

Chapter 17

The Women and the Cities

When Harry Labouisse was asked whether he would be interested in becoming the Executive Director of Unicef in November 1964, the invitation came to him out of a clear blue sky. When James Grant received the same invitation in May 1979, the sky was cloudy and the invitation had taken years to deliver.

In 1975, at the conclusion of Labouisse's second five-year term, he informed UN Secretary-General Kurt Waldheim, whose task it was to appoint a successor, that he intended to stand down. Waldheim persuaded him to reconsider, and Hans Konzett—then the Chairman of the Executive Board—endorsed Waldheim's request. The Board had great confidence in Labouisse, and had no wish to see him depart although he was now over seventy years old. He agreed to stay, first through 1976, then through 1977. At the end of 1977, the resolution declaring 1979 the International Year of the Child was passed by the General Assembly, and once more Kurt Waldheim asked Labouisse to stay on. Continuity of leadership through the period leading up to, and including, the Year was the cogent argument Waldheim offered, but it masked another difficulty that he had no taste for resolving.

Although the US had taken the lead in creating and underwriting Unicef during its early years, the Nordic countries led by Sweden had steadily increased their influence over policy and their financial support during the previous decade. In 1977, the Swedish contribution was over \$19 million, a contribution *per capita* of \$2.33, then the highest in the world. Given their record, the Swedes found it objectionable that the US regarded Unicef's chief executive slot as its preserve. Nils Thedin, Board Chairman from 1971–73, had taken advantage of his contacts with the Secretary-General at that time to point out that his Ministry of Foreign Affairs would like the next head of Unicef to be Swedish. By 1977, it was clear that the US was far from enthusiastic to support a candidate of another nationality, while Sweden was exerting pressure at the highest levels. Waldheim, wishing to offend neither government, did not like to decide between the Swedish and the US candidates: Ernst Michanek and James Grant. In the years prior to 1979, both had taken part in their Governments' delegations to the Board, and lobbying became intense at meetings and in diplomatic circles.

It fell to the 1979 Board Chairman, Mrs Sadako Ogata of Japan, to prevail upon Waldheim—whose own re-election was in the offing—to make up his mind: the issue was becoming undesirably politicized. A careful diplomat, Ogata was determined to prevent the Board becoming totally preoccupied by the succession. Waldheim, under pressure from the US Secretary of State and the Swedish Minister of Foreign Affairs, pushed her to the limit, asking her to canvass Board members and delaying his decision. Finally in May, when the Board delegates were already assembled in Mexico City for the annual session, Waldheim announced his selection of James Grant. By a considerable margin, one that included the eastern Europeans, his candidacy was preferred by the member governments of the Board.

This was critical to Waldheim's decision. He was also aware that the UN's image in the US was declining, that Unicef was among its few well-known and popular institutions, and feared that if its directorship was lost to the US, the UN as a whole might suffer. But with Waldheim, as with the Board, the decisive factor in favour of Grant was his record. A lifetime of service to Third World development, including stretches in China, India, Sri Lanka and Turkey, gave him the edge. Michanek had an excellent record as the head of SIDA, the Swedish bilateral aid administration, but had no equivalent personal experience in developing countries.

James Pineo Grant was born in Peking in 1922. His grandfather had been a medical missionary in China. In the 1920s, his father, Dr John B. Grant of the Rockefeller Foundation, was developing a reputation as one of Asia's leading public-health pioneers, using his position on the faculty of the Peking Union Medical College to influence China's embryonic national-health policy. During the 1930s, he became a close associate of Dr Ludwik Rajchman, then chief of the League of Nations health section, who first visited Peking at Grant's instigation.

Grant senior shared Rajchman's still revolutionary view that, in areas where poverty was widespread, governments must shoulder the burden of promoting health, and that cost-effective programmes against low standards of public hygiene and communicable disease took precedence over elaborate curative care for the few who could afford it. After the Japanese invasion forced him out of China, Grant senior helped establish the All-India School of Hygiene and Public Health in Calcutta. As an advisor to WHO in the 1950s, he was on the same circuit as Sam Keeny, Unicef's Regional Director in Asia, and Fred Soper, malaria superstar. Like them, and Rajchman, he was one of the exceptional breed of men who made up the first generation of truly international public-health practitioners. No-one exerted on his son Jim a greater influence, both in his zeal for serving the greater good of Mankind and in his style of operation.

Jim Grant's childhood and part of his youth was spent in China, in an environment where leaps of professional imagination and the cultivation of

friends in high places could make a major effect on the health of millions. After wartime military service in Burma and China, his fluency in Chinese equipped him to serve first on the staff of General George C. Marshall during his unsuccessful effort to reconcile China's warring factions, and then in 1946, at the age of 24, as a representative for UNRRA's relief programme to Communist-held areas. Later, after a law degree at Harvard and a few years of legal practice, Grant joined the ICA, predecessor of USAID. In 1956, he became an unusually young chief of mission to Ceylon (Sri Lanka), and in 1958 was recalled to Washington to become ICA's Deputy Director responsible for programmes and planning.

Except for a short spell at the Department of State under the Kennedy Administration, he thereafter never wavered from a career in the expanding field of development assistance. He served USAID in Turkey and Washington, and in 1969 became the first head of a new private organization, the Overseas Development Council, set up in Washington to foster US understanding of Third World problems. Under his leadership, the ODC quickly became a source of respected economic analysis and an influential voice in US development-assistance policy. Grant had learned from his father's example the importance of harnessing political allies to a cause. The Kennedy era and the first Development Decade brought with them a new political consciousness towards developing countries. Grant worked strenuously to validate that consciousness, enlist the interest of senior US policy-makers, and prevent the goals of Third World social and economic progress from sliding into the foreign policy background.

Throughout the international development community, the early 1970s were a time of reappraisal. Grant, active in many of the professional and intellectual fora where conventional wisdom was being thrown out of the window, was strongly influenced by ideas which were gradually taking shape within academic and policy-making circles. In 1976, while taking part in a Study Team set up by President Ford to examine the problem of world hunger and malnutrition, Grant and an ODC colleague, Morris D. Morris, decided that a new way was needed for measuring the effects of development policies on social well-being. The old yardstick—Gross National Product (GNP) divided by population—was a symptom of what was wrong with the traditional emphasis on economic growth. *Per capita* GNP was an efficient method for measuring a country's economic output, but it said little about the internal distribution of wealth or about the quality of life for its citizens. Some countries, and some regions within countries, had managed to make great improvements in social well-being without much economic growth. These success stories—in China, Sri Lanka, parts of India and elsewhere—offered some hope that the right mix of development strategies might uplift the lives of the poorest people in the poorest countries much faster than the slow process of wealth accumulation. To learn from such successes, it must first be possible to measure

scientifically what they had achieved. In 1977, the ODC published its proposed yardstick: an index to measure a country's Physical Quality of Life (PQLI).

The PQLI computed infant mortality, life expectancy at age one and basic literacy, and ranked countries according to the well-being—or its absence—of their citizens by this index. Its efficacy as a measuring tool or guide to policy was contested in the circles where these things matter, but to Grant its public relations aspect was equally important. If arguing about the merits of PQLI prompted development planners and strategists to pay more attention to the lot of human beings and gained currency for the view that lowering infant mortality, increasing life expectancy and enhancing literacy were proper targets of development policy, then that was a valuable corrective in itself. Grant was riding against the current which now presented the eradication of the misery endured by much of Mankind as a very elusive target, fraught with imponderables and complexities. History taught that poverty, wretchedness, squalor and ill-health only ultimately succumbed to material prosperity—but some countries had flouted history and proved that much could be done without it. Grant believed that their experiences must be analyzed, synthesized and widely applied; that they offered Mankind an opportunity to bend the course of human history in the direction of the poor.

