

This paper has been drafted by Dr. Preeti Rani, Researcher, Mobile Crèches and is based on the data collected for the study undertaken jointly by Mobile Crèches and Institute of Human Development, titled, Need, Demand and Effectiveness of Childcare Models for Children Under 3 Years of Age in Selected States of India.





Women's labor force participation is often associated with women's empowerment and is essential for inclusive development of a society. In 2022-23, labor force participation rate (LFPR) of women has risen from 32.8 to 37 percent (PLFS, 2022-23)<sup>1</sup>. A surge of 4.2 percent is noted with the major push coming from the rural sector, specifically in self-employment which has increased from 55.9 percent in 2017-18 to 70.1 percent in 2022-23. Within self-employment, women's share as

'unpaid household helpers<sup>2</sup>' has also increased from 26 percent to 33 percent (Arora, 2023). Rising share of women in self-employment with no significant change in real income indicates rural distress and is worrisome as this growth is reversal of structural change<sup>3</sup> (Shravan, Arora, Basole, 2023).

Women's participation in labor market and their high concentration in low economic activities or/and in self-employment is attributed to

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Unpaid helpers are females who are working in their family enterprise but not being paid for their labor.

<sup>&</sup>lt;sup>3</sup> Structural transformation is defined as both a rise in the proportion of workers engaged in non-agricultural activities (the Kuznets process) and a rise in the proportion engaged in regular wage or salaried work as opposed to casual wage work or self-employment (the Lewis process).

multiple factors and is not limited to socio-cultural and patriarchal norms, mismatch in supplydemand side and the structural constraints (Singh & Pattanaik, 2020). Establishing balance between work and domestic care activities is one of the significant constrain shared by women in a survey done in 142 countries. (ILO-Gallup report, 2017).

Care work is very essential for survival and sustenance, though it is often seen as familial and female responsibility (Neeta and Palriwala, 2011). Women tend to spend large share of their time in performing unpaid care giving activities and end up in joining marginal and informal low-paid jobs. Studies have shown that time allotted in unpaid care activities is inversely proportion to LFPR of women (Ferrant et.al. 2014). Burden of unpaid care work is so huge that it has restricted 42 percent women across the globe and 52.6 percent women in Asia and Pacific in seeking paid work (Oxfam International).

Childcare responsibilities are the third biggest component of women's unpaid care work (Nikore, 2022). Women's time-use pattern and labor market opportunities do get affected with the presence of young children at home. Women with young children are stereotypically

viewed as less productive and suffers "motherhood employment penalty" (Das, 2017). Raveendran (2016) finds that household having children below 3 years have reduced female labor participation in contrast to household without children and the difference in female labor participation was 10 percent in 2011-12. Another study done by Mobile Crèches has shown that burden of childcare giving activities has restricted 89 percent women in seeking paid employment in India. One in two women quit their job due to child caregiving responsibilities. Childcare crisis makes women to either quit their paid employment or to adopt compromised and unsafe childcare practices such as leaving children alone at home or with elder girl sibling, taking the child at worksite etc. (Mishra, et.al, 2022). This indicates that childcare crisis is interfering with women's labor supply and employment outcomes creating an imbalance where the best potential of women gets unused by the market.

Children under 3 years of age (U-3 children) have unique needs to grow to their full potential, and hence, need a nurturing environment that enhances their health, nutrition, safety, responsive care and stimulation and early learning (NCF, 2018). Scientific

evidence has shown that early years experiences and the environment determine the brain architecture, and lay foundation for future learning, behavior, and health. In India the targeted intervention addressing holistic need of U-3 children are inadequate. In past four decades ICDS (Integrated Child Development Service) has expanded widely, however it has a limitation of not reaching out to children under 3 years and the program tends to have more focus on food distribution for this age group rather than meeting their health, nutrition, and care needs holistically (World Bank, 2018). In August 2022, the government realigned Anganwadi services, scheme for adolescent girls and Poshan Abhiyan and launched Saksham Anganwadi and Poshan 2.0 for better nutritional outcomes of children under 6 years. Further, Palna scheme (revised National Crèche Scheme) in Mission Shakti guidelines for quality crèche facility was launched in 2022.

