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DCWC Research Bulletin

About the Document

Documentation Centre for Women and Children (DCWC), NIPCCD collects valuable research material in the area of women and children from different sources. Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research Bulletin” brought out every quarter. The digital version is posted on NIPCCD website (www.nipccd.nic.in) on the slot dedicated for Documentation Centre on Women and Children for reference of readers.

Bibliographical details and sources of information given along with each abstract facilitate the users to gain access to the main document. Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

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A. Research Abstracts on Child Development

EDUCATION

1. Kaushik, Kapil. (2010).
Problems and prospects of primary education in Mathura district : a geographical analysis. *Journal of Geography Regional Planning, October, 3(10) : 253-261.*

Background: Primary education is the major concern of all nations since it is the foundation of the entire super structure of education and is directly related to success of democracy. The age of primary schooling is denied as 6-10 years. Increase in dropout rate, decrease in attainment rate, lack of infrastructural facilities, indifferent attitude to teachers towards students, high pupil-teacher ratio, ineffective curriculum and vague understanding of the benefits of education among the parents of children are some of the major ills plaguing primary educational scenario in India.

Objectives: To address the micro-regional variations in the attainment of primary education in Mathura district; to examine the causal relationships between the variables of attainment in primary education with variables of primary educational facilities and socio-economic development; to suggest some suitable measures which can help to achieve hundred per cent attainments in primary education.

Methods: Data for the present analysis has been obtained from the office of Basic Shiksha Adhikari (B.S.A.) Mathura, 2007-2008. The present study used block as a smallest unit of analysis. Mathura district, where this study was being undertaken is located in the western part of Uttar Pradesh. All the variables are grouped into three broad categories of attainment in primary education, primary educational facilities and socio-economic development.

Findings: The blocks of Mathura district had been arranged into three groups of high (>0.461), medium (-0.461 to 0.461), and low (<-0.461) on the basis of their composite z-score (CS) values of attainment in primary education; only three blocks were marked in the high level of attainment in primary education (APE); highest CS value of APE was observed in Raya (1.891) block, followed by Mathura (0.991) block and Nohjheel (0.488) block; the maximum CS value in this category was noted in Chhata (0.342) block and lowest in Chaumuha (0.168) block; a total of eight indicators had been selected on the basis of relevance to find out the levels of primary educational facilities; enrolment in primary education was very much depending on the living standard of parents;

high level of socio-economic development was observed in only two blocks of the district; Raya with CS value of 0.821 reflects highest level of socio-economic development followed by Mathura another block of high grade (0.256) ; the regions of low grade appeared in the northern and eastern part of the study area; three blocks marked their appearance in the high level of attainment in primary education but out of three blocks, Mathura, Nohjheel and Raya, only Nohjheel was noted in the category of high level of primary educational facilities (PEF); the value of the correlation between attainment in primary education and primary educational facilities were 0.265. It can be generalized that the literacy and educational facilities were positively correlated; APE and socio-economic development showed that three blocks, Mathura, Nohjheel and Raya falls under the category of high level of APE; of these, two Mathura and Raya blocks have high level of socio-economic development; Nohjheel block categorised in medium level of socio economic development ; the value of correlation between the APE and socio-economic development is 0.693 , so socio economic condition was more closely related with APE than the primary educational facilities in the district; the values revealed that, with an increase of per capita income and the number of private primary schools, the study area can achieve higher rate of total APE; the variables of boys primary education in primary attainment was positively correlated with per capita income ($r= 0.931$) and the number of private primary schools ($r= 0.708$) at 5 and one per cent level of significance respectively; the variables of girls primary attainment had also been positively related where 'r' value was 0.750 and 0.646 at 5 and one per cent level, of significance, respectively; variables per capita income and number of private primary schools was related with both boys and girls in primary education.

Conclusion: Problems of primary education in Mathura district are serious, inspite of many government run programmes like SSA, Mid-Day Meal etc. Particular measures should be taken like increasing the employment rate in rural areas, transformation of technology, knowledge or ideas from urban to rural areas and increase in the numbers of private schools can bring the homogeneity and increase the rate of attainment in primary education in the Mathura district.

Key Words : 1. EDUCATION 2. PRIMARY EDUCATION 3. CHILD DEVELOPMENT 4. GEOGRAPHICAL ANALYSIS 5. UNIVERSALIZATION 6. CURRICULUM 7. HUMAN RESOURCE 8. PRIMARY EDUCATIONAL FACILITIES 9. SOCIO ECONOMIC DEVELOPMENT 10. ENROLMENT 11. LITERACY RATE 12. MID DAY MEAL 13. SARVA SHIKSHA ABHIYAN 14. MATHURA 15. UTTAR PRADESH.

2. CRY, New Delhi. (2012).
A Report on toilet status in Government schools in Delhi.
New Delhi: CRY. 4p.

Background: In India, school's infrastructure has never been a major concern of Government. In school security, separate and clean toilets, supply of hygienic water and so on for its younger ones who are supposed to be a future leader of this big democracy of the world. Currently, the status of Govt. school's toilets is rarely unknown to any citizen, open and in-secure toilets specially for the girl child, dirty toilets and absence of special toilets for disable children are few facts which sometimes had children to remain out of school, especially in the case of girl child.

Objectives: To find out the number of toilets in schools and whether the number is satisfactory; usage of toilets whether it is being used by students or school staff; status of cleanliness in the toilets; availability of water in the toilets and whether schools have staffs to clean the toilets being maintained by students themselves.

Methodology: Total 44 schools have been covered and total 318 toilets have been visited into these schools.

Findings: It was found that 37 per cent schools does not have clean toilets, their toilets were spotted very dirty and in sub-human conditions, which makes them unable to use for children, the children have to urinate in the open, girl child is unable to go anywhere; 15 per cent toilets are reserved for school staffs, the students are prohibited to use these toilets, gates of these toilets remain locked and it opens only for school staffs. Rest 85 per cent schools have common toilets for staffs and students; out of total schools covered. Only 39 per cent school's toilet have been reported of being cleaned on regular basis rest 61 per cent are occasionally cleaned or cleaned twice or thrice in a month; only 24 per cent school's toilet don't have in washroom water supply by any means. And out of rest 76 per cent school toilets 18 per cent schools have supply of unhygienic and dirty water in their toilets; only 21 per cent school's toilets have infrastructural problem i.e. sewerage are blocked, doors are broken, walls are cracked etc. and it needs immediate repair; also many schools of south-west district of Delhi were spotted of not having buckets and mugs at their toilets.

Recommendation: Immediate steps should be taken by the Hon'ble Supreme Court to analyse where the gaps lie and an urgent intervention should be taken from the side of policy makers to improve the toilet status of Government schools in Delhi.

Key Words : 1.EDUCATION 2.SCHOOL ENVIRONMENT 3.CHILD DEVELOPMENT 4.HYGIENE 5.GIRL CHILD 6.CHILD RIGHT VIOLATION 7.SANITATION 8.GOVERNMENT SCHOOLS 9.TOILET STATUS 10.DELHI.

3. Wali, Amira. (2011).
Muslim minority girls in Delhi : an analytical study of their enrolment in elementary education (some reflections based on DISE data).
New Delhi: National University of Education Planning and Administration.
21 p.
[www.dise.in/Downloads/Use of Dise Data/Muslim Minority Girls' in Delhi-Amira Wali.pdf](http://www.dise.in/Downloads/Use_of_Dise_Data/Muslim_Minority_Girls'_in_Delhi-Amira_Wali.pdf)

Background: It is a universally accepted reality that education enlightens and empowers societies. In India, there are three kinds of minorities : Religious, Linguistic and educationally backward minorities. Out of the 10.49 per cent of Muslim enrolment in elementary education in India, 49.20 per cent is the share of Muslim girls to Muslim enrolment.

Objectives: To analyse the enrolment situation of Muslim girls at the level of elementary schooling in NCT of Delhi.

Methods: The main source of secondary data used was from District Report Cards from 2005-06 to 2009-10. The area of study was nine districts of Delhi State. Target population was Muslim Girls of 6-14 years of age group.

Findings: The enrolment of boys and girls were more or less equal at the Primary Level but the enrolment of girls started declining at the Upper Primary Level especially from class VI. The primary education in Delhi follows a system of five years of schooling and Upper Primary constituting grades V to VIII; the gender parity was fairly good at the primary level; enrolment at Upper Primary suggested gender disparity between Muslim Boys and Girls; there was an encouraging increase in enrolment at the upper primary levels in districts like Central, East, North, South and South-West Delhi, a significant level of drop-out was observed in North-East and West Delhi, at the upper primary level. Enrolment of Muslim girls in the year 2007-08 at primary level was 43.7 per cent and 58.4 per cent at upper primary level respectively in Central Delhi; in East Delhi it was 45.9 per cent and 53.1 per cent; in New Delhi it was 34.4 per cent and 58.1 per cent; in North Delhi it was 47.7 per cent and 57.4 per cent; in North East Delhi it was 63.5 per cent and 51.2 per cent; in North West Delhi it was 47.1 per cent and 50.6 per cent; in South Delhi it was 44.4 per cent and 50.2 per cent; in South West Delhi it was 43.1 per cent and 43.4 per cent and in West Delhi it was 53 per cent and 52.5 per cent. A significant level of drop out was observed at the upper primary level in North-East and West Delhi. Drop out at upper primary was a concern because according to the DISE flash statistics(2008-09) out of the total 53.35 million enrolment in upper primary classes in the country during 2008-09, Muslim enrolment was 4.87 million and the per centage of Muslim girl's to total Muslim enrolment in Upper Primary was 50.03 per cent which was above the National Average of 47.58 per cent for girls enrolment in upper primary classes. The enrolment of Muslim girls had increased in North

East and West Delhi, a considerable drop out was seen in South West Delhi , which was followed by North West Delhi at the Upper Primary Level. The three districts of Delhi South West Delhi, North East Delhi and West Delhi showed fluctuating results in terms of the Muslim Girl Enrolment in Upper Primary Level over the years; in South West Delhi during 2006-07 it was (47.5%), 2007-08 (43.4%), 2008 -09 (43.95%) 2009 -10 (43.39%) in North East Delhi during 2006-07 it was (49.5%), 2007-08 (51.2%), 2008-09 (50.71%), 2009-10 (50.59%); in West Delhi during 2006-07 it was (42.8%), 2007-08 (52.5%), 2008-09 (48.26%), 2009-10 (47.48%). These were community specific problems like financial constraints; low standards of living, parental objection and low returns on education which made education less attractive to the Muslim girls. The Muslim girls were the last to be sent to schools and in adversity and the first to be pulled out of schools.

Recommendations: The government should increase allocation to education in general and of minorities especially minority girls; SSA should have a strong pro girl child programme, with added emphasis on Muslim girls; open schools in states should waive off examination fee for girls.

Key Words : 1.EDUCATION 2.MUSLIM GIRLS 3.EDUCATION MUSLIM GIRLS 4.CHILD DEVELOPMENT 5.EDUCATION ELEMENTARY 6.MINORITY GIRLS 7.EDUCATIONAL RIGHTS 8.GIRL CHILD 9.PROTECTION OF INTEREST OF MINORITIES 10.ELEMENTARY EDUCATION/ SCHOOLING 11.MILLENNIUM DEVELOPMENT GOALS 12.RIGHT TO EDUCATION 13.SOCIO-ECONOMIC STATUS 14.SARVA SHIKSHA ABHIYAN 15.GIRL CHILD PROGRAMME 16.DELHI.

GROWTH AND DEVELOPMENT

4. Gupta, Ravi et al. (2008).
Sleep patterns of urban school going adolescents. *Indian Pediatrics, March, 45 : 183- 189.*

Background: Sleep affects physical growth, behaviour and emotional development besides determining cognitive functioning, learning and attention. Sleep pattern is linked with the academic performance starting in adolescents. Apart from physiological, psychological and environmental factors, socio-cultural factors also play a major role in determining the sleep pattern of persons.

Objectives: To analyze the variance in sleep habits of adolescents of different high school grades in urban India.

Methods: School going adolescents from grade ninth to twelfth of three schools situated in Delhi were included in the study. About, 1973 school going adolescents from all the four grades studying in the three schools were included. Of these 53 did not provided the required information. Only 1920 adolescents submitted the required information.