During the years immediately before his appointment as Executive Director of Unicef, Grant spoke and wrote tirelessly on this theme. His gospel was the 1976 Report to the Club of Rome, 'Reshaping the International Order', to which he was a contributor. This report called for a commitment to meeting certain global targets in infant mortality, life expectancy, literacy and birth rate by the end of the century. After the experience of the first two Development Decades, sobered observers regarded this kind of global goal setting as simplistic. Beset by its own problems, an inward looking Western world had less goodwill and an even shorter attention span towards the problems of the Third World poor than a decade ago. Even the humanitarian view was jaundiced by what seemed like scanty results from private and public generosity. Grant's sense of the need for political allies led him to popularize and sloganize in an effort to lift the development banner out of the disaffection in which it was trailing. If new, attractive and attainable goals could be set, they might generate sufficient political will to turn world poverty around.

In 1980, after years of sharpening these ideas, Grant became the leader of an international organization in the UN system—one that was popular, respected and dedicated to the well-being of the most vulnerable members of the human race. Unicef, if seemed, offered a sound programme philosophy, long practical experience, high international standing and a cause with strong popular appeal . . . all of which could be harnessed to a regeneration of the development crusade.

Not only the career background which impressed Waldheim and the Executive Board equipped Jim Grant for his new role at the head of Unicef. Like Pate and Labouisse before him, he was a human being dedicated to improving the lives of the world's least advantaged people, especially the children. This motivation inspired his action. His personal commitment—a more flamboyant and driving version than the quiet self-effacement of Labouisse—was an important ingredient in the credentials he brought to Unicef. Grant shared with Labouisse another important attribute: a wife who complemented his leadership superbly. Ethel Henck Grant quickly immersed herself in Unicef in the stalwart tradition of Martha Lucas Pate and Eve Curie Labouisse before her, and began to make her own special contribution.

By 1 January 1980, when Grant took over, Unicef had existed for thirty-three years, just over eighteen of them under Maurice Pate, and just under fifteen under Harry Labouisse. Although the organization had grown enormously and its programme philosophy had gone through various metamorphoses, its evolution had been relatively trouble-free. The main reason was the continuity of its leadership, the firm and steady hand of two successive Executive Directors whose personal style was unassuming but whose statesmanship was sure.

Under Pate, Unicef had earned a reputation for prompt and effective response to the distress call of the weakest members of humanity. During Labouisse's tenure, it had become recognized as an organization fully involved in the process of development, equipped to play a special role, if a modest one, alongside the UN and its specialized agencies, UNDP, the World Bank, and other members of the international big league. Labouisse himself had articulated in many fora the underlying idea behind Unicef's contemporary philosophy and programming actions: that helping children to lead healthier and more fruitful lives is a prerequisite for national progress. He had put his personal weight, and Unicef's, behind the basic services strategy, and worked closely with Dr Halfdan Mahler and WHO in endorsing and promoting the concept of primary-health care and 'Health for All'. He had enjoyed a very special sense of partnership with his two deputies, Dick Heyward and Charles Egger. He had championed children and Unicef without seeking the limelight, and without allowing the organization to compromise any of the clean bill of health its humanitarian reputation had already established for it in the 1950s.

One of Labouisse's outstanding achievements was to keep Unicef free of political currents. This was a principle which had governed Pate's leadership; but during Labouisse's it was a much harder principle to maintain. During the 1960s and 1970s competing political pressures became a much more dominant fact of life within the entire UN family. It required extraordinary

staying power to navigate the complexities of post-colonial conflict in Nigeria and in Indo-China and somehow keep some sort of channel open to children. It was also difficult to resist pressure in an international community of nations so much enlarged by the end of Western Imperial adventures and in which so many of the old alliances were volatile. Labouisse never conceded to any pressures of this kind; this was with him an unbreakable principle of organizational and personal integrity. When the occasion demanded, he demonstrated a willingness to take risks and showed considerable personal courage. But a risk he never took was with Unicef's reputation. This made him seem at times unduly cautious and publicity-shy. But for him, the short-term advantage must always be sacrificed to the longer-term. What mattered was that the trunk of the Unicef tree grow solidly and well, and he did his best to protect it and allow it to do so.

Financially, Unicef had grown enormously in the previous fifteen years. Annual income had grown from \$35 million in 1965 to over \$250 million in 1979. The number of staff had grown from 774 to 2184 in the same period. The programme of co-operation which they helped to oversee had changed radically in character. Milk and disease control—the nutrition and health approaches which had characterized Unicef's first decade or two—were now gone for good, or subsumed in basic health services. Under Labouisse, family-planning programmes had received support for the first time; support to water and sanitation had expanded unrecognizably; the amount of Unicef assistance expended on training programmes for primary-health and other workers in the less sophisticated echelons of basic services had risen dramatically. These areas were all ones in which Labouisse had taken a personal interest.

He had travelled widely in the field, accompanied by his wife Eve who supplemented his role superbly. This very special Labouisse partnership had made a point of trying to witness in depth and at first hand the day-to-day problems of poverty and the programmes in which Unicef assistance was playing a part. These experiences had fortified his belief in the need for a conscious effort to avoid the accumulation of power at the centre of an organization, a natural tendency in any expanding bureaucracy. Like Pate before him, and like Heyward, he believed that it was important to decentralize organizational power and give Unicef representatives the freedom to adapt policies to local conditions. Programmes in which Unicef co-operated must be able to grow organically, according to priorities established in the developing countries. In 1975, a management survey undertaken by the Scandinavian Institute for Administrative Research (SIAR) had the effect of institutionalizing and strengthening these trends.

In January 1980, when Jim Grant took over from Labouisse, the change in leadership signalled the end of an era. Although some key figures in headquarters—in particular Dick Heyward, Charles Egger and Jack Charnow—were urged to stay on for the first two years of Grant's regime,

there was a sense of expectancy about their forthcoming retirement and replacement by a younger generation. As well as these three, many other senior Unicef figures stationed elsewhere retired at or around this time: Gordon Carter, Glan Davies, Ralph Eckert, John Grun, Martin Sandberg, and others. These and many others had joined Unicef as young men and given it most of their working lives and more besides. They had helped to shape the Unicef Grant inherited, and their disappearance represented a more complete changing of the guard than had taken place at the time of Labouisse's arrival. Many left an indelible print on programmes and policies around the world—some in more than one country, continent or hemisphere.

Among them, the contribution of one man stood out in particular: that of Heyward. By 1980, he had served Unicef in the same position for thirty-one years, an extraordinary performance which combined supremacy over day-to-day operations with unchallenged intellectual leadership. The way in which Unicef's policies over the years constantly evolved to reflect the latest in technical understanding and growing experience within the international development community owed more to Heyward than to any other single individual. Almost every articulation of programme policy bore his imprint. His ability to apply contemporary understanding on development issues to the needs of children around the world was one of the organization's most valuable assets in its years of evolution through the first two Development Decades.

While Grant inherited the darkest and most entangled horror in the story of postwar international relief—the crisis in Kampuchea—he also inherited all the goodwill generated by the International Year of the Child. The euphoria generated by IYC and the extra lift it had given to Unicef's growing income had fuelled a vision of spectacular growth.

Jim Grant, in his first year of office, visited the capitals of major Unicef donor countries and showed himself an aggressive fund-raiser. But if income was really to climb by leaps and bounds, sources of revenue other than steady increments from traditional donors had to be found. In April 1980, a breakthrough occurred which made it seem as if the new lode had been discovered. At last, a line had opened to the oil wealth of the Arab world.

Since the early 1970s, particularly after OPEC action had raised the price of Middle-Eastern oil, Jim McDougall and François Rémy, successive Unicef Regional Directors in Beirut, had tried hard to interest Arab governments in contributing more than token amounts to Unicef's treasury. Labouisse had visited the Shah of Iran in 1972, and various approaches had been made to other heads of state, to little immediate avail. Then in 1979, by a curious chain of circumstances, Sabah Al Alawi, the Unicef liaison

officer in Riyadh, struck up a close contact with a brother of King Khaled of Saudi Arabia, Prince Talal Bin Abdul Al Saud. Prince Talal had a long record of interest in social well-being, and had been instrumental in establishing the first school for girls in Saudi Arabia.