In this regard, a study on the 'Need, Demand, and Effectiveness of Childcare Models for under-3 Children in Odisha and Kerala<sup>4</sup> was conducted by Mobile Crèches in partnership with Institute for Human Development in 2024. This study has examined the demand, status, and conditions of crèche provision for U-3 children in Odisha and Kerala<sup>5</sup> with a focus on public-funded crèches. Utilizing the evidence generated from the study, this paper shed lights on the restricted participation of women in labor market due to care burden of U-3 children. The first section delves on the activity status of women with U-3 children in Odisha and Kerala and the factors that are confining them in economic or in non-economic activities. The second section explores the role of education on the activity status of these mothers and highlights that the proportion of women in domestic chores are higher than other activities irrespective of their educational level. The third section focuses on variation in demand of creches among low economic and middle class in both the states. It is followed with the recommendations to enhance LFPR of women by investing in childcare.

In Odisha, two creche models i.e. Mo Kalaika Kendra (DMF initiated) and Ama Sishu Gruha (PHRS and APPI) were studied. In Kerala, creches directly under NCS, administered through departments and repurposed creches were studied.

A total of 169 women in Odisha (Sundergarh and Rayagada district- tribal and mining areas) and 128 women in Kerala

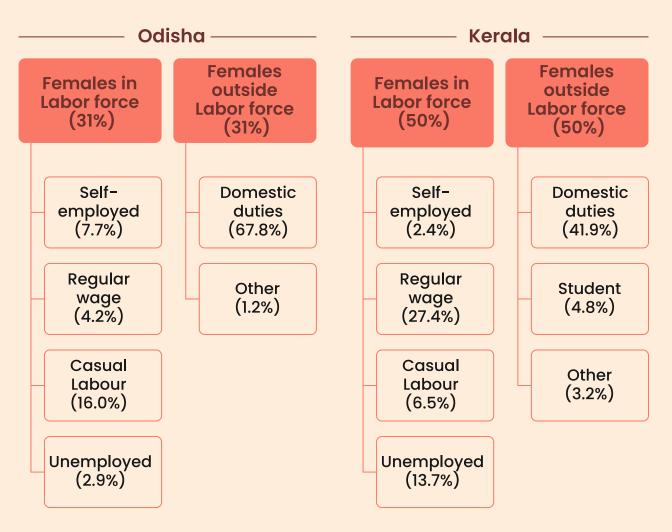
<sup>(</sup>Thiruvananthapuram and Kozhikode district- an urban slum, fisherman colony and a middle-class) was interviewed using survey tool. Interview guide and FGD were also used to gain qualitative insights from women. Most of the women are from lower economic background.

<sup>&</sup>lt;sup>5</sup> Odisha and Kerala are studied as state government has taken special initiatives for children under 3 years.

## 1. COMPONENTS OF FEMALE LABOR UTILIZATION IN ODISHA AND KERALA

Detailed understanding of economic and non-economic activities in which women are engaged in Odisha and Kerala is shown in figure 1. In Kerala half of the women are engaged in economic activities and other half are engaged in non-economic activities (outside the labor force). In Odisha, 31 percent women are participating in labor market activities and 69 percent women are outside the labor force.

#### **Activity Status of Women in Odisha and Kerala**





Around 42 percent women in Kerala and 68 percent women in Odisha are performing household chores and domestic duties such as child rearing, collection of woods, gardening etc. for household use.

