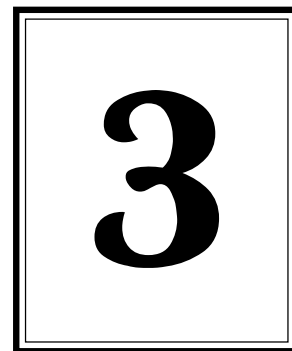
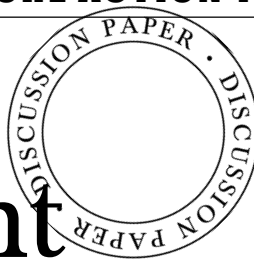


# Women's Empowerment



### What is Women's Empowerment?

The Oxford dictionary explains the term "empower" as: to give power to, to make able. Empowerment is about power, vested in the hands of few. It is more about changing the balance of power. And what is power? Power is the ability to act, the capacity to change. It can be defined as control over resources: physical, human, intellectual and financial resources. However it does not necessarily mean that everybody who has access to these resources are empowered. Empowerment means people being in a position to make decisions concerning their lives. Most women are denied this right.

Srilatha Batliwala (1) explains women's empowerment as:

- the ability of women to gain understanding and control over personal, social, economic and political forces to take action to improve their lives;
- the range of activities from individual self-assertion to collective resistance, protest and mobilisation that challenge power relations;
- a process to change the direction of forces which marginalise women.

The process of empowerment may be described as both internally and externally induced. Internally, it begins "in the mind from women's consciousness: from her very beliefs about her self and her

rights, capacities, and potential; from her self-image and awareness of how gender as well as other socio-economic and political forces are acting on her; from breaking free of any sense of inferiority which may have been imprinted since earliest childhood; from recognising her strengths, her knowledge, intelligence and skills; above all, from believing in her innate right to equality as a human being and realising that it is she, along with her sisters, who must assert that right, for no one who holds power will give it away willingly." (2)

Externally, the process of empowerment occurs through social conditioning and training. As Batliwala states: "the ideology of gender inequality is inculcated in both men and women from birth: religion, mythology, social and cultural taboos and superstitions, behavioural training, seclusion, veiling, curtailment of physical mobility, distribution of work, dietary discrimination, and rewards and punishment are all used to socialise girls to accept and participate in their own oppression." (3)

In this context it is important to understand some theories regarding women's subordination. Why is it that women have limited control over resources? Why are women not in a position to make decisions concerning their own lives? A lot of women's powerlessness stems from their subordination and oppression at both the household and public levels. And patriarchy is widely un-

derstood as the root cause of women's subordination. Patriarchy refers to male domination, to the power relationships by which men dominate women, and characterises a system whereby women are kept in various forms of subordination - discrimination, insult, control, exploitation, oppression, violence - within the family, at the workplace, in society. (4) According to Sylvia Walby (5), in patriarchal mode of production, men control women's productive labour both in their homes and outside the home. Women's labour in their homes is expropriated by their husbands and others who live there. Housewives' endless and repetitive labour is not considered work at all and they are considered dependent on their husbands. Outside the home, men control women's labour in various ways: forcing the women to sell their labour; preventing them from working; appropriating women's earnings; allowing them to do only certain kinds of work or to work intermittently. Thus women are more likely to land poorly paid jobs, often only jobs with lower responsibilities in a mixed (male and female) work environment. Women are less likely to have bargaining power and often are unable to pursue a career owing to multiple domestic responsibilities. It is mostly women who have to forego job transfers, out-of-town meetings and conferences, which will affect their careers. Women are also

### ABOUT THE TEN LINKS

The World Alliance for Breastfeeding Action (WABA) invites you to join in the global campaign to nurture the future by protecting, promoting and supporting breastfeeding and sound infant and young child feeding. This is a series of 10 action tools on how to restore a breastfeeding culture and ensure the rights of women and children to food security.



#### The 10 links are:

- 1 Human Rights & Responsibilities
- 2 Food Security
- 3 Women's Empowerment
- 4 Community Participation
- 5 Baby-Friendly Cultures
- 6 Integrity
- 7 International Code
- 8 Capacity Building
- 9 Advocacy
- 10 Networking

forced to sell their labour at very low wages. The lower wages are attributed to the secondary status of women in the labour market as a natural consequence of their child bearing role, which means that women are unwilling or unable to continue being in employment after marriage or child birth (6). Women's domestic responsibilities force them to work within the home in an exploitative system of "home-based" production.

Men also control women's reproductive capacity. In many societies, women do not have the freedom to decide how many children they want and when to have them. They do not have any say in matters that affect their own lives and bodies, such as the use of contraception or the decision to terminate a pregnancy. Apart from individual male control, male-dominated institutions like religion or state also lay down rules regarding women's reproductive capacity. Some feminists also consider breastfeeding and women's responsibilities for child care as another aspect of women's oppression.

#### Strategies for empowerment

What is the best strategy for empowering women who live in abject poverty and overwhelming work burden? Should it be a responding to their immediate problems or taking the longer route of raising their consciousness about the underlying structural inequalities which have created these problems?

Feminist Kate Young points out that the development programmes which have focused on merely improving the daily conditions of women's existence, i.e. low wages,

poor nutrition, lack of health care, education and training have not in fact improved women's position, i.e. their social and economic status of women. (7) In this context, Maxine Molyneux states that it is necessary to mobilise women on long term strategies through: "...analysis of women's subordination and...the formulation of an alternative, more satisfactory set of arrangements to those which exist... such as abolition of the sexual division of labour, the alleviation of the burden of domestic labour and child care, the removal of institutionalised forms of discrimination, the establishment of political equality, freedom of choice over childbearing and... measures against male violence and control over women." (8)

According to Batliwala, the power of a group to challenge a system is greater than the power of an individual. Therefore the empowerment process must allow women to find 'time and space' of their own, and to re-examine their lives critically and collectively. Such strategies enable women to analyse their situation and problems in different light, recognise their strengths, alter their self-image, access new kinds of information and knowledge, develop new skills, and initiate action aimed at gaining greater control over the various resources. Batliwala identifies this process as a spiral which leads to greater changes and more empowerment. "Consciousness, problem identification, action for change and analysis of that action and its outcome lead to higher levels of consciousness and more well-honed and executed strategies." (9). By this definition the empowerment process is multi-



pronged cutting across all classes, a vertical as well as horizontal process empowering every person involved at different pace and degree.