Findings: Out of 1920 respondents 27.4 per cent adolescents were in ninth; 28.6 per cent in tenth and 19.8 per cent in eleventh grade, and 24.1 per cent in twelfth grade; adolescents did not responded to the questions of which they were not sure, resulting in missed responses; the frequency of missing response was not more than two to three per cent for any of the variables under study; average age of the sample was 15.1 years and total sleeping time was 7.8 hours per day; most of the adolescents went to bed by 11:00pm; (41.5%) took 23.6 minutes to fall asleep and used to wake up between 5:00am to 6:00am; 42.6 per cent required 9.4 minutes to leave the bed after waking up; most of the adolescents were not following this schedule on an average of 1.4 days a week; sleep efficiency of the sample was 92.6 per cent (± 7.4), refreshing sleep was reported by less than half of the sample; nocturnal awakenings were reported by 37 per cent adolescents, average 3.3 hours after getting the sleep; awakening were reported to be present since 2 (± 1.9) years with the frequency of 3.4 (± 1.9) days a week, 1.6 (± 0.8) times in a single night besides spending 17.00 (± 21.45) minutes per night being awake in bed; wake up time was significantly different among groups, as school-going adolescents from tenth and twelfth grades were early risers; missing day time nap did not affect the day time functioning or the night time sleep in adolescents habituated to daytime napping; gender was not found to influence the sleep parameters among different grades.

Conclusion: The study had some limitations as it included only urban school going adolescents. Hence it is not representative of all Indian adolescents. School going adolescents in India face the academic challenges from ninth grade onwards, and tenth grade is the time of stress not witnessed in lower grades mostly.

Key Words : 1.GROWTH AND DEVELOPMENT 2.ADOLESCENTS SLEEP PATTERNS 3.SLEEP PATTERNS 4.SLEEP DEBT 5.ACADEMIC PERFORMANCES 6.EDUCATION 7.HEALTH 8.URBAN SCHOOL 9.SCHOOL CHILDREN.

5. Malik, Poonam R. and Balda, Shanti. (2006).
Bright underachievers : prevalence and profile. *Journal of Social Science*
12(3) : 159-161.

Background: Intelligence is the greatest human resource. Individuals differ in their level of intelligence. The lowest level presents mental retardation and the highest level shows giftedness. Gifted children who needs an equal amount of attention, remains neglected. The main reason of this neglect is the unfamiliarity with the concept of IQ and the uncommon use of intelligence tests.

Objectives: To study the profile of gifted children and to get a general idea of their background.

Methods: The study was conducted in Hisar city of Haryana state. Six hundred adolescents in the age range of 15-17 studying in three schools were included in the study. From these children, 120 bright children having IQ 110 and above were selected.

Findings: The students were tested for their IQ with the help of Wechsler Intelligence Scale for Children- Revised (WISC-R); WISC-R was administered individually to each child ; from these children, 120 children having IQ 110 and above were identified as bright children; these adolescents were divided into 60 low achievers and 60 high achievers using median split of marks obtained. The comparison of mean marks of high and low achieving bright adolescents were made using 't-test; there was no significant difference in the IQ of the two groups but their academic achievement was significantly different, $t=5.54p<0.10$; 58 per cent students were male and 42 per cent were first born; mothers of about 32 per cent under achievers were illiterate and only 20 per cent received education at college level; in case of fathers, only ten per cent were literate and 37 per cent had passed college; 60 per cent bright under achievers beloved to higher castes and about 53 per cent came from small families; fathers of 42 per cent adolescents were in service, 18 per cent were doing business; 15 per cent belonged to farming community and 25 per cent were labourers; 83 per cent of mothers were house wives and only 17 per cent were working.

Conclusion: The present study proves the existence of bright under achieving students in India. The talent of these children is being wasted and it becomes a moral duty of researchers and educators to help these children in utilizing their potential to their maximum level.

Key Words : 1.GROWTH AND DEVELOPMENT 2.GIFTED CHILD 3.CHILD DEVELOPMENT 4.EDUCATION 5.ADOLESCENTS 6.ACADEMIC ACHIEVEMENTS 7.INTELLIGENT QUOTIENT 8.ACADEMIC ACHIEVEMENT 9.BRIGHT UNDERACHIEVERS 10.HARYANA.

6. Nair, MKC et al. (2009).
Effect of child development centre model early stimulation among at risk babies : a randomized controlled trial. *Indian Pediatrics, January, 46 (Sup) : 520-26.*

Background: Developmental deficits occur among babies with genetic and metabolic disorders. Infants born low birth weight (<1800g) to disadvantaged mothers are at developmental risk for both biological and social reasons.

Objectives: To study the effectiveness of Child Development Centre (CDC) model early stimulation therapy done in the first year of post - natal life, in improving the developmental outcome of at-risk neonates at one and two years of age.

Methods: The study was conducted at the level II neonatal nursery of Sree Avitom Thirunal (SAT) hospital and follow-up was done at CDC, medical college, Thiruvananthapuram. The study participants included a consecutive sample of 800 babies discharged alive.

Findings: A total of 1046 babies born in SAT hospital were admitted to the level II neonatal nursery during the study period. Out of these 142 babies died in the nursery about 27 per cent children were pre term and 50-55 per cent of the babies were born with low birth weight; there was a statistically difference observed with the intervention group having a higher score for MDI, PDI, Bayley scores and length both at one year and two year. The proportion of babies with rank 1 was higher in the control groups and less in the intervention groups for one year and 2 year motor and mental scores; the proportion of babies with rank 5 was higher in the intervention groups and less in the control groups for one year and two year motor and mental scores, normal birthweight babies had a significantly higher Bayley score, 5.6 units at one year and 6.2 units at two year, as compared to low birth weight babies; babies who did not had neonatal seizures had a significantly higher Bayley score, 7.9 at one year and 9.9 at two year; the regression models were statistically significant both at one year and at two years; in every birth weight group, the mean values were higher for the intervention group and these differences were statistically significant.

Conclusion: Early intervention programs that go into homes have a greater chance of reaching high risk infants, compared with those provided at a distant centre.

Key Words : 1.GROWTH AND DEVELOPMENT 2.EARLY CHILDHOOD STIMULATION 3.CHILD DEVELOPMENT CENTRE 4.MODEL EARLY STIMULATION 5.EARLY STIMULATION 6.INTERVENTION 7.CHILD DEVELOPMENT.

HANDICAPPED

7. Padmamohan, J. et al. (2009).
Utilization of rehabilitation services by rural households with disabled preschool children. *Indian Pediatrics, January, 46 (Sup) : 79-82.*

Background: Impairments in young children needs to be viewed in the initial phase of the disability process, which if not addressed properly leads to added secondary disabilities and handicaps as the child grows. In India about 1.9 per cent of the total population and 5.3 per cent and three per cent of 0-14 year age group are suffering from physical and mental disabilities respectively. Rehabilitation services in the content of childhood disability encompass a wide range of interventions ranging from medical service to educational service depending on the type and extent of the disability. Institutions providing these services are situated in the urban areas, while a significant proportion of disabled children are in rural areas.

Objectives: To find the extent of utilization of services and identification of factors which determine the use of such services in rural families with disabled pre school children.

Methods: The Child Development Centre (CDC) conducted survey in the Pattanakkad KDS block in Kerala. About 12520 children in the 0- 5 years age group and those with delay, deformities and disabilities were identified. From these, 105 children with disabilities were identified as per persons with disability (PWD). Of 105 children with disability identified at the time of survey, 98 children could finally be included in this study

Findings: Among the sample of 98 children about 63.3 per cent children had locomotor disability including 25.5 per cent with multiple disabilities; 19.3 per cent had speech and hearing disability; 15.3 per cent had mental retardation and 2.3 per cent had visual disability. The median age of diagnosis of speech and hearing disabilities was 30 months, while locomotor and mental disabilities were identified at the median age of 8½ and six months. Children on follow-up treatment and those not in need of treatment were considered as utilizers for the study (n= 47; 48%). Rest of the children (n= 51; 52%), who discontinued treatment or those who had not gone for treatment at all were considered as non-utilizers; the proportion of non-utilization varied with the type of disability , with the highest proportion of non utilization in speech and hearing disability (84.2%; 95% (1: 62.8-95.8), followed by locomotor disability (53.2%; 95% (1: 40.8-65.4), and lowest in mental retardation (13.3%; 95% (1: 2.3-37.5). The

proportion of non-utilization was high in district and medical college level compared to 20 per cent at the taluk level. The proportion of utilization in private hospitals was 50 per cent and increased further when the services were sought by private consultation; 28.6 per cent children were on follow up; one fifth of the children discontinued treatment due to different reasons; 27.5 per cent of parent had not gone for any type of treatment; on multivariate logistic regression analysis, low socio-economic status, poor perceptions about the disease and disability, low educational level of parents and poor acceptability of services were identified to determine lower utilization of services.

Conclusion: The findings of the study indicates the need for establishing easily accessible community based services incorporating existing social welfare and health service ; infrastructure for children with disability; creating community awareness regarding childhood disability and need for proper utilization of rehabilitation services necessary for increasing the utilization of services available. Planning at the local level should consider the difference in quality and quantity of care required for different types of disability.

Key Words : 1.HANDICAPPED 2.REHABILITATION DISABLED 3.DISABLED 4.PRESCHOOL CHILDREN 5.DISABILITY 6.REHABILITATION 7.RURAL HOUSEHOLD 8.UTILIZATION 9.REHABILITATION SERVICES.

HEALTH

8. Kumar, G. Venkatesh. (2009).
Impact of rational-emotive behaviour therapy (REBT) on adolescents with conduct disorder (CD). *Journal of the Indian Academy of Applied Psychology, Oct. 35 (special issue) : 103-111.*

Background: Adolescence is the stage in a person's life between childhood and adulthood. It is a period during which a young person moves from dependency to independence, autonomy and maturity. With the onset of adolescence the nature and behaviour of the adolescent also changes. Conduct disorder refers to a persistent pattern of anti-social behaviour in which the individual repeatedly breaks social rules and carries out aggressive acts that upsets other people.

Objectives: The present study is to assess the effectiveness of Rational Emotive Behavioural Therapy (REBT) on the treatment of adolescent students suffering from conduct disorder and other emotional and behavioural problems they experience along with conduct disorder.

Methods: A sample of 200 (100 boys and 100 girls) students with conduct disorder between the age group of 11 and 18 years were selected. They were from different schools and colleges located in Mysore city.

Findings: Between pre-test to post-test scores a significant difference was observed ($F=26.939$; $P=.000$) in conduct disorders where a decrease of 1.12 (pre- 10.91, post- 9.79) scores was noticed irrespective of the groups; decrease in conduct disorders were analyzed group wise, a significant F value ($F=38.782$; $P=0.000$) was obtained; between pre-test to post test scores a significant difference in affective problems was observed; the decrease in affective problems were analyzed group wise, a significant F value ($F=27.015$; $P=.000$) was obtained; in anxiety problems a non-significant difference was observed ($F=2.134$; $P=.146$) where a decrease of 0.14 (pre- 4.78, post- 4.64) scores was noticed irrespective of groups; from the mean scores it was evident that experimental group reduced its mean by 0.53 (pre- 4.94- post- 4.41) scores compared to control group which changed its scores by only 0.25 scores (pre 4.62- post 4.87); between pre-test to post-test scores a non-significant difference was observed ($F=1.45$; $P=.704$) in somatic problems where a decrease of 0.02 (pre- 3.57, post- 3.59) scores was noticed irrespective of the groups; from the mean scores it was evident that experimental group reduced its mean by 0.16 (pre- 3.63- post- 3.47) scores compared to control group, which increased its scores by 0.20 scores (pre- 3.51- post- 3.71); in ADHD, the intervention did not had any significant change from pre to post test situation irrespective of the groups, 0.84 was found to be non- significant ($P=.772$); no

differential change for both groups- experimental and control groups were observed from pre to post test session ($F = .300$; $P = .584$); between pre-test to post-test scores a non-significant difference was observed ($F = .005$; $P = .942$) in ODD where a decrease of 0.01 (pre- 4.10, post- 4.09) scores were noticed irrespective of the groups; the ODD were analyzed group wise, (experimental V/s control) a significant F value ($F = 5.153$; $p = .024$) was obtained; from the mean scores it was evident that experimental group reduced its mean by 0.28 (pre- 4.21- post- 3.93) scores compared to control group, which increased its scores by 0.22 scores (pre 3.98- post 4.20).

Conclusion: The present study revealed the emotional and behavioural disorders, that adolescents are facing. The development of more effective methods of treatment for conduct disordered children is indicated as a means of preventing negative outcomes . Results indicated that REBT was useful for a large range of clinical diagnosis and clinical outcomes. Counselors, social workers, psychiatrists, psychologists and sociologists should plan proper treatment packages to avoid psychological morbidity among adolescents since it is becoming a serious mental health concern.