Prince Talal was an enthusiastic ham radio operator. In one of his typically flamboyant ventures, Aldo Farina, head of the Italian Committee for Unicef, had persuaded a world association of 'hams' to adopt Unicef for IYC. Prince Talal entered into the spirit of this idea, and sent off messages of solidarity with Unicef from his broadcasting studio to radio contacts around the world. Sabah Al Alawi made himself useful, and managed to interest the Prince more deeply in Unicef's work. In April 1980, at Grant's invitation, Prince Talal visited UN headquarters in New York, met Secretary-General Waldheim, and took up an honorary position as Unicef's Special Envoy. The Prince wanted to do something for the world's children. In the eyes of Grant and of Unicef, that something primarily consisted of tapping financial resources, as well as becoming a spokesman for Unicef on behalf of children. A year later, in April 1981, as a result of Prince Talal's initiatives, seven Arab governments joined forces in an Arab Gulf Programme for United Nations Development Organizations. Very large sums were spoken of and Unicef and UNDP expected to be the principal beneficiaries.

Inspired by the prospect of a large jump in income, Grant began to weave the ideas he had helped to develop at the Overseas Development Council into Unicef's fabric. He was strongly impressed by its field-based, programme-oriented nature, which offered a far larger and more solid canvas to work on than the research-based, public affairs nature of the ODC. He saw in Unicef's experience with trying to help extend basic services in developing countries a chance to build up a body of evidence and practical example which would help the world to realize by the year 2000 the targets set by the 1976 Report to the Club of Rome—particularly the reduction of infant mortality.

As a medium for his ideas, Grant decided to establish as a tradition the publication of an annual report on 'The State of the World's Children' on Unicef's anniversary. At the end of the International Year of the Child, Labouisse had issued a report on 'The State of the Children in the Developing World'. Grant took up this idea, and its principal architect, Peter Adamson, a British development writer, honed the report into an impressive international public information vehicle. Grant's first 'The State of the World's Children Report' issued in 1980 represented a fusion of the theme he had been pounding out for the last few years with Unicef's mandate for children and its experience of practical programming. He spoke of accelerating the all-out effort to improve the lives of children by reducing the ratio between money spent and benefits achieved. Because of rapid population growth, the numbers of the absolute poor—estimated at 780 million, of

whom half were children under fifteen years old—were outstripping the pace of development on their behalf. The low-income route to social progress, tried and proven in a handful of countries, offered the world a chance it must not turn down. To help the world seize this chance, Unicef offered the basic-services strategy. It must be put into practice more widely, and at a faster pace.

Grant believed that in order to promote this process, Unicef needed an intellectual cadre that could analyze and synthesize the basic-services experience and translate it from programme to programme, country to country, organization to organization, using all the communications channels available in the penultimate decade of the twentieth century. He perceived this task as an extension of Unicef's existing work, building upon it and multiplying its overall impact. He used a number of metaphors to convey his ideas: Unicef must 'change gears'; the task ahead was to find out where and how 'the points could be switched'.

Grant's misfortune was that the invigoration of Unicef's effort, and the new phase in the growth of its programmes and intellectual capacity he envisaged, were being elaborated at a moment when global economic recession was causing many governments to slice back social-services programmes, as well as aid for the developing countries. The chill was beginning to reach the UN system, and many other UN organizations were talking grimly of retrenchment. By contrast, Unicef's Executive Board, meeting for its annual session in New York in May 1981, found itself addressing a budget for a considerably expanded programme of co-operation and a financial plan projecting a skyward expansion of income—from \$313 million in 1980 to \$710 million in 1984. This budget turned out to be unrealistic. The economic climate, not to mention the progressive sense of disenchantment with development issues which characterized the dawning of the third Development Decade, was unsuited to such dramatic plans. The Board made it plain that they disapproved, and modifications had to be made.

Grant, undaunted, reiterated the theme of 'more for less', and stepped up his fund-raising initiatives to both traditional Unicef donors and to sources—governmental and nongovernmental. During the summer of 1981, as the effects of global recession began to bite deeper, the need for austerity could no longer be ignored. The rise of the US dollar against other currencies had lowered the value of contributions pledged to Unicef for the current year by \$40 million. In the face of the inevitable, a certain amount of trimming was required, both in programmes of co-operation and in plans for expansion.

The appointment of Prince Talal as Unicef's Special Envoy in April 1981 had very positive repercussions. Talal threw himself and his personal establishment into his role as international spokesman for the world's children, taking the task to heart and cultivating support for Unicef not

only in the Arab world but in countries in every continent. In September 1981, at a ceremony in the UN Secretary-General's office, Prince Talal, in his capacity as President of the Arab Gulf Programme, pledged \$40 million to Unicef from its resources, \$25 million of which was for 1981. Grant had worked strenuously with the Prince to reach this happy conclusion; the sum compared well with the top Swedish and US annual contributions of around \$35 million. It was, however, considerably less than the sums originally forecast and no longer represented the great financial leap forward many had been led to expect. Unavoidably, therefore, there was a slight sense of anticlimax.

During the next four years, Prince Talal travelled widely all over the globe at his own expense as an advocate for children and Unicef's cause. As Special Envoy, he visited Unicef-assisted programmes in Niger, Djibouti, Somalia, Senegal, Brazil, Bangladesh, Colombia, Costa Rica, Thailand and many other countries all over the developing world. He also visited many European capitals to persuade heads of government and leading figures to increase their country's contribution to Unicef and the cause of social development.

The Arab Gulf Programme, known as AGFUND, has continued to be an important Unicef donor, while its contributions to development through other UN member organizations have also expanded. When Prince Talal relinquished his role as Unicef Special Envoy in December 1984, Grant paid tribute to his dedication on behalf of children, and underlined the continuing partnership that the Prince's and Unicef's coinciding goals guaranteed. By the end of 1985, AGFUND had contributed to Unicef a total of \$59.5 million.

The other significant lift to Unicef's resources was provided by the Italian Government, which announced in 1982 their heightened interest in helping to alleviate world hunger and malnutrition. This decision reflected an increased awareness among the Italian public about the problems of poverty and underdevelopment, an awareness that Aldo Farina, Director of the Italian Committee for Unicef—with his cultivation of allies for Unicef over the years and his enthusiasm for establishing Unicef's name as a household word in schools, in the entertainment industry, and everywhere obviously relevant or otherwise to the cause of Third World children—had done a great deal to engender.

A joint programme of WHO/Unicef support to nutritional improvement in a minimum of fifteen countries was approved by the 1982 Unicef Board, and the Italian Government agreed to cover its entire cost of \$85 million over the period 1982–86, adding a further \$15 million for providing certain countries in Africa with essential drugs. The first three countries to develop special programmes under this joint WHO/Unicef/Italian initiative were Mali, Sudan and Tanzania; their design reflected the cardinal tenet of the primary-health care era: that health and nutritional elements in programmes

are inseparable, and that they in turn form part of a broad-ranging approach which embraces food production, conservation, and storage in the home, as well as education, environmental sanitation, and all the components in the basic-services package. The focus on Africa reflected growing concern throughout the international community with the emergencies which continually engulfed the African continent, setting back development prospects. Italy also became an important donor to emergency programmes in Africa, setting up in 1985 a Fund for Italian Emergency Aid, and committing up to \$110 million towards programmes of joint co-operation with Unicef.

Since the early 1980s, there has been a slow but steady increase in Unicef's income, but not on the scale so optimistically anticipated at the height of IYC excitement. The new avenues of support which opened up during 1981 and 1982 helped to cushion Unicef rather than usher in a new growth phase on a par with that experienced during the late 1970s. The fact that Unicef's fortunes have kept buoyant during what has largely been an adverse financial and political environment for the UN as a whole is owed to a considerable extent to Grant's energetic capacity for fund-raising. The generosity of major government donors and the general public towards the drought emergencies in Africa has also played an important part. In 1985, Unicef's total income was \$362 million, of which \$94 million came from nongovernmental sources, including the sale of greeting cards—an increase of nearly \$50 million over the past five years.