It is important to understand that women can only be empowered at their own pace. In addition, it must be recognised that the empowerment of women may threaten male power as men may have to give up some of their power over women.

Women's empowerment must involve the transformation of society. This can be done by means of an organised mass movement which

challenges and transforms existing power structures. An empowering process is one which "questions about the structures of poverty and gender inequality are kept alive; and even if services are to be provided to fulfill immediate needs, the "ownership" of programs - planning, decision-making, managing, evaluating, - is gradually transferred to women" (10). Only when societal attitudes towards women change positively can improvements in both the 'condition' and 'position' of women be possible.

#### Women's Empowerment and breastfeeding

Women's empowerment plays a central role in promoting women's likelihood of breastfeeding. The two issues of women's empowerment and breastfeeding are often not spoken about together. Issues of women's empowerment have been clearly advocated by women's groups and feminists, while issues of infant and young child feeding are promoted more rigorously by child health and consumer advocates.

WABA has initiated the dialogue on "breastfeeding and women's empowerment" as it recognises the importance of addressing women's status, gender inequity and women's life experiences to the struggle of promoting a breastfeeding culture. Attention to and discussions of these issues could close the gaps between the two movements thereby facilitating a more common discourse and joint activities.

For women's groups globally, the key issues regarding health care and reproductive rights are for women to control decisions over their bodies and to receive comprehensive, holistic health care which takes in to account all aspects of women's lives. In addition, women's groups in the South are concerned about the impact of development processes and social and economic inequalities, between countries, and within countries. Poverty, women's health, migration of women for work, lack of access to productive resources (e.g. land) all have impact on women's health and overall well-being.



It is therefore important to take into account several factors that discourage women from breastfeeding. For the majority of the world's women, life is a painful struggle for survival to meet basic needs. The reality situation for women to breastfeed involves many complexities of women's lives, especially for women in the developing countries - from their economic situations to cultural practices, discrimination against women to limited choices of employment, poor child support and legal protection of women's rights.

Thus, a programme of action that seeks to promote breastfeeding and protect women's and children's rights, should ensure that women live and work in conditions of gender equity and equal human rights. Such conditions would allow women's decision-making on important matters such as their own lives and health, including reproductive health and sexuality, choices in fam-

#### THE FACE OF HUMAN DEPRIVATION

In developing countries of the 4.4 billion people,

- nearly three-fifths lack basic sanitation
- almost a third have no access to clean water
- a quarter do not have adequate housing
- a fifth have no access to modern health services
- a fifth of children do not attend school to grade 5
- about a fifth do not have dietary energy and protein
- only a privileged minority has motorised transport, telecommunications and modern energy

The socio-economic conditions in the industrialised world are not so bright either:

- more than 100 million people are income poor
- nearly 200 million people are not expected to survive to age 60
- more than 100 million people are homeless
- at least 37 million are without jobs

(Source: UNDP Human Development Report 1998)

According to the UNDP 1997 Human Development Report, the gender disparity in human deprivation is quite marked: in developing countries,

- about 538 million women, or 60 per cent more women than men are illiterate
- female enrollment even at the primary level is 13 per cent lower than male enrollment,
- 66 per cent of rural women as against 38 per cent urban women (are illiterate),
- female wages are only three-fourths the male wages.

In the industrialised countries unemployment is higher among women than men, and women constitute three-fourths of the unpaid family workers.

ily planning services, access to community resources, food distribution, including adequate, non-discriminatory nutrition for women. It is evident that for women to provide the best possible food, care and environment for their family, they themselves need to be in control of their lives, and to have their bodily integrity and health needs protected and respected. Violence against women, for example is a major health issue for women.

Most importantly, women's health includes control over

both their productive and reproductive roles. If the work of breastfeeding is to be valued as productive work, not a woman's duty, then conditions for its successful integration with other activities must be arranged. These support arrangements include legislation to provide maternity leave and nursing breaks, affordable childcare and other strategies developed for working women.

WABA has identified nine essential elements to empower women and support breastfeeding.

#### Health conditions of majority of world's women

- About 450 million women in developing countries are stunted as a result of protein-energy malnutrition during childhood (World Bank: 1993). Their fragile health condition is further aggravated by too many and too frequent pregnancies. Poor economic status of women coupled with inadequate access to clean water and sanitation in developing countries exacerbate their health conditions and pose a higher risk of maternal morbidity and mortality
- Anaemia reduces physical productivity and the capacity to work and learn. It also diminishes the tolerance for haemorrhages during childbirth and abortion and the chance of delivering healthy babies, posing serious risks for 50 per cent of the world's women who suffer from anaemia during pregnancy. In the developing region, 75 per cent of South Asian women suffer from anaemia during pregnancy. In sub-Saharan Africa - 51%, in Central America - 42% , and in Oceania 71 per cent. While in the developed world, nearly 20 per cent of pregnant women are anaemic in the United States, and only 8 per cent in Denmark
- Many of the major health risks for women are direct consequences of pregnancy, such as uterine prolapse and obstetric fistulae. World Health Organization (WHO) estimates about 12.5 million pregnancies are complicated by diseases such as anaemia, malnutrition, hepatitis, malaria, tuberculosis and sickle cell disease. Women have a higher risk of becoming infected with sexually transmitted diseases (STDs), which can lead to cervical cancer, and with HIV.
- More than 150 million women become pregnant each year. The World Health Organization estimates that about 23 million women (15 per cent) develop complications that require skilled treatment. Yet, prenatal care is available only to 35 per cent of women in southern Asia, which has a high maternal mortality of about 570 per 100,000 live births. UNICEF and WHO estimate that each year, tetanus still kills as many as 600,000 newborns and 50,000 mothers. Although 61 per cent of women in sub-Saharan Africa have access to prenatal care, maternal mortality is highest there accounting for 700 maternal deaths per 100,000 live births in 1988. In South America, 76 per cent of women have access to prenatal care with 220 maternal deaths per 100,000 live births in the same year. While in the developed world, 98 per cent of women had access to prenatal care with maternal mortality accounting for only 26 maternal deaths per 100,000 live births in 1988.