Key Words : 1.HEALTH 2.ADOLESCENT MENTAL HEALTH
3.ADOLESCENTS 4.RATIONAL EMOTIVE BEHAVIOUR THERAPY
5.CONDUCT DISORDER 6.EMOTIONAL PROBLEMS 7.BEHAVIOUR
PROBLEMS 8.ANXIETY PROBLEMS 9.PSYCHOLOGY 10.YOUTH SELF
REPORT 11.MYSORE

9. Sharma, Suresh. (~2003).
Child health and nutritional status of children : the role of sex differentials.
New Delhi : Delhi University, Institute of Economic Growth. ~31p.
<http://www.iegindia.org/workpap/wp262.pdf>

Background: In India, the son is often described as an insurance in old age for parents. In India, there has been a steady decline in the sex ration from 972 in 1901 to 933 females per 1000 males in 2001. Women in India face discrimination in terms of several political, and economic opportunities as a result of their inferior status. Gender differentials in nutritional status are documented during infancy, with discriminatory breast feeding and supplementation practices. In Haryana the total child mortality ages (1-4) Female/ Male is 2.16 in comparison to the figure of India which is 1.47. The birth rate in Haryana is 4.0 compared to 3.6 for India as a whole.

Objectives: To examine the patterns of gender differences for children in the north state of Haryana in India for Health Outcomes.

Methods: The study was conducted in Haryana district. Data was collected from NFHS-2. Information was gathered from 2,908 women. The analyses was based on data from a sub sample of 994 children born to women in the last three years preceding the surveys and who were alive at the time of the survey. For each child born during the reference period, the mother was asked a series of questions about breast feeding, immunization and treatment seeking for common childhood disease such as acute respiratory infection (ARI) and diarrhea.

Findings: About 50 per cent mothers had received no education; 77 per cent of the sample lived in the rural areas; school attendance was used to assess discrimination against female children; the female/ male ratio in school attendance rates indicated a striking deprivation for female children; the female/ male ratio for school attendance indicated lesser differences for the age group 6-10 years but more pronounced differences in the 10+ years, due to the higher dropout rate for girls compared to boys at the later stage .In Haryana, 63 per cent of children in the age group of 12-23 months were fully vaccinated, another 27 per cent had received some but not all of the recommended vaccinations, and 10 per cent had not been vaccinated at all; immunization coverage had improved considerably since NFHS-I; DPT and polio vaccinations were given at the same time as part of routine immunization the coverage rates were slightly higher for polio than for DPT; the overall figures for immunization covered suggested that girls were more likely to be fully vaccinated than boys (66% versus 65%); girls received each individual vaccinations except for measles; mothers showed a vaccination card for 26 per

cent boys and 22 per cent of girls; children with cough accompanied by fast breathing, and acute diarrhoea during the two weeks preceding of survey were taken to health center; among children under age three, boys (13 per cent) were somewhat less likely to have suffered from diarrhoea than girls (15 per cent); 93 per cent of children in Haryana who suffered from diarrhoea were taken to health center as compared to the national level of 63 per cent; seven per cent of children with diarrhoea did not received any treatment at all; the median length of any breast feeding in Haryana was more than two years (24.3 months); the median duration of breastfeeding was two months shorter for girls than for boys; to assess the nutritional status, measurements of weight and height/ length were obtained from children born in the three years preceding the survey; girls were more likely than boys to be under weight and stunted, whereas boys were slightly more likely to be wasted; young children in families with six or more children were nutritionally most disadvantaged; 38 per cent of female children compared to 32 per cent of male children were under weight and 53 per cent of female children as compared to 48 per cent of male children were stunted.

Conclusion: The most notable finding from all the analyses was the preferential treatment of boys in the case of nutrition. The nutritional status of children in Haryana has not changed much since the time of NFHS-I. Nutritional deficiency in women in the rural areas and women in the disadvantaged socio-economic group was found to be more.

Key Words : 1.HEALTH 2.CHILD HEALTH AND NUTRITION 3.CHILD HEALTH 4.NUTRITIONAL STATUS 5.GENDER DIFFERENCE 6.HEALTH CARE 7.CHILD DEVELOPMENT 8.GROWTH AND DEVELOPMENT 9.DISCRIMINATION 10.EDUCATION 11.IMMUNIZATION 12.FEMALE MORTALITY 13.GIRL CHILD WASTING 14.MALNOURISHMENT 15.BREASTFEEDING 16.GENDER BIAS NUTRITION 17.ENROLLMENT IN SCHOOLS 18.HARYANA.

ICDS

10. Ade, Anju et al. (2010).
Effect of improvement of preschool education through anganwadi center on intelligence and development quotient of children. *Indian Journal of Pediatrics, May, 77 : 541-45.*

Background: Young children are more vulnerable to malnutrition, morbidity, resultant disability and mortality. Early Childhood Care and Development (ECCD) is a comprehensive approach aimed at providing opportunities for the holistic development of children. The Integrated Child Development Services (ICDS) scheme in India was conceptualized to provide a setting for Early Childhood Care and Development for children in the age group of 0-6 years throughout the country. To improve the Early Childhood Development Services through the Anganwadi Centers, a package of intervention was developed by the Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences Wardha.

Objectives: To find out the usefulness of a package of interventions to improve preschool education through Anganwadi Centers on psychosocial development of children.

Methods: A case control study was undertaken to evaluate an intervention. Eight Anganwadi Centers were selected using random sampling out of sixteen Anganwadi Centers in Talegaon PHC area where intervention was done. Ten children in the age group of 4-6 years were selected from each of the eight Anganwadi Center in intervention arm. For each child from intervention arm, one age matched child were selected from the matched Anganwadi Centers. In total study comprised of 80 children from the intervention Anganwadi Center and same number of children from the Control Anganwadi Centers. For each subject, intelligence quotient and development quotient were assessed.

Findings: Out of the 80 children in intervention arm, 56.3 per cent, 37.5 per cent and 6.3 per cent were normal, grade I and grade II nutritional status according to IAP Classification respectively. In the control arm 40 per cent, 40 per cent and 20 per cent children were in normal, grade I and grade II nutritional status according to IAP Classification respectively; there was no difference between the two groups for sex, education of the father and education of the mother; the difference between the two groups was statistically significant for malnutrition grade, birth order and availability of toys at home; the mean Development Quotient (DQ) of children in the intervention and control arm was (134.9 ± 15.5) and (118.8 ± 17.6) respectively; the mean Intelligence Quotient of children in the

intervention and control arm was (96.6±10.9 and 86.4±9.9) respectively; in the intervention arm, 22.5 per cent of children had IQ below 90, while in the control arm 60.1 per cent of children had IQ below 90; the mean DQ among boys was found 10.1 points higher than among the girls in the control arm; in both the arms, the mean values of DQ and IQ were lower for the children of working mothers when compared with those who spent their whole time at home; for DQ, the difference between mean values of children with working mother vs non working mothers was 3.3 points in the intervention arm and 8.5 points in the control arm; the difference between mean values of IQ of children with working mother vs non-working was 1.4 points in the intervention arm and 3.8 points in the control arm; in both the arms, the mean values of DQ and IQ were higher for children with toys at home; in the control arm, both DQ and IQ decreased as the birth order of the child increased; in the intervention arm, no such relation was seen in DQ and IQ with birth order of the child. Findings indicated that the disadvantages due to several factors were being countered by improvement in Early Childhood Education and Development services through the Anganwadi Centers.

Conclusion: The study shows that intervention to improve the Early Childhood Education and Development component through Anganwadi centers will result in improvement in Developmental and Intelligence Quotient.

Key Words : 1.ICDS 2.PRESCHOOL EDUCATION 3.ANGANWADI CENTRE 4.PSYCHOSOCIAL DEVELOPMENT OF CHILDREN 5.CHILD DEVELOPMENT 6.MALNUTRITION 7.EARLY CHILDHOOD CARE AND DEVELOPMENT 8.EARLY INTERVENTIONS 9.ANGANWADI WORKERS 10.HEALTH 11.WARDHA.

11. Nair, M.K.C. et al. (2009).
Developmental delay and disability among under - 5 children in a rural ICDS block. *Indian Pediatrics, January, 46 (Sup) : 75-78.*

Background: The World Health Organization (WHO) estimates that about 10 per cent of the world's population has some form of disability. A nationwide survey under NSSO in India, showed a prevalence rate of 1.77 per cent disabilities among all age groups. Infants with neuro developmental abnormalities need early therapy.

Objectives: To assess the prevalence of developmental delay, deformity and disability among children under 5 years of age in a rural ICDS block.

Methods: The study was conducted at Pattanakkad rural ICDS block, in south Kerala. All children under 5 years of age, residing in 191 anganwadi areas representing eight Panchayats in Pattanakkad ICDS block, were included in this study. Developmental delay was assessed among babies up to two years of age using Trivandrum Developmental Screening Chart (TDSC) and above two years using Denver developmental Screening Test (DDST).

Findings: There were a total of 12520 children under 5 years of age in the Pattanakkad ICDS block, Alappuzha district as per records available with the anganwadi workers; 6272 were males and 5902 were females; 11027 (88%) were born at term and 356 (3%) were preterm delivery; nine per cent mothers were not sure of the gestational age at the time of delivery; there were a total of 5450 children in the age group up to two years and among this 4508 children had detailed assessment done at the anganwadis; 942 children who failed to come for the detailed assessment were contacted at home by trained anganwadi workers; workers made sure that those children with any suspicion of delay deformity or disability were brought to the anganwadi for detailed assessment; out of 12520 children up to five years in this block, there were a total of 311 children with developmental delay ; out of 4479 children up to two years old on whom TDSC was administered by trained personnel, 96 (2.14%) children had delay in one or more item of TDSC. About 29 other children had other deviations or disabilities identified on clinical examination; among 942 children who did not turned up for the assessment were contacted at home by the anganwadi workers; one child was found to be abnormal. The prevalence of developmental disabilities up to two years was 2.31 (95% (I 1.91- 2.71). Out of this 5727 children 2.5 years old on whom DDST was administered by trained personnel, 132 (2.36%) children had delay in one or more domains of DDST; 49 children had other deviations or disabilities identified on clinical examination; among 1294 who did not turn up for the assessment were contacted at home by

the anganwadi workers, four children were found to be abnormal; the prevalence of developmental disabilities in the two, five years old age group was 2.62 (95% (I 2.25-2.99).

Conclusion: Adequate functional development during infancy reflects the potential of the central nervous system for normal later development: The observed 2.5 per cent prevalence of developmental delay, deviation, deformity or disability among the under-five children in one ICDS block, suggests the enormity of the problem and dealt with this problem at the national level. The State Action Plan for the Child in Kerala, a policy document of the Government of Kerala, has included a separate chapter on "Prevention of Childhood Disability". This can be a model for those states or districts where mortality and morbidity issues have been taken care of reasonably.

Key Words : 1.ICDS 2.CHILDHOOD DISABILITY 3.CHILD DEVELOPMENT 4.DISABILITY 5.DEVELOPMENTAL DELAY 6.DEVELOPMENTAL ASSESSMENT 7.ANGANWADI WORKERS 8.DEVELOPMENTAL SCREENING 9.STATE ACTION PLAN FOR CHILDREN IN KERALA 10.PREVALENCE 11.CEREBRAL PALSY 12.PATTANAKKAD 13.KERALA.

NUTRITION

12. Hamid, Yawar and Hamid, Asmat. (2012).
Mid day meal scheme and growth of primary education : a case study of district Anantnag in Jammu and Kashmir. Bangladesh *E-Journal of Sociology*, 9(1) : 80- 89.

Background: Government of India launched a new educational promotion scheme under the name of Mid-Day Meal Scheme to universalise primary education. The nutritional objective of Mid-Day Meals has several layers, ranging from the elimination of classroom hunger to the healthy growth of school children. Mid-Day Meals provides an excellent opportunity to implement nutrition programmes that require mass intervention, such as de-worming. Mid-Day Meals scheme was started in Jammu and Kashmir on 1st September 2004. Under the scheme cooked food is supplied to students at primary schools from class I to V.

Objectives: To know the impact of Mid-Day Meals scheme of primary education in terms of enrollment, attendance and drop-out rates; to know the operational and structural deficiencies of Mid-Day Meals scheme.

Methods: The present study was conducted in the Anantnag district of Jammu and Kashmir. Data was collected from 24 sample primary schools situated in the seven different blocks of the district. About 100 students, 50 parents, 20 teachers and 20 government officials were interviewed through structured questionnaire.

Findings: The average annual growth rate of enrolment in Anantnag district had increased in the post Mid-Day Meals period in comparison to pre Mid-Day Meals period; annual growth rate of enrolment during the pre-Mid-Day Meals period was- 10.58 per cent and in post Mid-Day Meals period it was 0.24 per cent; growth rate of reserved category students also increased in the post Mid-Day Meal period; Mid-Day Meals had a positive impact on the enrolment of students in all categories; the average attendance rate had gone up from 64.71 per cent in pre Mid-Day Meals period to 82.42 per cent in the post Mid-Day Meals period; the school lunch programme was primarily introduced to prevent dropout from the schools; the average dropout rate in pre Mid-Day Meals period was 25.15 per cent which had reduced to 14.22 per cent in post Mid-Day Meals period; the average dropout rate in the district had declined by 10.93 per cent indicating positive impact of lunch programme; in the study area it was found that general caste students were not taking Mid-Day Meals with reserved caste (SC, ST,

OBC) students on account of their social status and prestige; the quality of food material supplied for school lunch programme was found to be very poor; rice supplied by FCI godown was found producing bad smell; dal and other condiments supplied by the agents were not fit for human consumption; the scheme also suffered from managerial and administrative problems; there was no separate staff to look after the operation of the Mid-day Meal programme; teachers use to maintain daily records, receipts and expenditure under the programme; all this affected the study hour; overall it was showing adverse impact on study atmosphere; the scheme suffers from financial problems too there was no separate budgetary provision for the scheme; due to inadequate provision of condiments etc., quality of meals served to the students were very substandard in all the schools.