In 1981, the two-year period of the changing of the guard in Unicef ended. Two new Deputy Executive Directors had been appointed: Margaret Catley-Carlson, previously the Canadian delegate to the Board, in Heyward's place as Head of Operations; and Richard Jolly, previously Director of the Institute of Development Studies in the University of Sussex, England, in Egger's place as Head of Programmes. Grant had also brought on board, as a third Deputy for External Relations, Tarzie Vittachi, a Sri Lankan journalist and editor who had demonstrated as the Head of Information for the UN Fund for Population Activities a particular genius for popularizing complex development issues and getting them widely aired.

At year's end the three Unicef 'giants'—Heyward, Egger and Charnow—men who most potently symbolized an unbroken thread of organizational continuity and personified the established Unicef tradition, graciously took their final bow. Now the stage truly belonged to Grant and his new generation.

In 1980, the midpoint of the Decade for Women, Unicef undertook its first major examination of the role of women within the development process since the basic-services and primary-health care strategies were adopted in the mid-1970s. The request for such a report came from the 1978 Executive

Board, in response to a statement by Mrs Titi Memet, Unicef's family planning advisor, the most senior woman on its staff, and a keen advocate of women's issues.

Unicef's concern with women dated back to its moment of birth, but the movement for women's rights which gathered momentum in the 1970s in yet another manifestation of the quest for alternatives came to the situation of women from a very different direction. Unicef at this particular juncture was very much a male-dominated organization. The women who had made such a noteworthy mark on Unicef's first twenty years or so—Adelaide Sinclair, Charles Egger's distinguished predecessor as Deputy Executive Director for Programmes; Margaret Gaan, Sam Keeny's key lieutenant in Asia; Alice Shaffer, Unicef representative for a number of Latin American countries; Gertrude Lutz, whose career in Unicef began as Chief of Mission in Poland in 1949 and ended as Deputy Director in the office for Europe—had all retired by or in the early 1970s. Whether or not the temporary lack of a female stamp in Unicef's senior ranks at the time when the campaign for women's rights reached a crescendo made a difference to its outlook or not, the fact was that there was a good deal of ambivalence within the organization about its relevance to programmes of Unicef co-operation.

From its earliest forays into health campaigns and feeding programmes in the villages of Asia and Africa, Unicef had accepted as a matter of course that the well-being of children was inseparable from the well-being of their mothers. In maternal and child-health care, Unicef had a legitimate claim to have helped pioneer improvement in the lives of women; it had taken a lead in according due respect to the nurturing role of women, not only as mothers and home-makers, but also as healers and birth attendants.

From health care, Unicef assistance for women had broadened to training in what in the early days was described as 'mothercraft' and 'homecraft'. The support which, at Charles Egger's initiative, had been first offered to women's groups in east Africa in the late 1950s had initially been provided as a means of improving child nutrition and family welfare. But before long, the women's group or women's association had been seen in a more potentially significant light. The ideas which, in parts of French-speaking Africa, found their expression in *animation rurale*, suggested that the women's group not only provided a context in which women could learn new skills, but also gave them a new set of ideas about themselves, the kind of lives they were leading, and what to do about them.

Such awareness was the precondition of taking any kind of action to breach the rigid codes governing family and community life, most of which were designed to keep women in inferior and subservient roles, and in whose application women usually connived without question. Brought up in a narrow world of drudgery, male domination and constant child-bearing, women's willpower was sapped. Before they could take a small

step forward, they needed to be able to conceive of other relationships than the fixed ones of kin, and achieve new worth and dignity in their own eyes. Changing the attitudes of government officials and national leaders towards women in such a way as to open up more opportunities and more protection for the fulfilment of their domestic and maternal roles would not help women who had no sense of their advantage. In a telling statement, an observer wrote of the 'bat women of Asia, clustered safely in the darkness of male domination and fluttering about fearfully when an opening door lets in some light'.

The growing sense that attitudinal change was needed—both by women and about women—in order for them to profit from the development process on their families' behalf was one of the reasons for the stress on reaching women and out-of-school girls through the mechanisms of non-formal education. In some parts of Asia and many parts of Africa a female illiteracy rate of seventy per cent in rural areas was still common in the early 1980s, and in some places rose as high as ninety per cent. Families who appreciated the benefits of schooling often appreciated them on behalf of a boy, who might find a salaried job behind a desk in town and handsomely repay the investment; but not on behalf of a girl. Her duties helping her mother in the house and in the fields were usually more economically important to the family. The disproportion between the numbers of boys and girls entering school reinforced the discriminatory process which kept men moving ahead while women remained in ignorance of the modern world. The theme that more girls should be in school was constantly repeated; but what ministries of education were actually doing, or able to do, to redress this balance was difficult to identify.

One study of village life undertaken in Africa in the early 1970s described the classic syndrome whereby the persistence of traditional education for girls reinforced women's marginalization: 'According to tradition, the (village) community entrusts the education of girls to the mother. The training focuses on routine procedures which girls will be expected to perform as wives, mothers, agricultural workers . . . The mother participates with a deep sense of responsibility, eagerness, and real interest . . . She is interested in being a good educator because certain rewards accrue to her such as enhanced status in her community and emotional satisfaction . . . While the mother is found sufficient by the village community for educating girls, nonetheless she suffers from a major handicap in that role—namely, the education she imparts is greatly limited to her own ignorance, and inability, due to illiteracy and isolation, to gather further information developed on scientific lines. Thus she transmits to her daughter only those traditions, superstitions, and ways of living that she knows, many of which are nonconductive to socio-economic development of the community.'

Although Unicef's view of the role of women in development widened over the years, there was a strong latent resistance to the idea that Unicef

itself—which was after all created in the name of children rather than women—should be concerned with any other female role than that of the bearer and rearer of children. Resistance to picking up the cudgels on behalf of women *qua* women was reinforced by the fact that changes in the laws affecting women's status and employment—the primary goal of much of the women's rights movement in the industrialized societies—would have little effect on the lot of rural women in developing countries. The kind of discrimination experienced by women caught in the trap of poverty, ignorance and life-long labour was not easily susceptible to the passage of laws, however important it was to create a legal framework for equal rights. Unicef believed that the attitudinal change that must take place in society to improve the lot of women was more likely to be promoted by providing services to help her improve her maternal and domestic performance. Better health and nutrition for her children and herself were seen as inherently attractive to women, and as a first step to the opening up of their minds to a wider range of family life improvements.

By the late 1970s, certain champions of women's rights had intensified the debate concerning the lot of women in developing countries. The demand for equality in job opportunities and pay which characterized much of the clamour in the Western world spilled over into the developing world with a demand that more respect be given to the economic functions of women in rural society. A group of protagonists began trying to put across the message that, in communities living at the edge of survival, there was no division between women's role as mothers and their role as economic providers, and that any effort to help them as mothers was bound to be handicapped by a failure to take all their responsibilities into account. The long obsession with economic production as the gauge of development and its definition as something with a monetary value had obscured the fact that all the functions required of a woman in traditional society—including child-bearing—were critical to the family's means of support.

Since the days of Unicef's first support to homecraft and mothercraft in rural Africa, the enormous domestic load carried by many Third World women was well understood. What was different now was to describe this load in economic rather than social terms. In large parts of Africa, women undertook almost every task connected with growing and processing food, including planting, weeding, hoeing, harvesting, winnowing, storing the crops, and rendering them into cookable ingredients. Elsewhere their agricultural burden might not be as heavy, but the most casual inspection of the Third World countryside would show that nowhere was it light. They tended all small livestock, milked anything that could be milked, grew all the vegetables. Since most of this was done without money changing hands, none of it figured in the development statistics. In all traditional societies women also collected the family's water and fuel supply, carrying heavy pots to and from the river, gathering sticks, burning charcoal, or

patting dung into cakes and drying it in the sun. They fashioned cooking pots from clay, plaited grasses into baskets, scraped out gourds, spun and wove wool and cotton. 'Handicrafts' like these were no pastime for creative expression, but the necessary manufacture of utensils for household use. None of these tasks counted in any national balance sheet as economic production unless their result was sold through some identifiable channel, even though the family would perish if they were not done.