In other words, an African woman's lifetime risk of dying from pregnancy-related causes is estimated at 1 in 23, while a North American woman's is 1 in 4000.

Source: The World's Women 1995: Trends and Statistics, New York: United Nations, 1995

#### Element 1: Right to information about breastfeeding and its benefits

Women have the right to information about the benefits of breastfeeding. Women's decisions in their choice of the care and feeding of infants depends on their access to information. Information dissemination becomes a priority if any effort is to be made to change societal attitudes and practices to promote breastfeeding.

The minimum a woman should know to make an informed decision about infant and young child feeding issues and care are:

- the benefits of breastfeeding to their babies and themselves;
- how to manage breastfeeding, especially when returning to work;
- the kinds of support services that are available and how to contact these where available;
- her legal rights at the workplace as well as other laws that protect her and her children from family and other abuse.
- when to introduce solid foods and the kinds of appropriate complementary foods that are healthy, accessible and affordable.

An information programme should consider effective communications strategies in order to involve the beneficiaries in the planning and the implementation of activities. Diverse communication strategies should be explored such as using the Internet, people's theatre, songs, poetry, folk art, etc. to reach different audiences.

#### Element 2: Raise awareness on the empowering nature of breastfeeding

Breastfeeding is an important women's issue since breastfeeding can empower women and can contribute to gender sensitisation. Women who wish to breastfeed their babies are unable to do so because of lack of adequate support from family or health workers, or constraints in the workplace, or misinformation from the infant food industry.

Women are empowered when the value of both their productive and reproductive work is recognised and supported. Women should not be in a position to make a choice between working and breastfeeding. Conditions supportive to successful nurturing, including breastfeeding, are conditions which reduce gender subordination generally by condemning negative images of women and emphasising the value of women's reproductive work.

- Breastfeeding requires changes in society to improve the position and condition of women:

Support of breastfeeding encourages women's self-reliance by increasing their confidence in their ability to meet the needs of their infants. Women with a positive self-image may be less likely to assume that they do not have enough breastmilk or that their breastmilk is of poor quality.

Breastfeeding focuses attention on the need to ensure equality in the distribution of food and other resources within the household. Since breastfeeding women's nutri-

ent requirements are higher per unit weight than those of adult men, priority must be given to breastfeeding women when assessing the distribution of food.

- Breastfeeding confirms a woman's power to control her own body, and challenges the male-dominated medical model and business interests that promote bottle feeding above breastfeeding.
- Successful breastfeeding reduces women's dependence on medical professionals, as breastfeeding ensures healthy babies. The knowledge mothers and midwives have about infant care and feeding increases in their value and importance.

- When breastfeeding is highly valued, the social and physical costs of breastfeeding are more carefully considered. Breastfeeding mothers need access to food, health care and a supportive environment to be able to breastfeed and remain healthy themselves.



#### Element 3 - *Recognising the many complexities of women's lives*

For the majority of the world's women, life is a painful struggle for survival. Dogged by poverty, violence, poor nutritional status, job insecurities and gender inequities, many women, especially those who are economically disadvantaged, find breastfeeding and child rearing particularly difficult tasks. It is therefore necessary to take into consideration the factors that inhibit women from breastfeeding worldwide, such as social and economic conditions, health, and labour in different contexts and classes.

The social and economic conditions under which women breastfeed and care for their children include poverty,

domestic violence, lack of reproductive rights, personal and social abuse, women's varied situations such as single mothers who struggle as sole breadwinners, and care givers for all the members of the extended family. Household food security is another important precondition for successful breastfeeding. It is necessary to advocate change in society's attitude towards women to reduce gender inequalities that contribute to unequal access to education and lower social status. Gender inequalities are the cause of widespread physical and sexual abuses suffered by women.

Growing economic crisis compounded by the effects of structural adjustment policies have increased women's hardships particularly in developing countries. Structural adjust-