Conclusion : Though the impact of MDMs is impressive in terms of enrollment , attendance and dropout rates , the scheme suffers from a number of bottle necks in the course of its implementation . The study hours of the schools were getting affected due to direct involvement of teachers in the management and operation of the noon meals . Mid Day Meals programme is a massive social welfare programme aiming at attracting children in to the educational main stream and also providing them with all the much needed supplementary nutrition to make them healthy citizens of the country .

Key Words : 1.NUTRITION 2.MID DAY MEAL SCHEME 3.PRIMARY EDUCATION 4.CHILD DEVELOPMENT 5.EDUCATION 6.GROWTH AND DEVELOPMENT 7.SCHOOL ENROLMENT 8.ICDS 9.NUTRITIONAL PROGRAMME 10.DROPOUT RATES 11.ATTENDANCE 12.SARVA SHIKSHA ABHIYAN 13.BALWADI NUTRITION 14.RURAL AREAS 15.CASE STUDY 16.ANANTNAG 17.JAMMU AND KASHMIR.

13. Muhil, M., Sembian, Umapathy and Rajendran. (2011). Anaemia and adverse birth outcome of teenage pregnancy in rural area of Tamilnadu. *Indian Journal of Maternal and Child Health, April-June, 13(2)*.

Background: About 15 per cent of total pregnancy occurs in teenage girls who are malnourished. Anemia is more common in teenage women due to excessive demand for their personal growth and also for the growing fetus, leads to higher incidents of low birth weight and pre term deliveries. Complications of pregnancy and child birth are the leading cause of death in teenage mothers.

Objectives: To find out the prevalence of anemia and factors influencing the adverse birth outcome of teenage pregnancy.

Methods: A cross-sectional study was conducted in government hospital and rural health centres located in and around kadalur district of Tamil Nadu. A total of 350 young (15-19) years primigravida mothers with singleton pregnancy at their third trimester and control group of pregnant women participated in this study from rural areas of Tamil Nadu who belonged to low socio economic standards with poor literacy.

Findings: About 97 per cent of the study group was 16 years old, and they were from joint family (80%) and control group were (57%); both the groups had received iron and folic tablets supplied by the government without adequate antenatal follow up; high prevalence of anemia was found in third trimester (63%) than the comparison group (40%); regarding pre-pregnant BMI and ideal weight gain it was found that 36.5 per cent of teenage mothers had underweight pre pregnant BMI (<18.5) and 32 per cent had less than ideal weight gain during pregnancy, which was higher than that of comparison group. Poor literacy rate was found in the study group; type of family was not significantly related to adverse birth outcome in teenage mothers; teenage mothers had two times higher risk of having underweight pre pregnant BMI, six times higher risk of having less than ideal weight gain and 2.5 times higher risk of developing anemia than the adult mothers; the proportion of pre-term birth (35%) and low birth weight babies (40%) was higher in teenage pregnancies than the adult pregnancies (12%, 25% respectively); teenage mothers were more at risk of giving birth to pre-term babies, (1.8), low birth weight babies (OR-2). Still birth was found in teenage mothers about six per cent but in adult pregnancy it was only two per cent.

Conclusion: The adverse outcomes of teenage pregnancy are due to multi factorial reasons. To address this problem the incidences of teenage pregnancies needs to be reduced. Creating awareness of pre pregnant BMI and educating the importance of ideal weight gain during pregnancy in teenage mothers can give good intranatal care to the risky teenage mothers.

Key Words : 1.NUTRITION 2.ANAEMIA AND TEENAGE PREGNANCY 3.CHILD DEVELOPMENT 4.ANAEMIA 5.ADOLESCENT 6.TEENAGE PREGNANCY 7.RURAL AREA 8.CHILD DEVELOPMENT 9.HEALTH 10.LOW BIRTH WEIGHT 11.HEAMOGLOBIN 12.PRETERM BIRTH 13.MALNOURISHMENT 14.MALNUTRITION 15.SOCIO ECONOMIC FACTORS 16.TAMILNADU.

14. Srivastava, Anurag et al. (2012).
Nutritional status of school-age children : a scenario of urban slums in India. *Archives of Public Health*, 70:8.

Background: School age is the active growing phase of Childhood . Health Problems due to miserable nutritional status in primary school age children are among the most common causes of low school enrolment, high absenteeism, early dropout and unsatisfactory classroom performance. The nutritional status of children does not only directly reflect the socio-economic status of the family and social well-being of the community, but also the efficiency of the health care system.

Objectives: To assess the prevalence of underweight, stunting, and wasting in children of 5 to 15 years old; to analyze factors associated with malnutrition in children.

Methods: In the present study nutritional status was explored in school-age slum children (5 to 15 years of age) in urban slums of Bareilly (U.P.). A total of 512 children (297 boys and 215 girls) were interviewed and examined.

Findings: The mean height of girls was lower than that of the boys in all age groups except the 13-14 years old age group in which girls were taller than boys; the mean weight increased from 16.46 kg and 16.28 kg for boys and girls respectively in the 5 year age group to 49.40 kg and 46.38 kg respectively in the 15 years age group; the mean weight of girls was higher than the boys in most of the age groups; regarding nutritional status, prevalence of stunting and underweight was found to be the highest in the age group 5-6 years and 11-12 years respectively; maximum prevalence of wasting was found in age group seven to eight years; among boys 30.7 per cent and 18.1 per cent belonged to wasted and stunted nutritional status; 16.1 per cent of girls belonged to stunted nutritional status indicating higher prevalence of long duration malnutrition among girls; 33.3 per cent of children were wasted, 18.5 per cent were stunted and 46.8 per cent were in normal nutritional status; no significant association was found between gender and nutritional status of children; the most common illness found was anemia with prevalence of 37.5 per cent, followed by dental carries 18.5 per cent and throat infection 14.9 per cent . Univariate analysis showed a significantly higher risk of malnutrition among female children, children living in joint families, children with birth order >2. This implies the importance of the family characteristics in the causation or pre disposition of an individual to malnutrition.

Conclusion: Tackling malnutrition in urban slums requires a holistic approach, when targeting populations of school age children. For effective implementation of this approach in urban slums following interventions were recommended.: Skills based nutrition education for the family; fortification of food items effective infection control; training of public healthcare workers and delivering of integrated programs.

Key Words : 1.NUTRITION 2.NUTRITIONAL STATUS SCHOOL CHILDREN 3.SCHOOL CHILDREN 4.CHILD DEVELOPMENT 5.NUTRITIONAL STATUS 6.MALNUTRITION 7.STUNTING 8.WASTING 9.EDUCATION 10.HEALTH 11.GROWTH ASSESSMENT 12.INTERVENTIONS 13.CENTERS FOR DISEASE 14.CONTROL AND PREVENTION 15.NUTRITIONAL SURVEILLANCE 16.ANEMIA 17.SOCIO ECONOMIC FACTORS 18.INTEGRATED PROGRAMMES 19.URBAN SLUMS 20.BAREILLY CITY 21.UTTAR PARDESH.

RECREATION

15. Sodhi, Manmeet Kaur. (2010).
TV viewing versus play : trends and impact on obesity. *Online Journal of Health and Allied Sciences*, Apr-Jun, 9(2).

Background: Altered societal trends have included a significant decrease in outdoor recreation, an increased dependence on electronic media, and the conceptual emergence of “time poverty”. TV viewing has become one of the most important daily activities that compete with being active in childhood.

Objectives: To examine the impact of TV viewing on health.

Methods: A total of 10000 students were selected from government and private schools ten each from Amritsar district. The selected students were thoroughly examined.

Findings: The mean TV watching hours per day increased with age in both sexes; when compared, it was observed that the mean TV viewing hours/ day in males (2h/ day in urban population and 1.68h/ day in rural population) were more than that of the females (1.90h/ day in urban population and 1.49h/day in rural population). Urban children were more used to TV watching in the recent years as increasing urbanization and busy schedule of both parents has cut down on outdoor/ active leisure pursuits; the mean indoor playing hours for the non-obese was significantly lower as compared to the obese children; the mean outdoor playing hours of the non-obese were significantly higher than those of the obese; obese children were particularly sensitive to peer attitudes towards body shape and exercise performance, thus they limited the outdoor and team sports and social interaction; increase in inactive leisure pursuits such as computer and video games had direct correlation with increase in overweight in children.

Recommendations: Limiting the TV viewing and sedentary leisure activities like video/ computer games will help curb the menace of pediatric obesity. It is also recommended that outdoor playing should be encouraged and supported at home and in school.

Key Words : 1.RECREATION 2.EFFECT OF TELEVISION 3.PLAYTIME 4.PLAY ACTIVITY 5.TELEVISION 6.OBESITY 7.PRIMARY EDUCATION 8.CHILD DEVELOPMENT 9.ELECTRONIC MEDIA 10.BODY MASS INDEX 11.LEISURE ACTIVITIES 12.PLAY 13.GROWTH AND DEVELOPMENT 14.AMRITSAR 15.PUNJAB.

B. Research Abstracts on Child Protection

CHILD ABUSE/ CHILD LABOUR

16. Tsering, Dechenla, Ranabir Pal and Dasgupta, Aparajita. (2010). Substance use among adolescent high school students in India : a survey of knowledge, attitude, and opinion. *Journal Pharmacy and Bioallied Sciences, April-June, 2(2) : 137-140.*

Background: Use of tobacco alcohol and other substances is a world wide problem and affects many children and adolescents. Early initiation of substance use is usually associated with a poor prognosis and a lifelong pattern of deceit and irresponsible behaviour.

Objectives: To assess the knowledge regarding harm of use and to obtain information about attitudes among high school students; to discover the opinion of substance use held by users.

Methods: A cross sectional study was conducted on 416 students in classes VIII, IX and X in two high schools, selected by multi stage random sampling in West Bengal with no interventions. Primary outcome measurements were substance use; knowledge regarding harm attitude and opinion. About 205 students in urban area and 257 in the rural area were covered in the study.

Findings: The overall prevalence of substance use among high school students was 12.5 per cent with 15.1 and 10.7 per cent among urban and rural responders, respectively; prevalence of substance use was associated more with males than with females, as also current and regular use, which was more common among males, both among urban and rural students; 69.2 per cent urban and 46.2 per cent rural users had communicated that they had tried to quit the habit; 15 per cent of the responder expressed the desire to quit ; about 50 per cent wanted to continue the habit and others were uncertain about their decision regarding continuation of use; 11.5 per cent urban users stated easy availability as the most frequent reason for continuation, acceptance by peers remained common among the respondents for continuation; 15.4 per cent rural users did feared about the health problems; a majority of the respondents reported having knowledge about the harm of substance use; 84.6 per cent urban and 61.5 per cent rural had knowledge about tobacco; 50 per cent knew about alcohol (urban 61.5% and rural 30.8%) and cannabis which was higher among the rural users (urban 11.5% and rural 57.7%); media accounted for the most common source of knowledge regarding harm of substance use (urban-

61.5% and rural- 34.6%) and teachers (urban- 42.3% and rural- 15.4%) also had an important role to play in imparting knowledge about the harmful effects of use; 26.9 per cent of the rural users had influenced their peers into taking up these habit; 11.5 per cent urban users influenced their friends into doing the same.

Conclusion: Despite having harmful effects of substance use, adolescents initiated and continued its use. Interventions that enhance parental self-efficacy in conveying and enforcing attitude shaping for their children can reduce adolescent substance use. Healthy Substance use control programs, focusing on youth, are essential, to reduce the burden of related disease. Repeated surveys can help in monitoring the tobacco epidemic in schools and in evaluating the efficacy of state level tobacco control programs.

Key Words : 1.CHILD ABUSE 2.SUBSTANCE ABUSE 3.CHILD PROTECTION 4.CHILDREN IN DIFFICULT SITUATION 5.ADOLESCENTS 6.HEALTH 7.EXPLOITATION 8.REHABILITATION.

CHILD LABOUR

17. Chang, Seo Hee, Gruber, Scott and Alstine, Scott Van. (2007).
Combating child labour through education in Kolkata, India. Washington:
The George Washington University, Washington DC. 76 p.
www.elliott.gwu.edu/assets/docs/acad/ids/capstone/kolkata07.pdf

Background: Child Labour is both a consequence and resource of poverty throughout the developing world. Education as a child labour intervention draws upon a number of approaches that fall along this spectrum. Kolkata has a complex educational system, and although the majority of the schools were government run and theoretically free of charge, quality and access were two of the largest critical issues faced by the system.