The changes that modernization, or development, had wrought in the landscape over the past twenty years had tended to increase, rather than relieve, women's drudgery. Rising population had meant a heavier pressure of people on the land, which made it harder to grow enough food, further to walk to gather fuel, longer to fill the water pot from the trickle of water in the bottom of the well. It also swelled the casual labour force, making it harder for landless families—whose womenfolk routinely sought agricultural or construction site work—to make ends meet. Meanwhile, most of the opportunities for improvement had come the way of men. Agricultural development almost invariably meant cash crops, crops that could be sold by a national marketing board to pay the national import bill. Cash was for men, for the heads of household, the supposed providers. So agricultural extension workers visited the men, not the women, with advice about hybrid seeds, tools and fertilizers. Improved technology, training courses, credit to set up a mechanized mill or other food-processing business: all went to men.

Without education, women had no earning power. Yet the provision of everything needed to maintain the home and keep the children fed and clothed remained their responsibility. In a world in which it was becoming more and more difficult to manage without resource to cash, women were being thrust deeper and deeper into the cracks and crevices of society, losing status rather than gaining it. With all the demands upon them, it was scarcely surprising that when they leapt at the few opportunities they were offered, it was usually the ones that reduced their workload or improved their family comfort: a more convenient water supply, a tin roof for their hut, a chance to sell some handicrafts for cash. The lecture on nutrition or the injunction to bring a perfectly healthy toddler several miles to receive a vaccination shot which made him feverish and fretful rarely had the same appeal.

The priority need—the one women themselves felt—that their domestic load must be lightened first came forcefully home to Unicef in connection with water projects. The 1972 conference of government ministers held in Lomé, west Africa, on 'Children, Youth, Women and Development Plans' was one of the first occasions in which the importance of a sure supply of drinking water in transforming the situation of women was given forceful expression, and it was not a conclusion that Unicef, the convenor of the conference, had anticipated. Although improving family and child health

was the underlying purpose of water and sanitation schemes, it began to emerge that their popularity with the women in the villages had more to do with convenience: their understanding of the connection between disease and impure water was very uncertain. As the years went by, Unicef's co-operation in water-supply programmes concentrated less on engineering and hardware, and more on women's involvement in public health. Without their participation and understanding, the full health benefits of water programmes could not be realized.

Another activity which helped to bring the role of women to the fore was applied nutrition. The only guarantee—and it was still only a partial guarantee—that green vegetables, eggs and milk grown on a family or a communal plot would find their way into the mouths of children rather than onto the local market was to equip women, not men, to cultivate them. In 1974, when the global food crisis was at its peak, Unicef turned its attention to household food processing and preparation. The tremendous outpouring of technologically-appropriate gadgets had mostly yielded improved tools for economic production: brick-making machines and better ploughshares. Unicef began to support the research and development of village technology for domestic labour-saving: bio-gas plants, fuel-efficient cooking stoves, rat-proof storage bins, the drying and canning of fruits and vegetables.

As the full weight of women's responsibilities became better understood, so did the interlocking elements of women's overall predicament. Many hopeful schemes were languishing because women were not fulfilling their expected roles as instruments of community development. More significantly from the point of view of the economic planners, they were compounding their problems by the large numbers of children they persisted in bearing. At a time when concern about population growth was dominated by frightening statistical estimates of the effect of exponential growth rates on dwindling planetary resources, Unicef helped to reinject the human dimension into the debate.

Labouisse's statement for the 1974 Population Conference in Bucharest argued persuasively that the population issue needed to be examined from the point of view of parents' decisions about family size. Apart from pride and joy in their children, parents in poor communities needed large numbers of children to swell the family workforce and ensure that enough survived to care for them in their old age. On the other hand, they were also beginning to worry about dividing shrinking landholdings into ever smaller portions among their male offspring and the expenses of schooling. But those who weighed up the pros and cons of family planning were usually men: the low status of women meant that they did not have much say in decisions about conception and pregnancy. No effect could be made on parental decisions about family size and spacing without taking these considerations into account and doing something about them.

The disappointing results of many family-planning campaigns opened the way to a new appreciation of women's status. Most modern contraceptive technology inhibited female, not male, fertility. Yet the women in poor societies, those who bore most of the world's children, were not stepping forward with alacrity to swallow pills and have loops inserted. Unless the male head of household began to feel children as an economic burden, rather than a value, he would not encourage his wife to go in for family planning. As women did all the work connected with rearing children, including carrying the economic burden for their food and dress, the men had little motivation to listen to the family planners. And a woman was most unlikely to oppose her husband; such an idea would not occur to her, however exhausted she was by child-bearing and however painful the prospect of another mouth to feed and little to put in it.

In certain places, in Kerala State in India, for example, the success of family-planning campaigns began to illustrate a connection between a woman's education and her susceptibility to family-planning advice. Some learning made a great difference to a woman's capacity to resist pressure from a husband or a mother-in-law. It also influenced how her children regarded her, and their attitude later in life towards the role of women. A sense of herself, of her own ability to do something and be something of her own encouraged her to consider spacing her children, of having a certain number rather than whatever number God and her husband conspired to send her. Once again, the attitudinal break-out from under heavy layers of fatalism was the trigger for behavioural change. Demographic researchers were beginning to establish that, apart from a leap in economic fortune, the factor correlating most closely with a drop in the birth rate was a rise in female literacy. Here was another means of advancing social goals without having to wait for the distant millennium of universal prosperity.

During the late 1970s, Unicef's practical emphasis for women continued to be on maternal and child-health care and nonformal education, within which responsible parenthood was an important strand. Women's lack of economic and decision-making power was still a problem Unicef felt reluctant to tackle specifically. There was support for vocational training and women's groups: sewing machines and cookery equipment were standard items in many country programmes. But the rationale behind their supply was not that they might permit women to enter the tailoring or catering business; rather that they could run up small garments for their children or ring nutritious changes in the family diet.

Attitudes were, however, rapidly changing. The Western ethnocentric view that women, no matter what their cultural environment or how perilous their hold on the means of survival, were primarily housewives who looked after children while their husbands went to work was finally being eroded. Concern about another social problem—the misery of life for increasing numbers of mothers and children in the slums and

shanty towns of Third World cities—finally laid any residual prejudice to rest.

In 1971, the Executive Board had agreed to the expansion of Unicef's aid to children in poor urban areas based on a report prepared by Dr Constantina Sfilios-Rothschild, a sociologist well-known for her research on family affairs. There had earlier been resistance to this idea. Everyone had decried the way development investment had been skewed in favour of the cities, and Unicef had felt that all its aid was needed in the countryside.

Townsppeople already had access to health care and education. The city's wealth was a magnet for the best services a country could provide; few doctors and teachers wanted to work in rural areas. Improving urban amenities could only aggravate the exodus of the poor from the countryside to town, an already alarming phenomenon. The proliferation of slums and shanty towns, *bidonvilles*, *favelas*, squatters' settlements of flimsy shacks in disused nooks or wasteland on the urban periphery, was being greeted everywhere with municipal horror, and often with municipal bulldozers. But for all the indications that they were not wanted, those shaking off the dust of agricultural life from their feet and exchanging it for the mud and putrefying garbage of the slum did not seem disposed to go away. Jobs, cash and amenities beckoned the new city dwellers and others following hard on their heels. They had come, in their hundreds and thousands, to stay. The squalor, the high cost of city life, the loss of traditional community ties and the resultant changes in family life, were a price they were willing to pay for a foothold on the ladder to the modern world.

By 1976, when HABITAT, the international conference on human settlements, was held in Vancouver, people had begun to talk about 'exploding cities'. The statistics of the demographic change were frightening in their implications. In 1960, only half the world's nearly two billion people were urban dwellers, by 2000, over two billion people would be living in the cities of the Third World alone; more than half of these would be living in poverty; more than half of those living in poverty would be women and children.

In many countries of Africa, Asia and Latin America, urban population was growing at double the national rate, and the slum population was growing at double the urban rate, not only because of migration from the rural areas but also because women in the slums continue to bear many children. This meant that, in cities like Lima, Lagos and Bombay, the numbers of people crammed into squalid huts and tenements were doubling well within a decade. City budgets were already overstretched. Even if the authorities could be persuaded to see the shanty-town dwellers as people with something to offer instead of as a blot on the municipal escutcheon, how could they provide basic physical amenities—roads, transport, garbage

collection, sewage disposal, water points, street lights—not to mention jobs, schools and health care—for the swelling tide of urban humanity?