Women cited childcare, unequal burden of domestic chores, pregnancy and breast feeding as three reasons that are limiting them within the domestic space and does not allow them to explore and engage with the labor market. A woman from Rayagadha district (in Odisha) shared that she used to take her child even when she went to fetch water from a public well/handpump. This results in body ache as she needs to walk long distance while holding water pot in one hand and child in another hand. Similarly, many women shared their challenge

of doing multiple tasks at home along with young children, leaving no time for rest or to explore the labor market for work. Thus, the primary responsibilities of care giving activities lie on women, and it determines their ability to join the workforce.

Some of the women also expressed that whatever work they want to do, whether it's at home or outside the home, they need to seek permission from their husband and in-laws. In addition, a few women cited non-availability of work or the desire to not work as the reason for being outside the labor market.

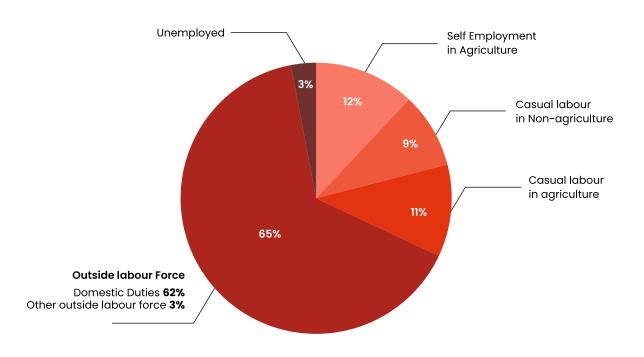
# 2. EDUCATION AND THE ACTIVITY STATUS OF WOMEN

Analysis of activity status (primary activities) in relation to education qualification showed that majority women with U-3 children in both Odisha and Kerala were engaged in activities outside the labor force irrespective of the status of their education qualification.

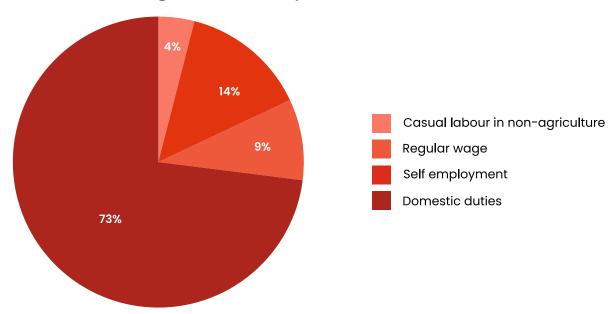
Figure 2(a) shows the percentage distribution of illiterate females by activity status in Odisha. It shows

that 65 percent of these women are outside the labor force, 12 percent are in self-employment in agriculture, 11 percent in casual labor in agriculture and 9 percent in casual labor in non-agricultural activity. In contrast, with higher level of education, 14 percent women are engaged in regular salaried jobs, 9 percent in self-employment and 4 percent in casual labor in non-agriculture and 73% are attending to domestic duties (figure 2 (b)).