Objectives: To examine the effectiveness of the Bridge Course Methodology; to know the children and parent's perceptions of how the children were benefiting (or not) from attending formal school or participating in NGO programs.

Methods: The research team visited four non-residential camps, two run by CINI ASHA and two run by sub-grantee NGOs of CINI ASHA's under the REACH India capacity building grant program. The five subject groups studied were the teachers, children, community members, parents and key NGO staff members.

Findings: The children at the Non-Residential Camp (NRCs) were learning basic literacy and numeracy skills that were requisite for admission into the formal schools and transferable to general future work situation; NRCs used the bridge course methodology which focuses exclusively on achieving basic numeracy and literacy skills; each NRC research team visited , employed a reduced curriculum that focused on math language and arts; aside from academic skills, the students were also learning about responsibility and order; some of the NRCs also worked upon on singing and dancing into the school day, where the community volunteers lead the students in reciting poetry and some moderate gymnastic activity in the classroom; at two of the three NRCs, the community volunteers were using a variety of methods to involve all the children in the lesson; despite the lack of learner centered methodologies, most students were quite engaged in their school work; by using the bridge course methodology, students were intensively taught as much as 10 hours per day and five days per week; weekly and monthly tests were done to assess the students progress; all the teachers, the research team said that training helped of entire courses and made them a better teachers; children in the NRCs observed and expressed optimism about their educational outcomes and the effects of their NRC attendance on themselves and their families; most students indicated that the will recommend the NRCs to their out of school peers; cultural and arts activities

were the focus in the two camps; daily meals were also a draw for many students, as was the convenient location within the slum community; students who had some experience in the formal schools mostly reported bad experiences: in attentive, abusive, or absent teachers; students with formal school experience reported that they preferred the more affectionate and caring nature of the NRC volunteers to the teachers in the formal schools; in response to questions about their future career aspirations, most responded that they wanted to be teachers or private tutors; boys often reported having more leisure and study time, girls were often engaged in households or wage labour in the mornings or evenings in addition to their NRC attendance; parents cited a number of direct and indirect positive outcomes from their children's NRC attendance; parents stated that their children were better behaved due to the establishment of a daily routine and were establishing a culture of learning among younger siblings; the NRCs aid appear to be successful in raising demand for education among urban slum parents; parents aspired for their children to attend secondary school attain a higher education; parents had overall positive opinions of the quality of instruction and teacher performance in the NRCs.

Recommendations: Individual students should have learning materials ; NRCs for linguistic minorities need to adopt a pedagogic model, which was successfully used by Save the Children US in Mali; there needs to be greater coordination with other NGOs for adult literacy and vocational training service; a follow up study needs to examine the effectiveness of the Bridge Course Methodology.

Key Words : 1.CHILD LABOUR 2.CHILD LABOUR EDUCATION 3.CHILD PROTECTION 4.EDUCATION 5.STREET CHILDREN 6.NON RESIDENTIAL CAMP 7.COMBATING CHILD LABOUR 8.NON FORMAL EDUCATION 9.BRIDGE COURSE METHODOLOGY 10.EXPLOITATION.

18. Pasricha, Ravinder Kaur. (2007)
Violation of child rights and victimization of child labourers working in restaurants and dhabas. *The Indian Journal of Criminology and Criminalistics*, Sep-Dec, 28(3) : 55-62.

Background: Child victimization is an indicator of violation of child rights. The manifestations of the violations of child's rights are various, ranging from child neglect, child marriage, to commercial sexual exploitation and many other forms of violence and abuse. Child labour is one of the worst forms of violation of the child rights and also widely spread. The Child Labour (Prohibition and Regulation) Act was enacted in 1986. The act aims to prohibit the entry of children into hazardous occupations and to regulate the services of children in non-hazardous occupations.

Objectives: To study the educational and family background of the children working in Restaurants and Dhabas on Indian Highways; to analyze the present working conditions of these children; to study the violation of child rights of these children; to suggest measures to curb the problem of child labour.

Methods: Child Labourers interviewed were boys between the ages 5-14 years who were employed in restaurants and dhabas on the G. T. Karnal Road and the sample size taken was 40.

Findings: About 60 per cent of the respondents belonged to the age group of 11-14 years. However one child contributing to 2.5 per cent of the respondents was between 5-8 years of age, while rest 37.5 per cent respondents belonged to age group 5-11 years: 67.5 per cent respondents have never been to school; 59.3 per cent of the respondents reported poverty being the main reason, while others gave reasons like lack of school, reluctance of parents etc. for not attending the school; 32.5 per cent who have been to school, are not continuing with their studies now; 11 said that they started working therefore cannot go to school now; 77.5 per cent of the total respondents were illiterate they cannot even write their name; according to the data the percentage of sample having nuclear families is 60 per cent and 32.5 per cent child labourers had joint families; 7.5 per cent of the child labourers did not know about their families and said that they have no family. 47.5 per cent child labourers came from families with 5-7 members in their family; 45 per cent of the respondents reported that the working conditions are bad, while 10 per cent reported it to be very bad, 15 per cent said it was average and 5 per cent said it was good, nobody said that the working conditions are very good; 52.5 per cent of the respondents reported that the basic facilities like toilet, water etc. at their work place are bad, about 10 per cent of the respondent reported good facilities at work place. Regarding the

type of work about 95 per cent of the respondents have to do dusting and cleaning work; 87.5 per cent of the respondent had to serve food, 67.5 per cent had to wash utensils and 12.5 per cent had to cook food. All the respondents reported their work type to be hazardous to them in one or the other way as it involves injuries, accidents etc. Fatigue was the biggest health problem reported by 100 per cent of the child labourers; 90 per cent of the respondents reported body ache, head ache and other pains as a major health problem associated with their work; as far as the working schedule was concerned, no one among the respondents reported fixed work hours and none were given rest during the working hours; 72.5 per cent reported that they were given leave only in case they were sick and 27.5 per cent said that they occasionally get leave; 92.5 per cent of the child labourers were the paid employee; 7.5 per cent were not paid for the work they were doing however they were given food, clothes and shelter in lieu of their service; majority of the child labourers (89.1%) were paid meager sum between 500-1000 per month; 58.6 per cent respondents salary was received by their parents; 17.2 per cent respondents salary was received by relatives or other guardian; 92.5 per cent of the respondents said that their employers abuse them verbally; 65 per cent of the child labourers were given punishments by their employers; all the respondents reported one or the other bitter experience at work; three respondents also reported rare pleasant instances during the course of their work on restaurants and dhabas.

Recommendations: Policies and schemes should be implemented properly and sincerely; labour inspection machinery should geared up through sensitization and training programmes; media should be used for mass sensitization and awareness.

Key Words : 1.CHILD LABOUR 2.EXPLOITATION 3.CHILD PROTECTION 4.VIOLATION OF CHILD RIGHTS 5.VICTIMIZATION OF CHILDREN 6.MAGNITUDE OF CHILD LABOUR 7.WORKING CONDITIONS OF CHILDREN 8.EDUCATION 9.HEALTH PROBLEMS

19. Venkateswarlu, Davuluri. (2010).
Growing up in the danger fields : child and adult labour in vegetable seed production in India. Washington : International Labour Rights Forum, Washington, DC. ~25 p.
<http://www.laborrights.org/stop-child-forced-labor/resources/12351>

Background: In Hybrid cotton seed production, there is a marked preference among vegetable seed farmers for children, particularly girls, to undertake the hybridization activity which is the most labour intensive activity in vegetable seed cultivation. Children are employed on a long term contract basis through advances and loans extended to their parents by local seed producers. Children are made to work long hours and are paid less than official minimum wages.

Objectives: To examine the nature and magnitude of child labour in hybrid hot and sweet pepper tomato, okra and brinjal farms in Karnataka, Maharashtra and Gujarat states in India; to examine working conditions of children; to examine the socio-economic background of children working on hybrid vegetable seed farms, to explore the nature of linkages between national and multinational seed companies, and local seed producers who employ children in the production of hybrid vegetable seed farms and their response to child labour in this industry.

Methods: The present study is mainly based on the analysis of primary data collected through field visits to 490 sample farms in 45 villages in six districts in three states: Karnataka, Maharashtra and Gujarat. The survey for the present study was conducted between August and December 2009, which is the crop season. The study treated 50 per cent of doubtful/ probably children as children below 14 years.

Findings: Child labour was found in all the labour-intensive activities including weeding, hybridization and harvesting; farmers employ girls, in order to minimize costs, the hours worked per day during cross-pollination varies between the initial, peak and last days of crossing period; in Maharashtra, most of the workers working on vegetable seed farms belong to poor families like Dalits or Scheduled Castes (SCs), Scheduled Tribes (STs) or Backward Castes (BCs); the wage rates for children, particularly those below the age of 14, varies between Rs 50 to Rs 70; children under the age of 14 years accounted for 26.8 per cent of the total work force in hot pepper, 22.2 per cent in sweet pepper, 20.6 per cent in okra, etc.; compared to other seed production areas, Ranikennur in Haverly district is a relatively developed area with high literacy rates and good schools. Of the total 1140 persons found working during field visits to 60 sample farms ,306 were children under 14 years of age; children in the age group of 15-18 accounted for 19.5 per cent of the total work force; the average number of children below 14 years per acre was 20; girls accounted for more than 60 per cent of total children in all the crops; compared to Karnataka,

the magnitude of child labour was slightly lower in Maharashtra, except in tomato farms; children under the age of 14 years accounted for 16 per cent of the total work force; the number of child labourers was higher in sweet pepper farms 17.7 per cent and lower in brinjal farms 13.6 per cent; of the total 220 persons found working during field visits to 20 sample farms of sweet pepper, 39 were children under 14 years old; children in the age group of 15-18 accounted for 30.9 per cent of the total work force; girls accounted for more than 60 per cent of the total of children in all the crops; in Gujarat children under the age of 14 years accounted for 17.3 per cent of the total work force which was similar to Maharashtra; children under the age of 15 to 18 years accounted for 29.6 per cent the average number of children below 14 years per acre was 3.4 persons and on average 58 persons per acre were workers in the 15-18 years age group; the gender composition of working children indicated that girls outnumbered boys, girls accounted for 61.8 per cent of children below 14 years and 67.2 per cent among the 15-18 years age group; a total of 152, 369 children, out of which 59, 417 (39%) were below 14 years and 61 per cent were in the 15-18 years age group, were employed in tomato, hot and sweet pepper, brinjal and okra seed plots in Karnataka, Maharashtra and Gujarat states which account for nearly 95 per cent of the total production area in the country; the existing employment practices in vegetable seed farms result in denial of right to education, health and safety by employing them on the farms on long-term contract basis, making them to work long hours and exposing them to poisonous pesticides that are applied in higher quantities on the plants.

Conclusion: The current initiatives undertaken by the companies were largely confined to organizing awareness and motivational meetings for seed organizers and farmers against the practices of employing children; such measures are in some ways very significant as a beginning step to address the problem of child labour but certainly not sufficient to completely tackle the problem; several companies were not paying any serious attention to the issue. Unless all the major seed companies come forward and make serious interventions it is difficult to address the problem of child labour at an industry level.

Key Words : 1.CHILD LABOUR 2.EXPLOITATION 3.VIOLATION OF CHILD RIGHTS 4.CHILD PROTECTION 5.NATIONAL CHILD LABOUR PROJECT 6.EDUCATION 7.ELIMINATION OF CHILD LABOUR 8.ADOLESCENTS 9.VEGETABLE SEED PRODUCTION 10.MAGNITUDE OF CHILD LABOUR 11.WORKING CONDITIONS OF CHILDREN 12.KARNATAKA 13.MAHARASHTRA 14.GUJARAT.

20. Venkateswarlu, Davuluri. (2010).
Seeds of child labour : child and adult labour in cottonseed production in India. Washington : International Labour Rights Forum, Washington, DC.
~30 p.

http://www.indianet.nl/katoenz_e.html

Background: Hybrid Cotton seed production is highly labour intensive and children, particularly girls, are engaged in most of its operations. No other industry in India has such a high proportion of child labour in its work force. In Cotton seed production, cross pollination is the main activity which requires 90 per cent of the total labour used in seed cultivation. Children are the main source of labour for this activity. They are employed on a long term contract basis through advances and loans extended to their parents by local seed producers. Children are made to work long hours and are paid less. They are exposed to the poisonous pesticides which are used in high quantities.

Objectives: To examine trends in the employment of child labour on hybrid cotton seed farms in four states, namely Andhra Pradesh, Tamil Nadu, Karnataka and Gujarat, through an analysis of recent developments that have a bearing on the nature and magnitude of child labour and the working conditions of labourers in the cotton seed industry.