The answer was that they could not. During the 1970s, as new shanty towns mushroomed faster than fire, pestilence, and city bulldozers could clear them away, the apostles of alternative thinking began to present the nightmare of urban proliferation in a new light. They argued that the tenacity and ingenuity of slum-dwellers in solving their own problems was a resource to be husbanded, organized, and built upon.

Instead of trying to tear down their humble structures and banish them to somewhere even further out on the rim of society, city authorities should help squatters become legalized citizens and offer them incentives to upgrade their environment. Slum inhabitants were not parasites; they carted stones on building sites, swept streets, drove rickshaws and taxis. They were people on whom the city depended in many of its less salubrious and lowly-paid occupations. Vendors and petty traders were part of the city's economy, whether or not their modest transactions showed up in the municipal balance sheet. The authorities should drain land and install water pipes, offer leases and loans for building, lay out minimal 'sites and services'. With some security and a sense that officialdom was on their side instead of constantly threatening to evict them, people could be encouraged to form neighbourhood groups, volunteer their labour for garbage collection or road mending, become health workers or child minders. Built on community involvement, the new approach to eliminating the worst effects of urban poverty was a variation on the alternative order.

By 1975, Unicef was beginning to ask itself why the basic-services strategy was not being adopted faster in the cities. Anthony Kennedy, a Harvard-trained architect, was seconded to Unicef from the UN Centre for Housing, Building and Urban Planning and asked to explore the possibilities of Unicef assistance to slum children and youth. One of Unicef's first contributions to urban renewal was a self-help housing project in Lusaka, Zambia, in collaboration with the American Friends Service Committee and the World Bank. The Friends and Unicef were particularly concerned with training people to make the process of community participation work.

Another landmark programme was in India. In 1975, Kennedy recruited Dr William Cousins, an American sociologist who had spent several years working in Indian community development, to join Unicef's staff in New Delhi. Cousins, Dr Surya Rao and the staff of the municipality of Hyderabad, India's fifth largest city, designed an expansion of a project in Hyderabad's *bastis*—pocket slum neighbourhoods. Surya Rao and his team were veterans of India's community development experience, and they concentrated on building a spirit of *basti* co-operation before trying to upgrade housing and other physical amenities. They fostered welfare committees, youth clubs, school groups, and women's mutual aid. Their resources were extremely slim—a factor to which Surya Rao later attributed their success: they could

not afford to do things for people, only with them, so activities had to meet genuine community needs.

The essential role of the Hyderabad team was to open up avenues between *basti* dwellers and the city's financial and administrative structure. If people knew how the system worked, they could make it work on their behalf. If they could build a modest hall or find an empty classroom, they could run a tailoring class or a day-care centre. If they knew how to get a license and market a product, they could set up a small business enterprise. Most important, they could obtain credit. No regular bank was prepared to administer loans of \$10 or so, the amount a washerman or -woman needed to buy an iron or a handcart. By acting as intermediary, the project could manage an arrangement on their behalf. Although seventy per cent of the city population was Moslem and Moslem women do not easily leave the seclusion of the home, a number of mini-enterprises run entirely by women began to flourish. Hyderabad began to get recognition as a low-cost participatory exercise in slum improvement, which worked on a significant scale.

In 1976, Dr John Donohue took over Kennedy's role as advisor to Unicef on urban affairs; he had previously worked in the slums of Lima, as well as in Brazil. Once Unicef began in earnest to promote the basic-services strategy in urban areas, the debate about whether it was fitting to support women's efforts to earn money evaporated. Without particularly underlining the fact, more and more of the programmes developed between Unicef and municipal authorities and local-government groups emphasized support to women in all their roles. In the city, those had to include jobs and income. In the city, poor women were working, as poor women have always worked, not as an act of liberated choice, but for their families' bare survival. In the back alleys of the Third World city, women's rights meant a chance to do so while preserving some shred of female dignity, and hopefully the bonds of marriage as well.

Too often, the move to the city wreaked havoc on family life. The male head of household tried to find work where he could. But the effort of earning enough to maintain the family in its new setting—where money was needed to buy food, water, fuel, shelter materials, utensils, all of which had previously materialized from women's cashless engagement with field and furrow—was too much for him alone. Wives, and children too, must help out. The only jobs open to them were the most menial, the lowest-paid. Domestic service was the aristocracy of employment. Without skills, most women were obliged to make what little money they could by cooking food and selling it on the street—or by rising at dawn to walk miles to market, purchasing a head-load of vegetables and laying it out on a muddy corner to earn a few cents by trading. If their menfolk abandoned them—a growing trend: in some cities half the women were forced to become their children's only provider—they often slipped further down

the social ladder, brewing illegal liquor and working the twilight hours in back rooms and tin-shack 'hotels'. More children came; more children with no male provider.

Coincidentally the report which deepened Unicef's understanding about the realities of childhood, upbringing and family life in slum communities was undertaken by a woman: Mary Racelis, then Professor of Sociology at the Ateneo de Manila University in the Philippines. Prepared at the request of the 1977 Executive Board, her report identified many features of poor urban communities which worked in favour of the basic-services strategy: their openness to change; their willingness to organize, sometimes militantly; their exposure to mass media; their proven ability to find their own solutions to their problems. Municipal authorities must harness this problem-solving capacity, channelling the vigour and imagination of slum people into community self-help. They must also improve entrepreneurial and job opportunities, and do what they could to prevent the disintegration of family life.

In 1978, Racelis succeeded Titi Memet as Unicef's senior advisor on family welfare, and led the study on women, children and development prepared for the 1980 Board session and the Copenhagen Women's Conference. Whatever residual doubts persisted about the emphasis to be given to women in other than nurturing roles, delegate after delegate to the Executive Board—including many from developing countries—singled out the importance of helping women as producers: to grow more food, learn more skills, earn more money, and play a larger part in the whole development process. Unicef's thinking on women had finally turned the corner.

In 1982 the Board again reviewed Unicef's urban experience in an extensive study prepared under Donohue's guidance. By this time, many municipal authorities around the world had become much more progressive in their attitude to their burgeoning slums, or at least resigned to their presence and prepared to try policies which cost much less than razing and relocation.

The previous five years had seen great growth in Unicef support for programmes helping urban mothers and children. In 1977, Unicef had been helping urban programmes in seven countries; by 1982, the number had risen to forty-three. For the review, case studies were undertaken of projects in Addis Ababa, Rio de Janeiro, Kuala Lumpur, Hyderabad, Mexico City, Lima, Colombo, and data collected from many others. These studies led to some important conclusions: the urban basic-services strategy was viable and was a means of extending facilities to the poorest families. It responded sensitively to the needs articulated by poor people, and the services provided were cheaper, more suitable, better understood and better maintained because the people were involved in the process. The Unicef Board indicated its support by approving regional advisory posts to expand this work.

Although the application of the basic-services strategy had included Unicef's traditional support to MCH and water supply, the striking feature of the programmes was their emphasis on the needs of working women: skills, credit and day-care services. The survey showed that women's needs were often so acute that mini-enterprises and day care were often the first points at which community organization would coalesce, paving the way for activities such as health campaigns to which the people themselves attached a lower priority.

The problems surrounding urbanization were at their most acute in Latin America where the process of industrialization was further advanced. By 1982, sixty-five per cent of Latin America's population was already living in large cities, which also accounted for ninety-five per cent of the region's population growth. Mexico City and Sao Paulo looked set to become the world's largest cities, with thirty-one million and twenty-six million respectively by the end of the century. The proportion of urban dwellers living in poverty was also rising, as high as sixty per cent in Bogota. The strains endured by those living under the pressure of this environment bred violence and hostility—a tough world for children. Poor standards of nutrition and hygiene, child abandonment, single-parent families, alcoholism, brutality, child exploitation: the ills of urban misery were endemic to Latin America.