## 2(a) Percentage distribution of illiterate female by activity status in Odisha

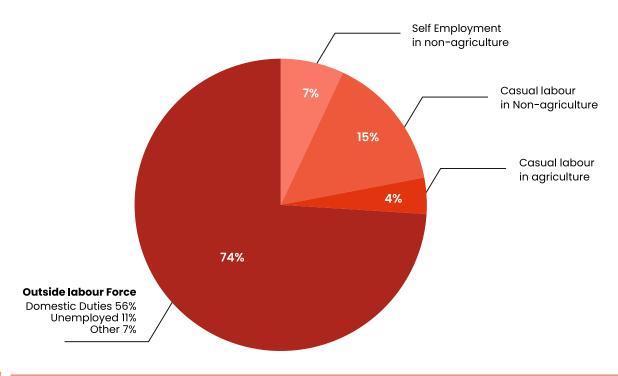


## 2(b) Percentage distribution of females with educational level higher secondary and above in Odisha

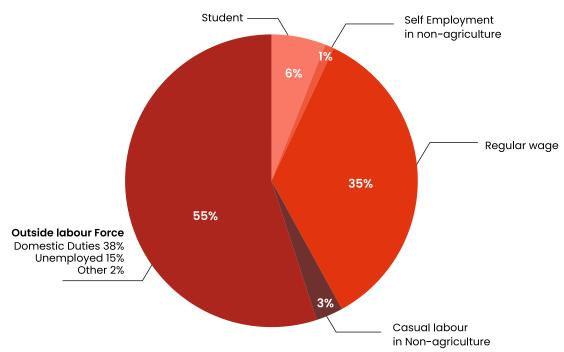


In Kerala, it is seen that with the educational level below secondary, 74 percent women are outside labor market, 15 percent in causal labor in non-agriculture, 7 percent in self-employment in non-agriculture and 4 percent in casual labor in agriculture. However, with educational level higher secondary and above 35 percent women are in regular salaried job and 55 percent women are outside the labor force (figure 3(a) and 3(b)).

#### 3(a) Percentage distribution of females with educational level below secondary in Kerala







Young women who are mothers of U-3 children with high qualification degree in BSc Nursing, MSc, B Com, B Pharm, General Nursing, TTC/B. Ed etc., expressed their inability to work due to care work responsibilities. A woman from urban slums in Kerala shared "I have a BSc Nursing degree and would like to work fulltime as a nurse. But I cannot leave my two year old at home because there is no one to take care of her. My mother-in-law works as a domestic worker in a house four kilometres away. There are no crèches nearby where I can leave my child, so I have to stay home". Another woman from Thamrassery area, Kozhikode expressed her desire to work but not getting suitable job. She said, "I want job with flexible hours as I

need to take care of my child. I am sending my child to crèche but it remains open for few hours in a day. If the crèche stays open for the whole day, I can look for a proper job."

From the above, it is evident that proportion of illiterate women is higher in self-employment and in casual labor category. They are involved in various small scale activities such as making pickles from home, selling roasted puffed rice, vegetables etc. Mira, a 30 year old woman from Sundergarh district shared, "Both me and my husband are working as labors. I have to work every day to meet our daily expenses. I did not go to school and so have to work as labor for whole life." Like Mira, many



women expressed their inability to care their young children at home as they have to work for living.

Another important point emerging from above information is that the percentage distribution of women engaged in domestic duties is higher than other activity irrespective of education of women. It means that even in case of relatively high levels of educational attainment among women, unpaid care work, of which childcare and associated activities are a significant proportion, is a major deterrent for women with small children joining the workforce. This might be due to "income effect" where women tend to withdraw herself from the labor market as household income rises especially in male breadwinner model (Klasen and Pieters 2015).

Thus, the care practice in Odisha and Kerala is influenced by 'gendered familialism' putting the onus of care as a familial and female responsibility (Neeta and Palriwala, 2011).

# 3. VARIATION IN DEMAND FOR CRÈCHES IN ODISHA AND KERALA

Despite having higher qualification women are relentlessly doing care giving activities at homes. In Kerala, women residing in urban slums and in coastal areas are more qualified than their husbands but they are not working due to childcare constrain. Mothers with under-3 children have diverse needs for care of their young ones. Deepa has done her graduation in nursing but she is not working, she said, "I wanted to work but there is no crèche in my neighbourhood. My mother-in-law is also working. I have to stay at home to take care of my child." Another woman Anita, from Thiruvananthapuram shared, "I work in a garment factory inside the park. I am a migrant worker from Bihar and my husband and I together earn only Rs. 13000 a month. Our son has been going to the crèche in the park which used to be free, but now they charge Rs. 1000 per month. We cannot afford it and plan to withdraw him." With the limited family income, they cannot afford to send their children in private crèches and so their need for public funded crèches is heightened.

Similarly, women from Odisha expressed their need for government crèches. Manjula from Rayagadha shared, "my child is two year old. I work in farm and often bring our child along with me and make sleeping arrangements for him under the tree. At times, I rely on neighbour's older children to watch over our child, offering them vegetables and sweets in exchange for their assistance".