Methods: The study is mainly based on the analysis of primary data collected through field visits to 400 sample cotton seed farms in 76 villages producing seed for both MNCs and major Indian seed companies in Andhra Pradesh, Karnataka, Gujarat and Tamil Nadu. The category of probably children was used when an investigator could not decide whether a worker was a child or not.

Findings: Most of the child labourers belonged to poor families from socially backward and discriminated communities; in Andhra Pradesh children below 14 years accounted for 57.4 per cent of the total work force in 2003-04, this has dropped to 29.8 per cent in 2009-10; the proportion of children in the age group 15-18 years to the total work force increased from 34.8 per cent to 39.3 per cent in 2009-10; 70 per cent of the children labourers were girls; the proportion of child labour to the total work force varied between 15 per cent to 45 per cent in different regions of the state ; the proportion of child labour to the total work force varied between 15-20 per cent in these areas; the large reduction in child labour was the result of the combined efforts of the companies and civil society groups; the wage rates paid to children, as well as adult labours, in cotton seed farms are low compared to wage rates in other agricultural operations; the monthly wage rate paid to child labourers varied between Rs 2500 to 3500 depending on their age and experience; girls were preferred for cross-pollination, weeding and harvesting operations which were labour-intensive and

low paid jobs; the total number of children (below 14 years) employed in cotton seed farms in Gujarat was 85, 340 out of which 62 per cent were girls; children in the age group of 7 to 14 years constitute 24.6 per cent of the total work force, among them 62.7 per cent were girls; on average 2.4 children were employed per acre of seed production; compared to 2003-04 there has been a decline in the proportion of children (below 14 years) of the total work force and the per acre employment of children; there has been a decline in the proportion of children to the total work force and the per acre employment of children; the average number of children employed per acre dropped from 3.5 persons in 2003-04 to 3.4 persons in 2006-07 and 2.4 persons in 2009-10; the decline in the incidence of child labour is largely due to pro active measures by the Gujarat and Rajasthan government and active campaigns by child rights groups; the wage rates paid to children and adult workers on cotton seed farms had increased by 60-80 per cent since 2003-04; a total of 274 children between the age of 7-14 years worked on hybrid cotton seed farms during the peak cross-pollination season in Karnataka; children accounted for nearly 39.2 per cent of the total work force; 79 per cent of these children were girls; the wages paid to children on cotton seed farms varied between regions; there were on average four children per one acre; girls were preferred for cross pollination; weeding and harvesting operations; despite implementing the same measures in Andhra Pradesh and Karnataka, the results achieved by the companies in Karnataka were not so encouraging as in Andhra Pradesh, this was attributed due to lack of active participation of civil society groups and involvement of government in cotton seed production areas in the state to address the problem of child labour; most of the hired workers in Tamil Nadu working on cotton seed farms were from SC, ST and OBC; children below 14 years constituted 31.2 per cent of the total work force in 2009-10; among them 67.4 per cent were girls; on an average 3.1 children were engaged for one acre of seed production; the proportion of children to the total work force declined from 46.3 per cent in 2006-07 to 31.2 per cent in 2009-10; the wage rates are fixed for the whole season at the time of the agreement itself. In Tamil Nadu, it was observed that the farmers encouraged school attendance and cotton seed work as a part-time activity; the cross pollination period is adjusted to suit the school hours-four hours in the morning (5:30 am to 9:00 am) before school starts and three hours in the evening (4:30 pm to 6:30 pm) after school; children were paid a nominal amount of Rs 20 per day for this work whereas the actual daily wage rate for adult workers is Rs 80-100; children worked for seven hours and the time they spend working was greater than the time they spent in school; this will have serious implications on school performance and slowly pressurise them to dropout from schools and join the work force.

Conclusion: The recent trends in employment of child labour in hybrid cotton seed production in India indicate that despite an increase in the production area, the overall number of children employed in this sector was declining. Due to efforts of local and international NGOs, government, media and social investors,

awareness had been created; Interventions by various agencies, including the government (NCPCR)National Commission for Protection of Child Rights, NGOs like MV Foundation, the seed industry and international organizations like ILO, UNICEF and UNDP have had a positive impact and helped to reduce child labour in the cotton seed industry. The decline of child labour was especially significant in Andhra Pradesh.

Key Words : 1.CHILD LABOUR 2.EXPLOITATION 3.VIOLATION OF CHILD RIGHTS 4.CHILD PROTECTION 5.NATIONAL CHILD LABOUR PROJECT 6.EDUCATION 7.ELIMINATION OF CHILD LABOUR 8.MAGNITUDE OF CHILD LABOUR 9.COTTON SEED PRODUCTION 10.WORKING CONDITIONS OF CHILDREN 11.ANDHRA PRADESH 12.TAMIL NADU 13.KARNATAKA 14.GUJARAT.

CHILDREN IN DIFFICULT CIRCUMSTANCES

21. Don Bosco Ashalayam. Howrah, West Bengal. (2005).
The Vulnerability status of children living on the platforms of Howrah and Sealdah railway stations. Kolkata : DBA. 67 p.
http://s3.amazonaws.com/zanran_storage/ashalayam.org/ContentPages/53099208.pdf

Background: India has the largest population of street children in the world. Railway stations offer various income opportunities from hawking to begging . Even the children who are not living in the station are drawn to these stations spending a considerable period of time during the day. The occurrence of platform children in various railway stations of the metropolises and big towns are routinely attributed to the deep socio-economic malaises.

Objectives: To find the status of living conditions and the magnitude of exploitation of the platform children; to assess the educational and occupational status of the platform children; to find the Health status and risks including physical and mental health and sexually transmitted diseases; role of various stakeholders in terms of awareness about the children, their living conditions and exploitation.

Methods: About 100 children each from Howrah and Sealdah station were interviewed for the purposive sampling. Primary source for the study were railway staff members, Police (GRP and RPF) and HGO working in the area.

Findings: Majority of the children (49%) belong to the age group of 8 to 12 years, followed by 12+ to 15 years (29%) and 15+ to 18 years (17%); 60 per cent of the respondents belonged to Night Stay Category. 100 per cent of the migrant respondents were male; 43 per cent of the respondents belonged to Night Stay Category; 84 per cent of the night shelter respondents were male and 16 per cent were female; 68.2 per cent of the catchment respondents were male and 31.8 per cent were female; 80 per cent of the total night stay respondents were Hindus; 59 per cent of the children were Bengali speaking; 45 per cent children were illiterate; 26.7 per cent were just literate and 28.3 per cent children had reached/ completed their primary level among the night stay category; overall 68 per cent of the sample population was illiterate; 50 per cent of the Night Stay Children and 44 per cent of the catchment children had ration cards; in Sealdah station, 83 per cent of the children belong to West Bengal and 14 per cent hailed from neighbouring states of Bihar and Orissa; in Howrah station, 70 per cent of the children belong to West Bengal and 25 per cent hailed from the states of Bihar, Jharkhand and Uttar Pradesh; 91 per cent of the children were working and nine per cent were not working; most of the children earned Rs 100 per day, a part of which they use to send back at home; 90 per cent of the children had a source of daily income which was the prime reason

for them gelling in the plat form; 77 per cent of the plat form children were in touch with their families; 65 per cent of the night stay children maintained contacts with their family; 68 per cent of the children had been found to visit their home place; 17.91 per cent of the Night Stay Children used to work at home; 89 per cent of the catchment children did not worked at home ; 45 per cent of night stay children were affected by violence at home; 71 per cent of the children were treated at home when they felt sick; 51 per cent of the children came to the station on their own followed by 27 per cent who came with their families; 69 per cent of the children came to Sealdah station to earn money; 53 per cent of the children came to the station compelled by economic factors; 53.3 per cent of the night stays children preferred to sleep in groups; in Howrah, children used toilets of plat forms, the long distance trains as well as open spaces, bushes; 88.3 per cent of the night stay children spent more than 12 hours in the plat forms; playing games, cinema and spending time with peers was the prime sources of entertainment for these children; 62.9 per cent of the respondents felt that the main problem faced by them was sleeping place as it was often raided by the police; 52 per cent of the children were physically abused by various people; 23 per cent of the children of Sealdah station had been found to receive aid and assistance from the NGOs; 77.42 per cent children were unwilling to stay at the night shelters run by the NGOs; 80 per cent of the children purchased their own clothes while 11 per cent got clothes from organizations; 71 per cent children did not had the habit of saving in Sealdah and Howrah station; the children of Sealdah station relied on government hospitals for their treatment; 26 per cent went to private clinics; in Howrah 45 per cent relied on government hospitals; 20 per cent went to private clinics; 45 per cent of the children were addicted to smoking ; and 30 per cent to tobacco; 55 per cent children in Sealdah station were approached to try substance; 46 per cent of the children in Howrah were asked to try substance.

Conclusion: It was observed that life at railway stations violates the survival, protection and development rights of the plat form children; Poverty and abject economic conditions were the main reason for these children to leave their homes; majority of the platform children were not covered under the assistance programme of any NGO. In many cases there was an overlap in the assistance provided by the NGOs; Substance abuse was rampant amongst the platform children.

Key Words : 1.DESTITUTE CHILD 2.STREET CHILDREN 3.RAILWAY CHILDREN 4.PLATFORM CHILDREN 5.CHILD PROTECTION 6.EXPLOITATION 7.CHILDREN IN DIFFICULT SITUATION 8.CHILD ABUSE 9.HOME PLACEMENT 10.HEALTH 11.EDUCATION 12.SUBSTANCE ABUSE 13.CHILDREN IN NEED OF CARE AND PROTECTION 14.CHILD RIGHTS 15.VIOLATION OF CHILD RIGHTS 16.SEXUAL ABUSE 17.KOLKATA 18.HOWRAH 19.SEALADAH, WEST BENGAL.

22. Sambhav Foundation, Mumbai. (2006).
Fresh children study at Chatrapati Shivaji Terminus Mumbai : home placement project. Mumbai : SF. 25p.

<http://www.sathiindia.org/sathi%20doc/STUDY%20AND%20RESEARCH/DL-BASE%20LINE%20SURVEY/Mumbai%20CST%20Survey.pdf>

Background: An estimated 3,14,700 street children are in Mumbai, Kolkata, Chennai, Kanpur, Bangalore and Hyderabad. Factors which give rise to the increase in number of street children in India include poverty, family break-ups, armed conflicts, natural and man-made disasters. Street children face a number of challenges on a daily basis. Nearly two lakhs children are on the street of Mumbai and suburbs. They are victims of the problems that our society faces. Street children remain the most vulnerable group and various challenge to the country's development.

Objectives: The proposed study was conducted to collect the baseline information and assess the proportion of the new children coming daily as well as to assess the proportion of the old children and their problems; to plan the future activities in proper direction to give more benefits and services to the children in difficult situation.

Methods: Chatrapati Shivaji Terminus and station, platform and nearby area was covered in the study. Data collection forms were designed which the staff had to fill while interviewing the child so that appropriate information could be obtained. The study was carried out for a period of six days.

Findings: During the survey study, 88 per cent of the male children and 12 per cent of girls were found at CST; majority of the children who come to the street are in the age group of 11-16 years; nine per cent of the street children were in the age group of 8 to 10 years. Majority number of children can be identified during the first shift (43%) and night shift (41%) as this was the period when generally the trains arrive at CST; 16 per cent children were found during afternoon; lot of children have dropped their education on primary and high school level; majority of children have come on the street because they were beaten at home or fight with the teachers and their siblings; many children have come to street in search of jobs. In some cases girls were brought for the job and they were sold for prostitution; 13 per cent of children were either from broken families or were orphans, 37 per cent of the new children were contacted as soon as they came into the railway station; 23 per cent of the children could not give the details of the duration or they did not remember the days of leaving home. It was found that the majority of the children came from different parts of Maharashtra, Bihar, U.P. as Mumbai is full of Bollywood glamour children were attracted towards the film life and come to Mumbai to become actor or see the actors. Street children adopt various inverse habits.

About seven per cent indulged in alcohol and drugs; 10 per cent use to smoke. While interviewing the children, 37 per cent children were able to give their address or at least were able to tell their location of home; Rest of the children were stating only state or district majority of the girls who came to the street were in the age group of 11-16 years (61%). Most of the children were found dirty and were suffering from skin diseases.

Recommendation: An organization should start working in night shifts so that most of the new children could be immediately taken away from the streets before they get into the clutches of any other bad element; Interactive programs with the children, police and railway personnel should be organized to develop more proactive interactions which will be beneficial for children. Awareness program should be conducted regularly on the children related issues such as exhibition at railway station, street and wherever can be exposed to more and more people.

Key Words : 1.DESTITUTE CHILD 2.STREET CHILDREN 3.RAILWAY PLATFORM 4.RAILWAY STATION 5.CHILD PROTECTION 6.REHABILITATION 7.EXPLOITATION 8.CHILDREN IN DIFFICULT SITUATION 9.RUN AWAY CHILDREN 10.CHILD ABUSE 11.HOME PLACEMENT 12.HEALTH 13.EDUCATION 14.SUBSTANCE ABUSE 15.MUMBAI.