Their corollary was some of the most imaginative adaptations of the basic-services strategy; parts of some cities had become the laboratory for new legal, administrative, and social arrangements. Brazil was experimenting with new approaches for children of the streets. Slum dwellers in Peru had established self-managed cities, the *pueblos juvenes*—young towns—of metropolitan Lima. In Vila, El Salvador, a local network of self-governing associations had managed to build and run a primary health-care system with a minimum of outside support: mainly construction materials from Unicef and advice and training from local officials. In the suburbios of Guayaquil, Ecuador, and in many other cities, day-care centres of utmost simplicity were run by mothers with a little special training. Other women became community health workers.

In many of the city slums, child malnutrition was a serious and growing problem. Because their food supply depended entirely on their cash supply, many mothers found it even harder in the town than in the countryside to feed their children an adequate diet. An alarming characteristic of the problem in the cities was the very early age at which babies began to suffer from malnutrition and its symbiotic partner, diarrhoea. During the 1970s, another aspect of galloping urbanization began to attract attention: the widespread replacement of breast-feeding by bottle-feeding. Few mothers living in squalid and poverty-stricken circumstances understood the need to keep the bottle sterile and boil the water used to mix the formula. Even fewer could afford to give it to their babies in the quantities described in

instructions on the tin, which anyway they could not read. Not only were many of their infants undernourished but, deprived of the immunizing agents a breast-fed baby absorbs along with mother's milk, they were much more prone to pick up infections.

For some years, paediatricians and nutritionists had been warning the rest of the medical community of the disastrous effect on infant health of the worldwide decline in breast-feeding. Now, determined to try and arrest the decline, they began to examine the various causes of mothers' stampede towards the bottle. Among them were the changes in social attitudes associated with modern urban living. Many believed that favourable attitudes towards the bottle were being influenced by marketing campaigns for infant formulas. As the decade progressed, breast versus bottle grew into an international *cause célèbre*.

During the mid-twentieth century, great progress was made in the manufacture of breast-milk substitutes, bringing them closer to the composition and digestibility of human milk. This unquestionable scientific and technological advance was a boon to infant care for it meant that, where a newborn was orphaned or abandoned, or where a mother or her surrogate could not breast-feed, the baby could have not only a chance of survival but a good nutritional start in life.

Some better-off mothers in better-off societies took to bottle-feeding as the modern equivalent of the wet nurse their forebears had employed, either because the idea of suckling their own children offended them or because it was inconvenient and demanding on their time. Since the 1930s, certain medical and psychological practitioners in child development had railed against the abandonment of the breast, the biologically ideal child-feeding device and a means of bonding between mother and infant. This debate largely took place within the confined world of individual choices among educated mothers able to apply the latest paediatric advice, for whom the price of breast-milk substitutes was not an issue, and whose kitchens contained faucets, refrigerators, sterilizing gadgets, and sometimes nursemaids to operate them.

In the 1970s, the context of the debate changed. Now the decline in breast-feeding, suddenly much more pervasive and taking place in a broader range of social strata, was the result of urban growth in the poor world. For the poor urban mother, there were no mitigating effects, such as comfortable means, regular visits to the paediatrician, obedience to formula preparation instructions, or knowledge of the risks of dirty rubber teats and unboiled water. This decline had profound implications for the nutritional well-being of millions of newborn babies, and for other siblings following them into the world. Breast-feeding was also a natural, if imperfect, means of contraception. Given its nutritional and immunological advantages, its

intimate bonding effect, its child spacing properties, and its lack of cost breast-feeding was infinitely preferable for poor mothers in poor societies. Even where mothers were thought to be too poorly nourished for good lactation, the first priority was to give them a food supplement, not give one in a bottle to their infants. But in spite of all the factors in breast-feeding's favour, mothers were moving in the opposite direction, even before they had taken up the advice about good weaning which nutritionists had been trying to put across to them for at least two decades. Why were they so perverse?

The reason was the way that poor urban mothers had to live. In the village, a mother could carry her baby with her to the fields, or to the well, or to the wood where she collected fuel. If the baby was hungry, she offered her nipple. In the city, this was much more difficult. If she was a factory worker, she would be extraordinarily lucky if there was a creche attached. Many women must travel long distances on a bus or walk a busy highway; the crowdedness and attitudes of other townspeople did not encourage her to breast-feed in public. If she undertook casual labour, an employer was most unlikely to be sympathetic to her suckling her baby on the job. The city environment was not attuned to breast-feeding. Everything favoured leaving the baby at home, in the charge of a granny or child-minder with a tin of formula and a bottle.

For most urban women of the slums, personal strain, social mores, economic constraints—even when much of what they earned was spent on infant food—appeared to offer them no choice. And very little in the new environment to which they were trying so hard to adjust supported the idea that breast was best. On the contrary, it supported just the opposite. Bottle-feeding was the modern thing. Domestic servants could see the evidence before their eyes. A bottle and a rubber teat were as much a sign of new-found status as the transistor radio which pelted out jingles and pop songs all day long. On the bus ride into town, sleek, smiling, bouncing babies loomed out of advertising billboards. They did not hang on a sagging breast; they chuckled over a formula brand name. The reasons for the decline in breast-feeding among the urban poor were not a mystery. They were there for anyone who chose to look.

The ill-effects on the young babies of the slum neighbourhood could be found in malnutrition wards in urban hospitals all over Asia, Africa and Latin America. A government-sponsored study in Sao Paulo, Brazil, which measured malnutrition among the preschool children of poor parents showed that thirty-two per cent of bottle-fed children were malnourished, compared to only nine per cent of breast-fed children. These kinds of findings began to be echoed from countries all over the world. Poor urban mothers could not afford enough formula to give their babies an adequate diet, and the result was that it was often over-diluted and the infant starved. The water used to dilute the formula was often contaminated, and the

ignorance of the mother, or that of the granny or child-minder, meant that the need to use scarce and expensive fuel to boil the water was overlooked. As a result, the bottle-fed baby in a poor household had a much greater chance than the breast-fed of contracting a diarrhoeal infection, a risk enhanced because the baby had none of the immunological protection breast-feeding would have provided.

The MCH and nutritional reports prepared under WHO and Unicef auspices stressed from the earliest days of support to health care in the developing world the supreme desirability of breast-feeding against any other nutritional formula for the small infant. In the late 1960s, the trend of breast-feeding decline, particularly in the expanding cities, began to cause alarm. Within the WHO/FAO/Unicef Protein Advisory Group, concerned nutritionists began to consider how to counteract the weight of social pressure in favour of the bottle and reverse, or at least arrest, the trend. The first meeting between child development experts and representatives of the infant-formula manufacturers took place under Unicef and WHO auspices in Bogota, Colombia, in 1970. Others followed, in New York, Paris, and Singapore. WHO began to study comprehensively the patterns of breast-feeding in countries around the world.

In 1974, the World Health Assembly adopted a resolution calling on member States to do all they could to promote breast-feeding, including regulating the sales promotion of infant foods. Few did so. Suddenly, the issue moved out of the confined realm of official reports and professional papers, into the public eye. Following its exposure in *New Internationalist* magazine in 1973, the British voluntary aid organization War on Want brought out a pamphlet called 'The Baby Killers', accusing the Nestlé Corporation of rating the sales promotion of their products above the well-being of Third World infants. When a translation of the pamphlet appeared in Switzerland, Nestlé sued. In due course they won the case, but it was a Pyrrhic victory. The techniques they used to promote infant formula in the developing countries had been given a vociferous public pasting. The judge suggested that Nestlé should change its marketing practices. The company had not won the moral victory.

Another suit followed in 1976, taken out by the Sisters of the Precious Blood against a US infant-formula manufacturer, Bristol-Myers, provoking public outrage on the other side of the Atlantic. By this stage, the companies had formed their own producers' association, the International Council of Infant Food Industries (ICIFI), and written their own code of marketing ethics. But their actions appeared inadequate and did little to abate the hue and cry. In July 1977, a US activist group, the Infant Formula Action Coalition (INFACT), declared a boycott of all Nestlé products.