Thus, women from low economic class expressed their inability to leave their work for childcare. They cannot afford the private crèches and in absence of public crèches they are opting for compromised childcare practices. However, women from middle class families (in Kerala) prefer to take care of their young children at home instead of work. In case there is no elderly person, the family would prefer to send the child to a private crèche. Thus, the notion of family care is stratified; both quality and quantity of care varies amongst poor and middle class families. Poor women from both Odisha and Kerala cannot access commercialized form of care as well as cost of paid care and thus are demanding public funded crèches.

### 4. INVEST IN CARE INFRASTRUCTURE

### TO IMPROVE WOMEN'S LABOR

### **FORCE PARTICIPATION**

The evidence from the present study clearly emphasizes the need for prioritizing investment to support women in their childcare activities. The care infrastructure needs to be strengthened so that the burden of care of our young children can be distributed among different stakeholders of care ecosystem.

#### Crèche policy

A childcare policy envisioning holistic development for under 3 children should be framed. It should emphasize on budget allocation, monitoring and quality guidelines.

### Universalization of crèches

Process of converting Anganwadi centres into Anganwadi cum crèches need to be accelerated, so that quality crèches are available, affordable, and accessible to all families, especially the marginalized and vulnerable ones.

## Professionalization of care work and its workforce

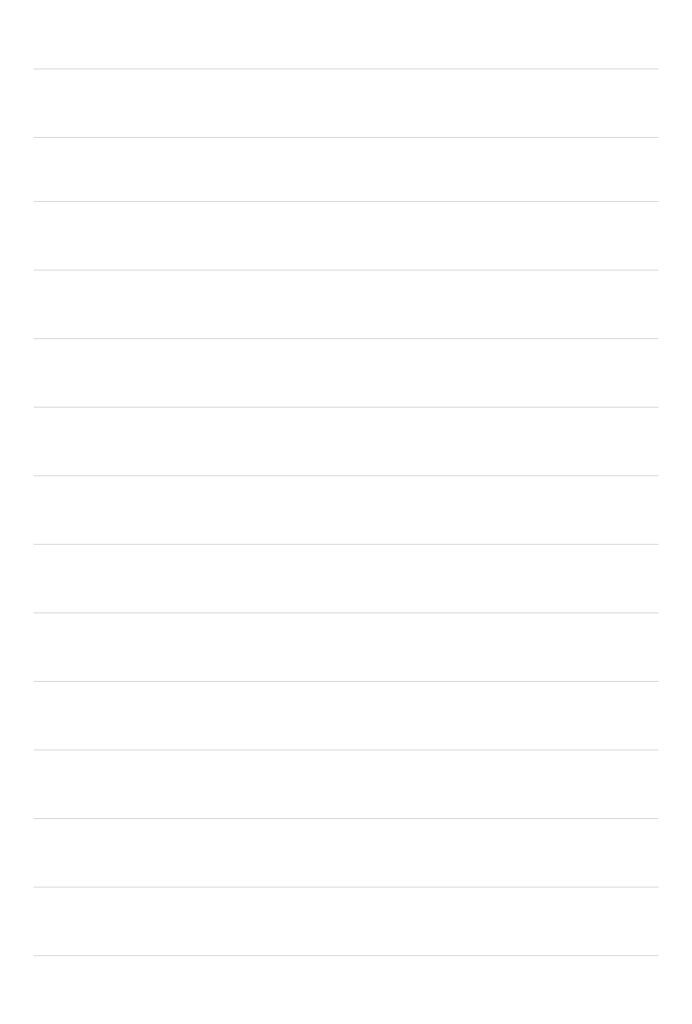
The care sector and its work force should be acknowledged as professionals. Investment on training of trainers, their remuneration and on promoting decent work environment should be done.

## Adequate investment in early childhood development (ECD)

Adequate investment on early childhood development with timely disbursement of funds is required.

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