23. SATHI (Society for Assistance to Children on Difficult Situation, Bangalore. (2009).
Baseline survey of children on railway platforms Surat railway station.
Bangalore : SATHI.18p.

www.sathiindia.org

Background: Surat in Gujarat, has emerged as an important industrial town in the country. The presence of industries attract people in search of work from all over the country. Surat Railway Station is a transit point for more than 60 trains every day. Most of the children arrive at Surat by trains.

Objectives: To estimate the number of children staying at Surat Railway Station; to estimate the average number of children arriving at Surat Railway Station in a month; to find out the duration of their stay at Surat Station; to identify the source states of children arriving at Surat and the push-pull factors influencing the child's decision.

Methods: Data was gathered from all the children found at the Surat railway station. The study team contacted 159 children at Surat station in four days.

Findings: Of the total 159 respondents, 40 per cent had mentioned that they had left home for the first time; 36 per cent had ran away two to three times and 24 per cent of them had mentioned that they have left home more than three times; 22 per cent of the respondents were found staying for more than one year at the station; 34 per cent of the respondents, duration stay was from two months to one year; 13 per cent said that they have been staying from 10 days to a month and 31 per cent of the children comprised of those whose duration at the station was less than 10 days. The team had come across with 23 new children with 1 day stay duration in Surat; 55 per cent of the children found in Surat Railway Station belonged to the age group of 11-14 years of age; 29 per cent belonged to 15-18 years of age and 16 per cent were less than 10 years of age; in all the three number of times ran away categories majority of them were in the 11 – 14 years of age group ; among the first timers 52 per cent were of 11-14 years of age, in the second and third times 57 per cent and in third timers 58 per cent. In less than 10 years of age group, there is a decrease in running away times. First timers are 18 per cent, second and third timers are 15 per cent and third plus are 13 per cent. From the contacted children 30 per cent were from Gujarat, 23 per cent from Maharashtra, 13 per cent from Madhya Pradesh and 4 per cent each from Orissa and Rajasthan. Majority of the children were from Gujarat and its neighbouring states- Maharashtra and Madhya Pradesh. Majority of the children arriving at Surat were in search of employment (42%) followed by 24 per cent who left home because of abuse by the family members or relatives; 16 per cent left home because of city attraction. 59 per cent

respondents had attended school at some or the other level; 40 per cent had not attended school at all; one per cent children's information was not available; of the children who attended schooling, 23 per cent completed their first to fourth standard, 26 per cent completed their fifth to seventh standard and 10 per cent completed their eight to tenth standard. 80 per cent of the children said that they are used to habits such as smoking, consuming alcohol, sniffing solution, chewing gutka etc. majority of the respondents said they had both the parents (68%), 19 per cent had only single parent and 13 per cent said they were orphan.

Conclusion: The important objectives of the study was to arrive at an estimate of the number of children staying at Surat Railway Station and the number of new children arriving at the railway station, existing rescue , relief and rehabilitation systems in relation to street children at Surat railway station needs to be explored.

Key Words : 1.DESTITUTE CHILD 2.STREET CHILDREN 3.RAILWAY PLATFORM 4.RAILWAY STATION 5.CHILD PROTECTION 6.CHILDREN IN NEED OF CARE AND PROTECTION 7.REHABILITATION 8.VICTIMIZATION OF CHILDREN 9.EXPLOITATION 10.CHILDREN IN DIFFICULT SITUATION 11.RUN AWAY CHILDREN 12.EDUCATION 13.SUBSTANCE ABUSE 14.SURAT.

24. SATHI (Society for Assistance to Children on Difficult Situation, Kanpur. (2009).
Survey of children on railway platforms Allahabad railway station.
Kanpur: SATHI.10p. www.sathiindia.org

Background: Platform children, according to UNICEF, are those for whom more than the family, platform had become the real home, a situation in which there is no protection, supervision or direction from responsible adults. Majority of these children stay at the railway platform and work for their living. Since there is no system of keeping a track of the children landing at the railway station, these children are quite mobile and keep roaming around the station and nearby areas.

Objectives: To estimate the number of new children coming to the railway station per day; understand the situation of children at the Allahabad Railway Station; understand the reasons of leaving home; to check the inflow of children and their movement in and around the railway station; finding out the number of old children at the station.

Methods: Questionnaires were prepared for collecting information from children. Most of the children were above 10 years of age.

Findings: Survey was carried out at Allahabad. About 95 children were contacted. On day one 49 children were surveyed while on day two it was 27 and on third day it decreased to 19. Maximum number of children belonged to the age group of 11-15 years (64%); 30 per cent children belonged to the age group of 5-10 years and seven per cent were in the age group of 16-18 years. 62 per cent children had arrived in a day and very few out of them had stayed for few days; 10 per cent of children had been staying on the platform from one month to five months; 18 per cent of the children belonged to the age group of one-two years; five per cent of the children belonged to the age group of 3-4 years and seven per cent of the children belonged to the age group of 7-11 years; 42 per cent of the children had ran away from their homes for the first time; 19 per cent children had ran away for the second time; while eight per cent had ran way more than three times and 32 per cent children had ran away more than four times. 78 per cent of the children who had landed on the platform had both parents, whereas 11 per cent of children had single parents; about 12 per cent of children were orphans.

Key Words : 1.DESTITUTE CHILD 2.STREET CHILDREN 3.RAILWAY PLATFORM 4.RAILWAY STATION 5.CHILD PROTECTION 6.CHILDREN IN NEED OF CARE AND PROTECTION 7.REHABILITATION 8.EXPLOITATION 9.CHILDREN IN DIFFICULT SITUATION 10.RUN AWAY CHILDREN 11.ALLAHABAD.

25. Das, Manoshi Mitra and Mishra, Sunil Kumar. (2011).
Stolen childhoods : a study of child trafficking in the Kosi Region of Bihar.
New Delhi : Save the Children.101p.

<http://resourcecentre.savethechildren.se/content/library/documents/stolen-childhoods-study-child-trafficking-kosi-region-bihar>

Background: Human Trafficking is regarded as one of the worst forms of crimes against humanity. It is committed against some of the most vulnerable sections of people and is one of the most lucrative crimes at the local, national and international level. Bihar has emerged as a major source, transit, and destination centre for trafficked persons.

Objectives: To assess the extent to which low social status and poverty, as well as gender based factors may be coalescing together to lead to child trafficking; to find out the factors contributing to the decision of sending children to work outside their village; to find the gender differences in trafficking; to see destinations and types of employment available to trafficked children; to find out the role of parents/ guardians.

Methods: Two districts of Bihar, Khagaria and Araria were selected for the study. Survey was conducted in 4,111 households in 20 villages of both the districts. A detailed household survey was carried out in 411 households having trafficked children. These 411 households were included in the sub sample for a detailed study of the region.

Findings: The attendance of SC children in schools in Araria district was 16 per cent among the 5-14 years age group; attendance of girls was 10.4 per cent; in Khagaria district the overall attendance rate of SC children was 22.7 per cent; in Araria district school going average was 29.5 per cent and in Khagaria it was 37.1 per cent; in Araria 12.3 per cent of the SC children of less than 14 years were listed as Child Labour, while in Khagaria 10.9 per cent of the children less than 14 years were at work; 58.5 per cent children were from landless households; 11.7 per cent belonged to marginal farmer households; a large number of children were from households which had little or no education; the percentage of trafficked children was 7.7 per cent among the trafficked children 18 per cent were between 10-14 year of age, while 80 per cent were between 14 to less than 18 years of age; the rate of trafficked children per households of trafficked children was 1.11; among the total of 153 female headed households,

a quarter of the households had trafficked children (24.8%); the percentage of households with members who had no or very low levels of education was as high as 74 per cent; 85 per cent of the households with trafficked children had very poor quality of housing; while analyzing the pattern of decision making regarding a child's migration 56 per cent of both the parents took the decision jointly; in 10 per cent cases, agents/ contractors had come from outside the village to procure child workers, 60 per cent of the SC households felt that there was an increase in the activities of persons coming to the villages to persuade parents/ guardians to allow their children to go out to work after the floods; 27.8 per cent of SC parents said that on average they received Rs 2,000 cash in lieu of sending their children out of the village to work; 28.5 per cent of the trafficked child workers lived with adults from their villages with whom they had travelled from their homes; 59 per cent of parents said that they had irregular contact with their children; some children could not be traced by their parents; 25 per cent parents said that their children could come home once a year only; 96.6 per cent of the parents did not know about the laws against child labour or trafficking; 70 per cent of the parents opined that sending children away for work was inevitable; 80 per cent of trafficked children's households said that their economic condition had improved because of the work done by trafficked children; 13 per cent of households reported that their children were subjected to both verbal and physical abuse; 28.1 per cent children said that they were beaten regularly; 12.5 per cent reported food deprivation, and 56 per cent said that they were deprived of sleep.

Recommendation: Urgent attention is needed for source areas and communities; in order to ameliorate the conditions that induce parents to send their young ones with traffickers; developing agro-processing for generating employment and incomes and developing marketing links for raw materials; state government to ensure better teaching facilities; monitoring of returned children should be done and they should be rehabilitated through education; training and sensitisation of parents and guardians needs to be done; referral system should be set up where chain of information centres is there and parents can go in order to provide or obtain information and take appropriate action.

Key Words : 1.SOCIAL DEFENCE 2.CHILD TRAFFICKING 3.TRAFFICKING 4.CHILD PROTECTION 5.STOLEN CHILDREN 6.EXPLOITATION 7.HEALTH 8.EDUCATION 9.CHILDREN IN DIFFICULT SITUATION 10.CHILDREN IN NEED OF CARE AND PROTECTION 11.CHILD LABOUR 12.CHILD ABUSE 13.CHILD MIGRATION 14.KOSI REGION 15.BIHAR.

C. Research Abstracts on Women and Gender Issues

HEALTH

26. Ashok Kumar and Khan, M.E. (2010).
Health status of women in India : evidences from national family health survey-3 (2005-06) and future outlook. *Research and Practice in Social Sciences*, August, 6(2) : 1-21.

Background: In India, women and men have nearly the same life expectancy at birth. The lack of typical female advantage in life expectancy in India suggests that there are inherent problems with women's health. Indian women have high mortality rates particularly during childhood and in their reproductive years. The health of Indian women is intrinsically linked to their status in society. Poor health has repercussions not only for women but also for their infants and other members of family.

Objectives: The objectives of this study are: to examine the health status of women using indices such as reproductive health, wealth index, and nutritional status; to examine the violence against women in India and; to examine the HIV/AIDS pandemic in Indian scenario.

Methodology: The present study is based on data from National Family Health Survey- III (2005-06) conducted by the Government of India. In India, NFHS-III data have been collected from 109,041 households in 29 states by interviewing 124,385 eligible women in the age group of 15-49 years. NFHS-III also measures the malnutrition status, height and weight of all eligible women in the age 15-49 years.

Findings: By 2005-06, the total fertility rate has gone down to 2.7. However, there are large variations in fertility levels as per state, education, religion, caste and place of residence. Uttar Pradesh, and Bihar, the most populous states in India, has a total fertility rate of over 4 children per woman. On the other hand, Kerala, which has relatively high level of female education and autonomy, has a total fertility rate under two. Reducing fertility is an important element in improving the overall health of Indian women; increasing the use of contraceptives is one way to reduce fertility, while the knowledge of family planning is nearly universal in India; only 49 per cent of currently married women aged 15 to 49 use modern contraceptives. Female sterilization is the main form of contraception; over two-thirds of the married women using contraception have been sterilized; the total fertility rates (TFR) for these two groups are significantly different: Four children for illiterate women as compared to 2.2 children for women with a high school education or above. Differentials

among the religious groups also are pronounced e.g., Muslims have the highest TFR and the lowest contraceptive use. Despite a large increase in the number of women using contraceptives and limiting their fertility, there is still unmet need for contraceptives in India. Nearly 20 per cent of married women in India either intend to delay next child birth or have no more children; pregnancy-related health problems most commonly reported are excessive fatigue (48 per cent) and swelling of the legs, body, or face (25%). Ten per cent of mothers had convulsions that were not from fever and nine per cent reported night blindness, only four per cent had any vaginal bleeding; level of maternal mortality varies greatly from state to state, with Gujarat having the lowest ratio (135) and two states (Rajasthan and Uttar Pradesh) having ratios over 677 & 600 respectively; 58 per cent of all women in India received no postnatal care after delivery. Only 27 per cent of women received a health check-up in the first four hours after birth and only 37 per cent received a health check-up within the critical first two days after delivery; births to urban mothers are almost twice as likely to be followed by a postnatal check-up (66 per cent) as births to rural mothers (34 per cent). By religion, births to Muslim women are least likely to be followed by a postnatal check-up; TFR range from 1.8 in Goa, Andhra Pradesh, and Tamil Nadu to 4.0 in Bihar. 18 of the 29 states have TFRs lower than the national TFR of 2.68. This skewed pattern occurs because the mean is strongly affected by the relatively high fertility in a handful number of populous states in the northern half of the country-Bihar (with a TFR of 4.0), Uttar Pradesh (3.8), Rajasthan (3.2), and Madhya Pradesh (3.1). Jharkhand in the eastern region and Arunachal Pradesh, Meghalaya, and Nagaland in Northeast region also have high fertility, with TFRs of 3.0 and above; prevalence of anaemia in women varies, but its spread is in every Indian state. This prevalence is very high in all the states situated in the eastern region, especially Jharkhand and Bihar where more than two-thirds of women are anaemic. Other states with particularly high levels of anaemia are Tripura, Assam and Meghalaya. But states having lowest prevalence of anaemia are notably Kerala, Manipur, Goa and Punjab. Even in these states, however, more than one third of women are anaemic. It is also notable that severe anaemia is most prevalent in Assam i.e. 3.4 per cent and Andhra Pradesh 3.3 per cent; out of 5.7 million people in India, UNAIDS estimated that 5.6 million were adults, of whom 1.6 million were women of age 15 and over.