A decade before, when discussion about birth-control measures left the privacy of people's bedrooms and became a public policy debate, the protagonists of family planning spent a great deal of energy attacking the

Catholic establishment for its ban on artificial contraception. Now, as breast-feeding—a subject also associated with intimate human behaviour—became a matter of concern to politicians, economists and worldwide opinion, the debate became similarly overshadowed by one of its dimensions: the marketing of the formulas, rather than the socio-economic reasons why many mothers in slums and shanty towns could not nurture their children in a more natural and health-giving way. The reason, as with family planning, was ideological. This was the era when church and humanitarian groups concerned with Third World issues turned their spotlight onto the activities of multinational corporations. The promotion of infant foods, with all its emotive connotations, symbolized for many the kind of exploitation of the Third World poor of which the 'unacceptable face of capitalism' was capable. The formula companies had not adjusted their marketing policies to take into account the poverty, squalor and ignorance in which so many urban mothers lived. They promoted their products in hospital wards and maternity clinics, through doctors and through the medical profession, often dressing their salespeople in a white-coated imitation of a nurse's uniform. They insisted that their sales pitch was directed at the same socio-economic group in developing countries as it was for the competent, educated and well-enough-off mothers in the industrialized world. But poor women, as well as rich, went to the hospital to deliver their babies; poor women, as well as rich, heard jingles on the radio; poor women, as well as rich, saw hoardings in city streets. And poor women were far less able than rich to make a sensible judgement about the information offered by a woman wearing a nurse's uniform employed as an infant-formula salesperson.

Prejudicial as these things were to convincing a mother that breast was best, not only at birth but also for many months beyond, all the publicity generated a distorted impression that the main responsibility for the decline in breast-feeding lay with the baby-food companies. This, naturally, put them onto the defensive—a defensive which on the one hand encouraged them to change their practices, and on the other inhibited amicable dialogue with the breast-feeding protagonists. But studies did not show that mothers abandoned breast-feeding primarily because they heard a radio jingle or encountered a baby-food 'nursemaid' in the clinic. More often, they abandoned breast-feeding because nothing had been done to underline its important health and nutritional advantages. Many mothers, it turned out, thought that their breast-milk was too weak, or that they had too little of it. The entire range of health-care behaviour, consumer behaviour and social behaviour which was consciously or unconsciously discriminating against the breast needed to be examined.

If the formula companies had blotted their copybook, the medical profession had done little better. Perhaps because modern paediatrics had been dominated by men, lactation was a subject which was largely ignored

in health-care training. Breast-feeding was thought of as a natural function, a somewhat embarrassing and unmentionable one like sex, for which no specific instruction was needed, either for nurses or for mothers. In the traditional family setting, where a woman often delivered her child in her mother's home under the eye of someone known to her through childhood, she could be easily helped to learn the tricks of getting the baby to suckle properly. In the city, a woman rarely had support of this kind. She went to hospital to deliver, among bustling strangers and odd contraptions. She was anxious, apprehensive and uncertain—not a psychologically useful frame of mind to help her establish intimacy and confidence with her new baby. Most hospitals compounded her unease. Often, the baby was not given to her to suckle until after a couple of days. If a mother had problems with her milk or her nipples, the nursing staff lost no time in compensating with bottle feeds. Around her, posters frequently displayed the bouncing health of the bottle-fed. Not surprisingly, an anxious mother soon gave up the struggle.

In 1975 Dr Natividad Relucio-Clavano, who had picked up ideas from leading breast-feeding protagonists while on a WHO fellowship in the UK, tore down the infant-formula posters from her maternity unit walls in Baguio General Hospital in the Philippines. Dr Clavano was one of the earliest paediatricians in the Third World to take such concrete action against the intrusion of the bottle. She firmly told the company 'nurse-maids' to leave the maternity ward and not to return. Until she took over at Baguio, the unit had been run along lines customary in Western teaching hospitals: newborn babies were isolated to cut back the risk of infection and routinely given supplementary feeds. But diarrhoea and other ailments were common in the nursery, and fewer and fewer mothers were still breast-feeding when they left the hospital.

Dr Clavano's knowledge of the scientific evidence of breast-milk's anti-infective properties prompted her to change the way the unit was run. Nursing began when mother and baby were still in the delivery room. Babies 'roomed-in' around the clock with their mothers. In time, artificial feeds were banished, even for the premature. Within two years, the mortality rate among newborns dropped by ninety-five per cent and infant infection by eighty-eight per cent. Dr Clavano's experiments proved conclusively to mothers and to the medical staff that breast was best. The Baguio maternity unit became a model to the health profession, and the site for training and re-orienting staff from all over the Philippines. Elsewhere in the developing world, other chiefs of maternity services were beginning to make similar adjustments in hospital routines.

Other initiatives took place to stem breast-feeding's decline under the pressure of continuing public controversy. In October 1979, WHO and Unicef held an international meeting on infant feeding. Over 150 representatives from governments, UN agencies, nutritional and paediatric

experts, the infant-food industry, voluntary agencies and consumer groups met in Geneva. The meeting, whose content and form owed much to Dr Tejada de Rivero of WHO and Dick Heyward of Unicef, was a landmark. Not only did it provide a high-level forum in which all protagonists were represented, it examined its subject—infant and young child feeding—in all its dimensions instead of fixing on one or two.

The recommendations of the meeting were adopted by consensus and covered a wide and carefully noncontroversial range: medical practices to support breast-feeding and sound weaning; the effect of women's status on their feeding behaviour; the use of media in nutrition campaigns; teaching teenage children about breast-feeding in school. Last but by no means least, the meeting agreed that an international code for the marketing of breast-milk substitutes should be drawn up. Although many of the companies had by now somewhat modified their promotion to the general public, there were still important differences about what could reasonably be described as the provision of 'information' about their products to health workers and medical professionals.

In May 1981, a draft International Code of Marketing for Breast-milk Substitutes was presented to the World Health Assembly for its consideration. The Code had been revised several times in consultation with the various parties. Among its provisions was a ban on all infant-formula advertising and free distribution to the general public. Under the Code, except where it was used for medically-approved purposes in the hands of health personnel, infant formula would no longer have a place in hospitals and health centres, and no company employees in nursing uniforms would be permitted to enter their doors. At the same time, governments should take on the responsibility of giving out information about infant and young-child feeding for the benefit of mothers, families and all those professionally involved in nutrition. Although its subject was the marketing of breast-milk substitutes, in its broadest sense the Code was a policy checklist for countries trying to halt breast-feeding's downward trend. A government which tried sincerely to put the Code into effect would be obliged to undertake certain legislative and regulatory actions and commit itself to the promotion of breast-feeding as a public policy.

The long debate did not reach its climax without a further spasm of public controversy. Although they had originally supported the idea, when the Code reached its final draft, the infant-formula companies did not like it. In the weeks leading up to the World Health Assembly vote, they vigorously lobbied officials and legislators in many countries against its adoption. The voluntary, religious and consumer activists who had fought the companies so hard and so long lobbied just as hard in its favour.

The Code, obviously, did not carry the force of law: voting in its favour was an acceptance in principle, not a binding commitment on a government. In the event, the only country to vote against it was the US on the grounds

that it was contrary to US laws on freedom and free enterprise. Japan abstained.

In the four-and-a-half years following the passage of the Code in May 1981, twenty-five countries had passed all or some of its provisions into law. In a further twenty countries, legislation on the Code was pending. In many other countries, the government had taken steps to control the distribution of infant formula, or introduced the Code as a voluntary means of controlling its marketing. Most baby-food manufacturers had accepted the Code's provisions in principle.

With the passage of the Code, one chapter in the struggle to protect breast-feeding was over. But there are others still far from complete. Some countries, such as Brazil and Papua New Guinea, had already begun vigorous national campaigns in the early 1980s to promote breast-feeding. They fully recognized that passing laws in support of the Code and making sure that they were applied was only one important element in the whole campaign. Many more were needed if poor mothers in the slums and shanty towns were to be persuaded to continue to breast-feed. To kick the bottle, they would need support and amenities of many kinds, as well as vital information. Creches, hygienic washrooms in public places, extra maternity leave, nursing support, media support, demanded an all-out effort. The historical tide in favour of the breast had yet to be turned.

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