#### BENEFITS OF BREASTFEEDING

- Breastfeeding contributes to the health of both babies and mothers in developed and developing countries. Babies who are exclusively breastfed have stronger immune systems than those who receive breastmilk substitutes. These babies have extra protection against malnutrition, acute respiratory infections, and diarrhoea.
- Breastfeeding strengthens the bonding relationship between mother and baby and helps in psychological development.
- Breastfeeding is safe and easy to feed if the mother is not away at work. Bottle-feeding is particularly risky for families with low incomes, limited access to clean water and fuel and runs the risk of contamination when bottles cannot be properly sterilised. Malnutrition also results when formula milks have to be diluted because they are too expensive.
- Studies have shown that women who have breastfed are less likely to develop breast and ovarian cancers and have less osteoporosis later in life. (11)
- Breastfeeding right after birth makes the uterus contract, which prevents haemorrhages (a main cause of deaths of mothers in many countries). At the baby-friendly Fabella Memorial Hospital in Manila, Philippines, "there has been a reduction in postpartum bleeding in mothers who immediately and consistently breastfeed after birth."(12)
- Breastfeeding helps the mother to recover after birth. It helps her to return to her normal weight faster. Continued exclusive breastfeeding with on demand feeding at night, inhibits the return of ovulation and menstruation, offering the mother protection from iron deficiency anaemia because iron loss in menstrual fluid is prevented during prolonged lactational amenorrhea. (13)
- Breastfeeding can in some circumstances allow a woman to control her fertility as it helps space children. According to an international group of scientists who participated in a meeting of the Rockefeller Foundation, Family Health International at Bellagio (Italy) in 1988, "the maximum birth spacing effect of breastfeeding is achieved when a mother fully or nearly fully breastfeeds and remains amenorrhoeic. When these two conditions are fulfilled, breastfeeding provides more than 98% protection from pregnancy in the first six months.". The frequent suckling from birth maintains high levels of progesterone in the mother's body which inhibits ovulation, and therefore bleeding and pregnancy. (14) However for this method, known as Lactational Amenorrhea Method (LAM) to work, it is essential to know the appropriate time when the period of natural infertility is coming to an end so that other contraceptive measures can be taken for the postponement of the next pregnancy. (15)

ment policies cause drastic cuts in government spending, especially in health and social sector, severely affecting women.

With the weakening of key social support networks, public health is also affected by the fact that many families and communities can no longer provide the type of care that is essential for the prevention of illness, for aiding recovery, providing adequate nutrition and child care. (16)

And women are especially affected. Rising inflation rates put a greater burden on women whose responsibility it is to manage household expenses. According to an UNRISD report, "female-headed households are disadvantaged not because women are lacking responsibility towards their families, but rather because social and economic structures are skewed against them". Studies have shown that children's nutrition, health and survival chances are better when income and expenditure are controlled by women. For instance, in Jamaica, people in households headed by women eat more nutritious food than those male-headed households; they also spend more of their income on child-centred goods (17).

Increasingly, single women are being blamed for social problems as politicians in Europe and USA argue against provision of welfare for "dysfunctional" women-headed families. However, the report rightly points out that the principle problem for single mothers is not the lack of a husband, nor a lack of efforts, but the lack of jobs that pay enough to support their children. (18)

Campaign for the implementation of maternity

legislations in the workplace is possible only in the formal sector, where women have regular employment and workers have legal contracts. However, the experience of the majority of women in the industrial sector is that of sexual exploitation and labour abuses. Legal protection is lacking in many factories. Many employers try to avoid employing permanent women workers, and do not offer contracts that promote safe, secure work environments. Work for these women is unregulated, with long hours sometimes even limited toilet breaks. Even where legislations exist - minimum wages, maternity and occupational safety legislations are simply not implemented.. The effects of globalisation have adverse effects on women workers. Not only are women the first to be retrenched in case of economic crisis, they are less likely to be hired at all. More and more women are thus pushed into the informal sector where they must endure job insecurities, lower wages, and where legislations are not implemented.

Particularly vulnerable are migrant women, unskilled and semi-skilled workers in developing countries who are easily replaced. Women workers in the informal sector undertaking contract or seasonal jobs are rarely protected by law. Women workers in home-based jobs struggle to cope with domestic work, child care and their jobs. The plight of rural and agricultural workers is even worse because most of their work is not remunerated or paid in kind (produce), and legislation is less likely to be implemented in this sector.

**Element 4:** *The need for a new definition of women's work - to realistically integrate women's productive and reproductive activities*

In many societies, work is seen from a male perspective and valued only if it produces a cash income. When much of women's work is home-based or for subsistence, it is under reported, under-valued and underpaid. In all the regions women workers are paid lower wages than men. In Europe and USA, women's wages were only 65-80 per cent of men's wages, in Latin America: 66-74 per cent; in Africa: 54-75 percent; and in Asia: 50 -70 per cent of men's wages. (19)

However, when women also work for a cash income, their work seldom accommodates unpaid domestic work, reproductive work, including pregnancy, breastfeeding and child care. In developing countries, women spend 31 to 42 hours a week in unpaid work in the home, while men spend 5 to 15 hours a week. (20)

Most working women who want to breastfeed give up the ideal of optimal breastfeeding and resort to partial, mixed or token breastfeeding often out of necessity, not choice. Many countries have instituted legal provisions to protect pregnant and lactating working women (see element 5). However these are only available to formal establishments where women workers have official work contracts. There are severe difficulties in extending these provisions to the informal and agricultural sectors of the economy.

Can we create a woman-centred approach to work that values women's productive and reproductive work and reduces the double burden women carry? According to feminist Maria Mies, lactation should not simply be viewed as a physiological function: "...it is one of the greatest obstacles to women's liberation, that is, humanisation, that these activities (bearing and rearing children) are still interpreted as purely physiological functions..." (21). By stressing that women's bodies are the first means of production -of children and food, Mies argues that women consciously appropriate their own bodily nature to give birth and produce milk, forming not only units of consumption but of production as well.

If lactation is valued as productive work, not the duty of a mother, then it is necessary to ensure supportive conditions for its successful integration with other activities. Such an approach would acknowledge pregnancy, breastfeeding and child care as socially meaningful and productive work, and recognise the social support necessary for women if breastfeeding is to be adopted or practised commonly. Men are required to share the responsibility for providing this support in the home and at the workplace.

With maternity leave, affordable child care and access to infants during working hours, women can successfully integrate their productive and reproductive work. Children, women, families and employers would all benefit from this health promoting, inexpensive, nurturing approach to child care.

