreme Court the benefits under the NMBS retained, irrespective of place of delivery.

Table No 17: Release of funds under National Maternity Benefit Scheme for Kerala (in lakhs)

1999-2000	2001-2002	2002-2003	2003-2004
71.61	96.9	78.38	135.82

Table No. 18: Maternity Benefits Paid in Factories, Plantations and Mines by Kerala during the year 1995-2003

State/Union Territory	Year	Number of Establishments Covered Under the Maternity Benefit Act	Number of Establishments Submitting Returns	Average Daily Number of Women Employed in Establishments Submitting Returns	Number of Women who Claimed Maternity Benefit During the Year	Number of Claims Accepted and Paid Either Fully or Partially During the Year		Number of Cases in which Special Bonuses were Paid	Total Amount of Maternity Benefits Paid (in Rs.)
						Claims accepted	Claims accepted		
Factories									
Kerala	1995	934	934	20,553	47	47	-	321,232	
	1996	1,023	1,022	66,504	53	53	-	282,891	
	1997	784	784	22,823	42	42	-	497,493	
	1998	1,593	1,593	49,172	76	76	4	982,353	
	1999	822	822	21,767	37	37	-	361,541	
	2000	1,042	1,042	52,700	35	35	-	688,271	
	2001	739	739	49,520	11	11	-	119,736	
	2002	981	981	50,730	1,193	1,193	1	529,268	
	2003	707	705	31,163	177	177	173	769,373	

The link is <http://labourbureau.nic.in/WL%20202K5-6%20Contents.htm>

No complaints had been received between 1995-2003

Table No 19: Maternity Benefit Claims Preferred During the years 1999-2000 to 2003-2004 under the ESI ACT

Area	Period	Number of Insured Women Employees Exposed to	Number of Confinements Risk of Maternity	Number of Confinements Per 1000 Employees Exposed	Number of Benefit Days Insured Women	Amount Paid (Rs.)	Average Amount paid per confinement
Kerala & Mahe	1999-00	168,150	2,972	17.67	262,370	19,442,836	6,542
	2000-01	177,850	3,269	18.38	285,733	24,337,417	7,445
	2001-02	162,150	3,033	18.70	266,787	26,336,954	8,683
	2002-03	149,650	2,759	18.44	253,205	24,713,657	8,957
	2003-04	136,950	2,501				

Source: DES

Table No 20: Details regarding the Maternity Benefit Act 1961 for the year 2007

Category of establishments	No. of establishments covered	No. filing returns	Average daily number of women of women workers	No of women who claimed maternity benefit	No. of claims accepted	Current year claims	No. of cases claimed Medical bonus	Total amount disbursed	complaints
Plantation	541	403	30331	497	497	497	-	37,48,587	-
Factories, Public & Private	617	617	29356	155	155	155	155	4,10,972	-
Public Sector	47	47	1658	13	13	13	13	1,12,430,	-
Private Sector	570	570	27698	142	142	142	142	2,98,542	-
Total (Plantations and Factories)	158	1020	59687	652	652	652	310	41,59,559	-1

Source DES

Table No.21: Number of beneficiaries under Maternity Benefit Scheme in Kerala

2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
1514414895	14817	9587	4844	

Table No. 22: Amount paid to beneficiaries under maternity benefit scheme in Kerala

2000-2001	2001-2002	2002-2003	2003-2004
24337417	26336954	24713657	23011588

3.5 The Employees State Insurance Corporation came into being with the passing of the Employees' State Insurance Act 1948. This is the most comprehensive welfare measure directly administered by the Central Government through the ESI Corporation.

3.5.1 The ESIC structure in Kerala

The ESIC has one Regional Office located in Trichur and Sub-Regional offices at Quilon, Ernakulam and Kozhikode. Each district in the state also has an ESIC office.

The ESIC procures the list of registered establishments from the licensing authorities and subsequently the inspectors of the ESIC follow up to see that the ESIC contributions are made.

The sub regional offices have all the data of the districts that they cover and of the number of employees of all registered establishments who receive below Rs. 10,000 a month as the registered establishments file the Return of Contribution (RC) every month.

Each office has the number of employers in its region and the number of insured persons. For instance in 2008 there were 843 registered employers and 68174 insured persons.

In the consolidated reports there is

- 1) no male and female breakup
- 2) no breakup on the basis of the kind of establishment

The contributions towards the ESI benefits are as follows:

- 1.75 % of the employees total emoluments paid by the employee
- 4.75 % of the total salary of the employee is contributed by the employer
- 1/8th of the salary is contributed by the State.

3.5.2 Benefits from the ESIC for Maternity:

Employees get medical attention from the nearest ESI dispensary from where they are referred to the ESI hospital when necessary. They are entitled to what ever care, investigations and medicines that they may require for as many children as they conceive. Wives of employees who are registered under ESI are entitled to maternity care. There is no difference based on the salary received.

In time of maternity need, the employee makes an application through the proper channel on the prescribed