#### ILO Conventions

Measures to protect breastfeeding women in commerce and industry were first outlined by the International Labour Organization (ILO) as early as 1919 (convention no 3) and revised in 1952 (convention no 103). These conventions set the following standards:

- 12 weeks maternity leave (6 weeks before and 6 weeks after birth) with cash benefits of at least 66% of previous earnings;
- two half-hour breastfeeding breaks during each working day; and
- prohibition of dismissal during maternity leave.

Later conventions and recommendations provided increased benefits to working women, extended these to other groups of women, including agricultural workers, and suggested measures such as parental leave to assist workers with families.

**Element 5** - *Inform women about ILO provisions and existing maternity legislations and other provisions during pregnancy and maternity, and plan action for their implementation*

Several governments have legislated the provisions in the ILO Convention protecting working women who are pregnant or nursing. It is important to review the national legislations where they exist, to ensure that they include the minimum ILO provisions. If these minimum provisions are lacking, it is necessary to campaign for their inclusion and implementation.

The Quezon City Declaration on Breastfeeding, Women and Work: Human Rights and Creative Solutions, adopted at the WABA International workshop in Philippines, June 1998, called for action to advocate for the following changes in the ILO Convention and Recommendation including:

A revised maternity convention that includes the following provisions:

- An increased period of paid maternity leave. (For example, sixteen weeks of maternity leave at full take-home pay up to a nationally-determined ceiling.)
- An increase in the duration of paid breastfeeding breaks. (For example, a total of 90 minutes per working day throughout the period of breastfeeding. Also, it should be possible to take these breaks at the beginning and/or end of the work day to shorten the working day if the mother so chooses.)
- Where appropriate, provide facilities for creches at the workplace, and for breast milk expression and storage.
- These benefits are to be paid for through public funds, not by employers, as specified in the existing Convention 103.

A revised recommendation that includes the following provisions:

- Six months of paid maternity leave (four months at full take-home pay and two months at 3/4 take-home

pay, with a nationally-determined ceiling).

- One week of paternity leave at full pay. Six additional months of parental leave at 2/3 take-home pay, intended to be taken equally by both parents.
- Reduction of working hours by two hours per day for any parent of a preschool age child who requests it.

**Element 6** - *Collaborate with relevant government agencies, workers' unions and employers' associations to ensure that working women's rights are protected, and that the international instruments promoting breastfeeding are upheld*

There are a number of international conventions, recommendations and agreements whose implementation is crucial to the protection, respect and fulfillment of women's

rights. These include the Universal Declaration of Human Rights (1948), the ILO Maternity Protection Convention Number 103 and Maternity Protection Recommendation Number 95 (1952), the International Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights (1966), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979), the International Conference on Population and Development (1994), the International Conference on Women (Beijing, 1995), and the World Food Summit (1996). They also produced useful declarations in support of breastfeeding. Other international instruments protecting breastfeeding include: the International Code of Marketing of Breast-milk Substitutes (1981) and subsequent World Health Assembly (WHA) resolutions, the Convention of the

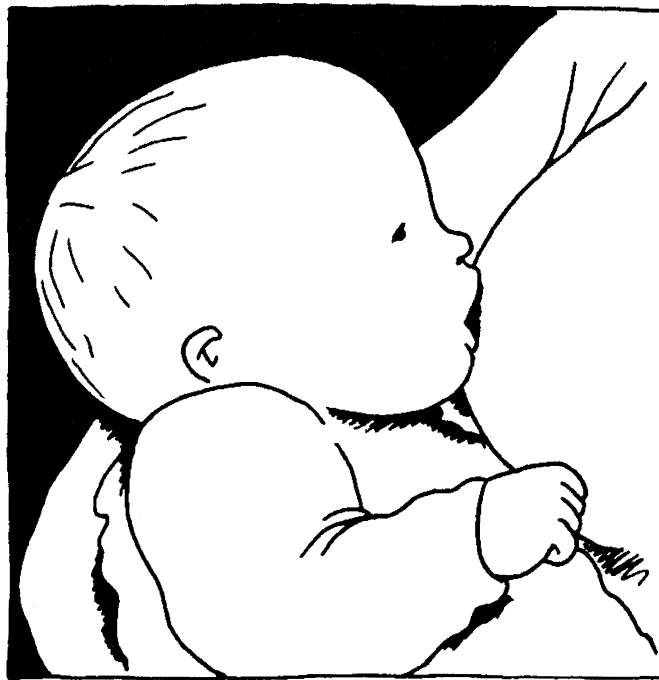


Rights of the Child (1989) and the Innocenti Declaration \* Innocenti Declaration on the protection, promotion and support of breastfeeding (1990), the World Summit for Children (1990), and \* World Declaration on Nutrition and Plan of Action for Nutrition (1992). These international instruments recommend minimum standards. They recognise women's rights to maternity benefits and the mothers' rights to breastfeed their infants. Over the past three years, governments through the United Nations, have reaffirmed the importance and benefits of breastfeeding to infants, mothers and society at large

The international conferences have adopted recommendations for the purpose of taking appropriate action at country level. The breastfeeding activists and organisations may work with the local women's groups to endorse their common goals such as maternal health and workers' rights to maternity benefits and work towards their implementation. Similarly, respective ministries - of health and labour - need to be approached to ensure their commitment to breastfeeding and consistency in policies and practices so that they don't contradict during implementation.

WABA's international action strategy\* involves:

- Spread awareness of the importance of breastfeeding for optimal maternal and child health, including exclusive breastfeeding for six months and breastfeeding with appropriate complementary feeding for up to two years and beyond. For this, women need access to unbiased and complete information. The protection, respect and fulfillment of this right to breastfeed requires support at the individual, family, community, national and international levels.
- Create and strengthen social security systems that recognise families' reproductive and productive needs equally, in ways that do not lead to discrimination against women in the workplace. Ideally, a system of parental leave is needed that enables mothers to exclusively breastfeed for about six months and then allows both parents to spend time with their babies in the following months, including, for example, when children are sick. Both mother and father should be able to take this time while their job security, seniority and fam-



- ily income are protected.
- Act locally with women in the entire range of work situations, including women working in marginalised sectors, to empower them to realise their human rights as workers and mothers.

\* For further details see The Quezon Declaration on Breastfeeding, Women and Work: Human Rights and Creative Solutions, adopted at the WABA International workshop in Philippines, June 1998.

**Element 7:** *Identify women's health needs to include breastfeeding in the women's health movement*

The women's health movement has been very strong. There are many women's health groups involved in a wide range of health issues to empower women from the campaign against harmful drugs to reproductive rights. Abortion, contraception and reproductive health rights are priority issues. International health conferences held regularly provide platform for dis-

cussions and opportunities for joint action by women's health advocates and breastfeeding groups.

Breastfeeding advocacy groups have recognised the need to work with women's groups involved in related health issues in order to strengthen civic action for better women's and children's health. Linking women's health groups with breastfeeding groups to plan their campaign strategies more effectively and benefit both movements. For instance, a study has revealed that nutritional anaemia is a problem among the majority of women in developing countries. It is therefore necessary to implement a nutritional programme for young girls to help them cope with pregnancy and lactation later in life.

Programmes such as these can be taken up jointly by breastfeeding groups and women's health groups. A nutrition, food security and health rights framework will help in identifying new areas for research and action within each movement, and across movements, leading to greater collabora-

Breastfeeding is a right of mothers and is a fundamental component in assuring a child's right to food, health and care. Governments and civil society should pursue full implementation of these as human rights. The protection, respect and fulfillment of these rights requires universal recognition of the importance of maternity as a social function supported by public funds. "Maternity protection is a precondition of genuine equality of opportunity and treatment for men and women."

(Maternity Protection at Work. Geneva: International Labour Organization, 1997 pp. 51)



tion Both the women's groups as well as the breastfeeding groups can plan joint activities towards the realisation of their common goals - women's health and empowerment.

**Element 8:** *Initiate community support services for breastfeeding women*

Women, whether working outside or within the home, also need support from their families and members of the community. In some societies, the informal traditional support system that is in place includes positive reinforcement for breastfeeding as well as information that gives mothers a basis to practise breastfeeding and to have an enjoyable breastfeeding experience.

However, in many societies, this is no longer the case. Thus it is necessary to publicise available community support services so women are aware of them and can avail of these facilities. Where such services do not exist it is necessary to initiate such services, e.g. mother support groups, women's counselling centres, free legal aid services for needy families.

Women too can take the initiative to come together and form mother-to-mother support and breastfeeding organisations to counter negative attitudes towards breastfeeding and to provide accurate information.

**Conclusion**

Women's decision to breastfeed or not to breastfeed has social, cultural and political bearings and is also a personal choice. Women's decisions not to breastfeed are often influenced by popular beliefs and images of what con-

stitutes an ideal or desirable female body. Beliefs that pregnancy, childbirth and breastfeeding alter the woman's body negatively are promoted by the media and advertising by the cosmetic and the baby milk industry. The patriarchal society is also responsible for upholding such images. However, most women have no choice at all. Their decision not to breastfeed is largely because of economic necessity which forces women to take up employment. Maternity legislations, even where they exist, are not necessarily implemented. Some women are unable to breastfeed because of illness. Many women though they have access to information and other supportive conditions, may decide not to breastfeed for personal reasons. There are women who do not wish to breastfeed because they do not enjoy their experience as they do not derive any pleasure or find it extremely painful. And there are women who lead very active social lives and leave their babies totally in care of domestic help. Whatever women's reasons for not wanting to breastfeed, it is necessary to understand and accept that even the decision not to breastfeed is a women's issue.

Empowerment means having choices to enable decision-making. Women can make meaningful choices only if they have access to information and knowledge, and with the ability to analyse their options. Information will help women take charge of their lives. Informed choice will help women make the right decisions, concerning their lives, especially their health, sexuality and reproduction.

**References**

1. Batliwala, Srilatha. Empowerment of Women in South Asia. Monograph. 1993.
2. Batliwala, Srilatha. Education for Women's Empowerment: a conceptual analysis. New Delhi: FAO/ASPBAE, 1993. pp.9
3. *ibid.*
4. Bhasin, Kamla. What is Patriarchy? New Delhi: Kali for Women, 1993. 41 pp.
5. Walby, Sylvia. Theorising Patriarchy. Oxford: Basil Blackwell, 1990.
6. Elson, Diane and Ruth Pearson. "Women in World Market Factories" in *Of Marriage and the Market: women's subordination internationally and its lessons*. Edited by Kate Young, Carol Wolkantz and Roslyn McCullagh. London: Routledge, 1984. pp. 18-40.
7. Young, Kate. Gender and Development - a Relational Approach". Oxford, 1988
8. Molyneux, Maxine. "Mobilisation Without Emancipation? Women's interest, state and revolution in Nicaragua", *Critical Social Policy*. Vol.10, summer, 1984.
9. Batliwala. ASPBAE op. cit. pp.11
10. Batliwala op cit.
11. Kennedy. K.I. "Effects of Breastfeeding on Women's Health", *International Journal of Gynecology and Obstetrics*, vol.47 (supplement) Dec. 1994. pp. S11-21.  
Gwinn, M. Et al. "The Effects of Pregnancy, Breastfeeding and Oral Contraceptives Use on the Risk of Ovarian Epithelial Ovarian Cancer", *American Journal of Obstetrics and Gynecology*. Vol.161, 1989.  
Linnecar, Alison. Breastfeeding and Reproductive Health. Geneva: GIFA/IBFAN, 1996.  
Chilvers, E. "Breastfeeding and Risk of Breast Cancer in Young Women", *British Medical Journal*, 307:1993. pp. 17-20.
12. Gonzales, R. "A Large-scale Rooming-in Program in a Developing Country", *International Journal of Gynecology and Obstetrics*. April 1990.
13. Linecar, Alison. Breastfeeding for Child and Mother Survival. Geneva: IBFAN, 1991. 5pp.
14. Labbok, M.H. and Krasovec, K. Eds. Guidelines for Breastfeeding in Child Survival and Family Planning Programmes. Washington, D.C.: Georgetown University, 1989.
15. Research in Human Reproduction. Biennial Report 1988-89. Geneva: World Health Organization, 1990. pp.61-73.
16. States of Disarray: the social effects of globalisation. An UNRISD Report for the World Summit for Social Development. London: Banson, 1995. pp.27
17. *ibid.* pp.145-6

18. *ibid.* pp.148-9
19. World Development Indicators 1997. New York: World Bank, 1997.
20. World Bank 1997. *ibid.*
21. Mies, Maria. "Social Origins of the Sexual Division of Labour", in *Patriarchy and Accumulation on a World Scale*. London: Zed Books, 1986. pp. 54

#### Resources

- Agarwal, Bina, ed. *Structures of Patriarchy: state, community and household on modernising Asia*. New Delhi: Kali for Women, 1988
- Barber-Madden, R., Petschek, MA., and Jean Pakter. Breastfeeding and the working mother: barriers and intervention strategies, *Journal of Public Health Policy*, winter, 1987. pp.531-41.
- Cornell, R.W. *Gender and Power: society, the person and sexual politics*. Cambridge: Polity Press, 1995. 334 pp.
- Finch, Janet and Dulcie Groves, eds. *A Labour of Love: women, work and caring*. London: Poutledge & Kegan Paul, 1983. 179 pp.
- Grams, Marilyn. *Breastfeeding Success for Working Mothers*. Sheridan (WY): Achievement Press, 1985. 156 p.
- Griffen, Vanessa. *Breastfeeding Campaigns, the Women's Health Movement and Women's Health: seeking common ground and diverging issues and interests*. Paper presented for the plenary session at the Global Forum on Children's Rights and Children's Health. Kaula Lumpur: APDC-GAD, 1996. 24 pp.
- Institute of Reproductive Health. "Breastfeeding as a Woman's Issue: a dialogue on health, family planning, work and feminism", *International Journal of Gynecology & Obstetrics*, Vol 47, December 1994.
- Handwerker, W. and W. Penn, eds. *Births and Power: social change and the politics of reproduction*. Boulder: Westview Press, 1990. 227 pp.
- Karl, Marilee. *Women and Empowerment: participation and decision making*. Women and World Development Series. London: Zed Press, 1995. 173 pp.
- Kerr, Joanna, ed. *Ours by Right: women's rights as human rights*. London: Zed, 1993. 180 pp.
- Khanna, Renu. *Taking Charge: Women's Health as Empowerment: the Sarthi experience*. Baroda: Sahaj/Sarthi, 1992.
- Knowles, Jane Price and Ellen Cole, eds. *Woman-defined Motherhood*. New York: Harrington Press, 1990. 243 pp.
- La Leche League International. *Breastfeeding and Empowerment*, 1995.
- Leonard, Diana and Sheila Allen, eds. *Sexual Divisions Revisited*. London: Macmillan, 1991. 198 pp.
- Linecar, Alison and Virginia Yee. *Maternity Legislation: protection women's rights to breastfeed*. WABA Activity Sheet # 6. Penang: WABA, 1995. 8 p.
- Maher, Vanessa, ed. *The Anthropology of Breastfeeding: natural law on social construct*. Oxford/Washington: Berg Publishers, 1992. 185 pp.
- Mason, Diane and Diane Ingersoll. *Breastfeeding and Working Mother*. New York: St. Martin's Press, 1986. 212 p.
- Maternity and Work. *Conditions of Work Digest*. Volume 13, 1994. Geneva: International Organization of Labour, 1994. 482 pp.
- Menon, Lakshmi. *Organizing Strategies in Women's Health: an information and action handbook*. Manila: Isis International, 1994. 142 pp.
- Mies, Maria. "Social Origins of the Sexual Division of Labour", in *Patriarchy and Accumulation on a World Scale*. London: Zed Books, 1986 pp.44-73
- Mother-friendly Workplace Initiative: Seedgrants Program (1994-97) - ten community experiences. Penang: WABA, 1998. 16 pp.
- Sen, Gita and Rachel C.Snow. *Power and Decision: the social control of reproduction*. Harvard Series on Population and International Health. Boston: Harvard Center for Population and Development Studies, 1994. 348 pp.
- Sen, Gita et al. *Population Policies Reconsidered: health, empowerment and rights*. New York/Cambridge (MA): International Women's Health Coalition/Harvard Center for Population and Development, 1994.
- Shelton, Kathy: *Empowering Women to Breastfeed Successfully*, *Breastfeeding Review* vol.2 (10), 1994. pp.455-458
- Smith, Paul. "Domestic Labour and Marx's Theory of Value", in *Feminism and Materialism: women and modes of production*, edited by Annette Kuhn and Ann Marie Wolpe. London: Routledge & Kegan Paul., 1986. pp.198-219
- Sparr, Pamela, ed. *Mortgaging Women's Lives Feminist Critiques of Structural Adjustment*. London: Zed, 1994. 214 pp.
- Swaminathan, Mina. "Breastfeeding and Working Mothers: laws and policies on maternity and childcare", *Economic and Political Weekly*, May 1, 1993. pp. 887-91.
- Van Esterik, Penny: *Breastfeeding: A Feminist Issue*, WABA Activity Sheet 4.
- Van Esterik, Penny and Menon, Lakshmi. *Being Mother-Friendly: a practical guide to breastfeeding and working women*. Penang: WABA, 1996. 84 p.
- Van Esterik, Penny. *Women, Work and Breastfeeding*. Cornell International Nutrition Monograph Series No 23, Ithaca (NY): Cornell University, 1992. 92 p.
- Women at Work in Asia and the Pacific: agenda and strategies for the 1990s. Bangkok: ILO, 1994.
- Yee, Virginia and Dilrini Ranatunga. *Women's rights to maternity protection: information for action*. Washington, DC: the clearinghouse on infant feeding and maternity nutrition, American Public Health Association (APHA), 1996. 85 p.

Young, Kate, Carol Wolkowitz and Roslyn McCullagh, eds. *Of Marriage and the Market: Women's Subordination Internationally and its Lessons*. London: Routledge: 1991. 250 p.

#### Journals

ARROWS for Change. Women's and gender perspectives in health policies and programmes. Published three times a year. Asia-Pacific Resource and research Centre for Women (ARROW), 2nd Floor, Block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur, Malaysia. Fax:(60-3) 292 9958, e-mail: arrow@po.jaring.my

Gender and Development an OXFAM journal exploring the connections between gender and development initiatives, and to make the links between theoretical and practical work in this field. Carfax Publishing Company, PO Box 25, Abingdon, Oxfordshire, OX14 3 UE, United Kingdom. Fax (44-1235) 401550, email: sales@carfax.co.uk

Gender and Society, official publication of Sociologists for Women in Society. Quarterly. Sage Publications, 2455 Teller Road, Thousand Oaks CA 91320, USA.

#### Videos

Breastfeeding: working mother's right! video, colour, 15 min. English. Mexico: WABA, 1993.

Investing in the Future: women, work and breastfeeding, video, colour, 17.20 min., English/Spanish. Washington: Wellstart International, 1995.

Mother's Right to Work, Worker's Right to Motherhood. video, colour, 20 min. English/Tagalog. Manila, ARUGAAN, 1995.

#### Useful Addresses

Gender and Development Programme of the Asian and Pacific Development Centre (APDC-GAD), Pesiaran Duta, P.O.Box 12224, 50771, Kuala Lumpur, Malaysia. Tel. (60-3) 651 0016, Fax (60-3) 651 9209. E-mail: gad@pc.jaring.my

Asian-Pacific Resource and Research Centre for Women (ARROW), 2nd Floor, Block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur, Malaysia. Tel. (60-3) -292 9913, Fax: (60-3) 292 9958, E-mail: arrow@po.jaring.my

Isis International, P.O.Box 1837, Quezon City Main, Quezon City 1100, Manila, Philippines. Tel. (63-2) 435 3408/436 0312. Fax: (63-2) 435 3405. E-mail: isis@phil.gn.apc.org

Latin American and Caribbean Women's Health Network, Casilla 50610, Santiago 1, Chile. Tel. (562) 364-9827, Fax: (562) 634-7101

WABA Women and Work Task Force, York Centre for Health Studies, York University, 4700 Keele Street, North York, Ontario M3J1P3, Canada. Tel. (1-416) 736 5261 Fax: (1-416) 736 5768. E-mail: esterik@york.ca

Women. Law and Development International, 1350 Connecticut Avenue, NW, Suite 407, Washington D.C. 20036 -1701, USA. Tel. (1-202) 463 7477, Fax: (1-202) 463 7480. E-mail: wld@wld.org

Women's Global Network for Reproductive Rights, NZ Voorburgwal 32, 1012 RZ Amsterdam, Netherlands. Tel. (31-20) 620 9672, Fax (31-20) 622 2450. E-mail: wgnrr@antenna.nl

Women's International Public Health Network (WIPHN), 7100 Oak Forest Lane, Bethesda MD 20817, Maryland, USA. Tel. (1-301) 469 9210, Fax(1-301) 469 8423.

This Link discusses the issue of women's empowerment and breastfeeding, without detailed scientific explanation, while providing only a brief feminist analysis. Reference sources have been provided for further reading.

**Acknowledgements:** Researched and written by Lakshmi Menon with significant inputs from Dr. Vanessa Griffen, Coordinator of the Gender and Development (GAD) programme of the Asian Pacific Development Centre, Kuala Lumpur. Reviewed by Rashidah Abdullah, Coordinator, Asia Pacific Research and Resource Centre for Women, Kuala Lumpur, for reviewing the draft document with comments and suggestions. Sarah Amin, Director, WABA, contributed towards developing the framework for Ten Links, with comments and suggestions on Link - 3.

Thanks also to Meena Shivdas Moorthy for her editorial comments, Dr Veena Poonacha, Research Fellow, Research Centre for Women's Studies (RUWS) of the SNTD Women's University, for clarifications regarding feminist theory, and research inputs from RUWS, Women's Studies Unit of the Tata Institute of Social Studies, and Akshara : a Women's Resource Centre, Mumbai ( Bombay), India.



The World Alliance for Breastfeeding Action (WABA) is a global alliance of networks and organisations such as IBFAN, LLLI and ILCA, and individuals, to protect, promote and support breastfeeding. WABA acts on the Innocenti Declaration and works in close liaison with the United Nations Children's Fund (UNICEF).

The World Alliance for Breastfeeding Action (WABA) invites you to join in the global campaign to nurture the future by protecting, promoting and supporting breastfeeding and sound infant and young child feeding. This is a series of 10 action tools on how to restore a breastfeeding culture and ensure the rights of women and children to food security.

For more information, please contact: WABA, PO Box 1200, Penang 10850, Malaysia.  
Tel: 604-658 4816 Fax: 604-657 2655 Email: secr@waba.po.my  
Websites: www.waba.org.br and www.waba.org.my