Recommendations: The study suggests that many of the health problems of Indian women are related to or exacerbated by high levels of fertility. Reducing fertility is an important element in improving the overall health of Indian women. Increasing the use of contraceptives is one way to reduce fertility.

Key Words : 1.HEALTH 2.WOMEN HEALTH 3.HEALTH STATUS 4.FERTILITY 5.REPRODUCTIVE HEALTH 6.VIOLENCE AGAINST WOMEN 7.NUTRITIONAL STATUS 8.HIV/AIDS.

27. Majo, John. (2007). Knowledge, attitude and practice of family planning : a study of Tezu village, Manipur, India. *The Internet Journal of Biological Anthropology*, 1(1).

Background: In the 1950s, the Government of India launched a family welfare programme, to accelerate the country's economic and social development, and has formulated an official policy with the aim of reducing the rate of population growth.

Objectives: To have only the desired number of children and secondly to have these children by proper spacing of pregnancies and to spread the knowledge of family planning method and develop among the people an attitude favourable for adoption of contraceptive method.

Methodology: The present study was conducted in Jezu village which is at a distance of 10 Km from Imphal among the 50 married Meitei women of Manipur.

Findings: The current age of married women ranged from 20-40 years; 48 per cent of these women are in the age group of 20-25 years; 24 per cent in the age group of 36-40 years; 20 per cent in the age group of 26-30 years and 8 per cent in the age group of 31-35 years respectively; among the various methods, female sterilization or tubectomy is popular among the women who reported the knowledge of the contraceptive method, and in all age group, the per centage varied from 48 per cent to 46 per cent to 42 per cent to 36 per cent respectively. The next known method was male sterilization or vasectomy; respondent's knowledge of family planning methods was high in the age group of 31-35 years and 20-25 years where the respondents had the knowledge of condom/ loop/ copper T, with 34.9 per cent and 32 per cent respectively; the percentage was low of the respondents in the age group of 36-40 years and 26-30 years with a per centage of 24 per cent and 20 per cent respectively; also the knowledge of diaphragm/ jelly/ foam tablets the respondent's knowledge is low; 60 per cent of the respondents are satisfied with the family planisified with the family planning method they are using. 24 per cent of them like to change the family planning method. 16 per cent of the respondents does not prefer other methods of family planning; main source of knowledge about different contraceptive methods known is "friends" as reported by 44 per cent of the respondents, 22 per cent of them came to know about these methods through "mass media, followed by relatives with 18 per cent and neighbours with 16per cent respectively; respondents awareness of contraceptive methods were that 60 per cent of the

respondents approve towards family planning, 28 per cent of them disapprove it and (12%) does not know; respondents attitude towards approval/ disapproval of abortion were that 78 per cent of them did not had reproductive problem whereas 22 per cent of them had problems; and 56 per cent of them intend to use a method to delay/ avoid pregnancy at any given time whereas 44 per cent did not agree.

Conclusion: Respondents were in favour of PHC/ Govt. help and proper family planning method.

Key Words : 1.HEALTH 2.FAMILY PLANNING METHOD 3.CONTRACEPTIVE METHOD 4.TUBECTOMY 5.PREGNANCY.

28. March of Youth for Health, Education and Action for Rural Trust, Bhubaneswar. (2010).
Maternal mortality in Orissa : an epidemiological study. Bhubaneswar : My-HEART. 128p.
<http://planningcommission.nic.in/hindi/reports/sereport/index.php?repts=serbody.htm>

Background: Maternal Mortality is one of the world's most neglected problems, and progress on reducing the maternal mortality ratio (MMR) has been far too slow. Orissa is one of the poorest states in India having Maternal Mortality Rate (MMR) 358 per 1,00,000 live births (as per SRS- 2003) which is much higher than the national average and significantly contributing high MMR of the country.

Objectives: Objectives of the study were: to determine the level of maternal mortality among the selected population groups in Rural/ Tribal/ Urban Orissa; identify the risk factors of maternal mortality know their operational mechanism and find out their related risks; examine the inter-relationship between maternal mortality and fertility and the manner in which they tend to influence each other; study the abortion behaviour of the community and its impact on maternal death; study community perception of high- risk pregnancy and obstetrical emergencies; study the maternal health perception and health seeking behaviour of the community; understand the need for Public/ Private partnership to provide obstetric care services; understand various socio- cultural practice followed by the various population groups during different stages; Ante-natal, Natal and Post-natal and finally recommend appropriate intervention modes to prevent and control risk factors in order to reduce maternal mortality.

Methodology: The study coverage was 230 subcentres as sub-centre was taken as a cluster for last four years self-reference period. The sub centres under the study were proportionality allocated to 30 districts and stratified as rural, urban and tribal. The sample allocation was done on Probability Proportion to Size (PPS) methodology. All the households reporting maternal deaths and alternative household, reporting live birth were studied for the total population.

Findings: Findings on women experiencing life birth shows that age at marriage was 12 per cent for those below 18 years of age; for tribal women 27 per cent of them were married but majority of them (81.3%) were married between 18 to 24 years; about 64.7 per cent of them had 2 to 3 years of spacing between two births whereas about 16.2 per cent of them had spacing of two years between birth, about 16.64 per cent had spacing of more than three years. Out of 24 women reported spacing within one year 16 women were from tribal area; there was almost 99 per cent of survival of new birth reported and only about 0.9 per

cent new born could not survive in the neonatal period; out of total women who experienced complications in earlier pregnancies, about 40.77 per cent of women reported about complication faced during pregnancy, about 20 per cent had complications such as hemorrhage obstructed labour etc. whereas about 14.51 per cent of them faced complications during puerperium/ confinement etc; consequently about 12.47 per cent women had the problem of blurred vision, 29.73 per cent suffered from paleness and exertion, about 5.54 per cent had conversion and fits, about 22.3 per cent suffered from swelling on ankles and knees respectively; inadequate rest was reported by 37 per cent of tribal women against 12 per cent in rural areas which indicates lack of awareness and limited scope for taking rest tribal household. In 0.81 per cent cases, women frequently become unconscious/ semi-conscious which was a danger sign during pregnancy. Excessive vomiting and vaginal bleeding, dominal pain was reported by 31.67 per cent, 9391 per cent and 22.48 per cent of women respectively. Even during pregnancy about 19.25 per cent had to perform heavy physical work which was a factor leading to complications. Around 17 per cent of women lived in anxiety/ tension during pregnancy. Findings on maternal death investigation were: the study included analysis of 175 maternal death cases which were collected from ANMs of sample sub centres and from Medical Officers at PHC level in urban, tribal and rural regions of Orissa; out of 175 maternal deaths investigated, 98 cases were found from rural areas, one case from urban slum whereas 76 number of death cases were from tribal areas; most of the death took place at home (51.43%), institutional delivery reported less in tribal areas (32.89%) than that of rural areas (41.84%); for the stages of death, 63.43 per cent deaths took place after child birth while only 12 per cent deaths took place during labour or delivery. Similarly 22 per cent deaths occurred during ante natal period and only 3 per cent of women died during or after abortion; about 58 per cent of the deceased were in the age group of 25 to 29, while 18 per cent were in the age group of 30-34; early pregnancy in the age group of 15-19 accounts that 5.71 per cent of the total deaths were investigated; more than half of the women (54.2%) marry during the age group of 20-24 years and rest 44 per cent marry during the age between 15 to 19 years and less than one per cent married in the year 35 and above; complications during earlier pregnancies were: about 53 per cent of women faced complications while about 62 per cent of deceased in tribal areas faced complications during pregnancies, in rural areas it was almost 47 per cent; incidence of premature birth among maternal death was very less which stood only five numbers, similarly instances of miscarriage/ abortions was reported very less that is only 2.3 per cent; about 38.29 per cent of women faced complication after child birth in their confinement period while complications during pregnancy period was higher as 53 per cent, tribal women faced complications during pregnancy (62%), while complications after child birth in the confinement period was almost at same proportion in both rural and tribal area; complications during delivery were : 22.86 per cent of women suffered from prolonged/ obstructed labour; more than 17 per cent experienced bleeding before labour, about 40 per cent of women suffered from

PPH, similarly 1.4 per cent of them suffered from fits/ convulsion; in case of 28 per cent of deliveries, there was incidence of delayed placenta; further 8 per cent deliveries ended with multiple pregnancies and abnormal pregnancies and about 29.86 per cent of the women suffered severely from fever and collapsed. Out of total five number of death cases, about 59 per cent of abortion related maternal deaths occurred during 5th month of pregnancy which implies that proper ante natal care in few cases was not ensured to women facing complication. Post-partum hemorrhage was the main reason for causing maternal death, about 3 per cent of maternal death occurs due to PPH which could be prevented by using low cost safe and evidence based practices; about 10.4 per cent of women died due to delay in placenta delivery and 3.2 per cent of the women died because of bleeding after CS; about 6 per cent of maternal death was caused due to prolonged/ obstetric labour and death of about 3.2 per cent of women happened in a situation aggravated by heavy bleeding. Also 9 per cent died of heart attack while only 2.5 per cent died of hypertension, unhygienic and unsafe treatment by locally available health partitioned resulted in death of 3.2 per cent of women after still birth. About 2 per cent died of malaria, for kidney failure it was (1.6%), pneumonia (0.8%), pre-mature (0.8%), delivery bleeding due to abortion (0.8%), multiple pregnancy (1.6%) and bleeding before delivery (0.8%) respectively.

Recommendation: Recommendations from live birth study were: there was a need for health education as rural and tribal areas were influenced by social and cultural stigmas and practices contravening the healthy pregnancy and child birth; birth planning and complication readiness should be promoted with active involvement of ANM, ASHA and other grass-root service providers with regular follow up and constant counselling, community participation and family support for a safe healthy pregnancy and child birth should be promoted through more IEC measure; complications should be identified and appropriate action should be taken with timely referral to the appropriate facility for better birth outcome. Recommendation from MMR study was: Comprehensive ANC with counselling, birth planning and complication readiness and ensuring consumption of IFA tablets, minimum rest and nutrition should be taken care of; regular ANC and PNC visit should be ensured, the Public-Private Partnership (PPP) has significant role to play in tribal as well as rural areas especially in the field of community sensitization, birth planning mitigation of transport problem etc.

Key Words : 1.HEALTH; 2.MATERNAL MORTALITY; 3.MATERNAL MORBIDITY AND MORTALITY; 4.GENDER INEQUALITY; 5.SOCIO-ECONOMIC STATUS.

NUTRITION

29. Bamji, Mahtab S. et al. (2008).
Maternal nutritional status and practices and perinatal, neonatal mortality in rural Andhra Pradesh, India. *Indian Journal of Medical Research*, January, 127 : 44-51.

Background: Despite economic development, India continues to have high incidence of infant and childhood mortality and malnutrition. The reasons for this are complicated, but primarily point to neglect of female health and nutrition, lack of skilled assistance during delivery and poor neonatal care. The Dangoria Charitable Trust (DCT), Hyderabad, has developed a model of healthcare outreach through trained Village Health and Nutrition Entrepreneur and Mobilisers (HNEMs) in five villages of Medak district in Andhra Pradesh, not serviced by the Integrated Child Development Scheme (ICDS) of the Government of India.

Objective: The study attempts to examine the association of maternal nutrition and related factors with perinatal and neonatal mortality in the mentioned villages.

Methodology: Women from five selected villages who had delivered between June 1998 and September 2001 were identified. Period A comprised from June 1998 to May 2001, while Period B comprised from June 2001 to June 2003. The villages from Narsapur mandal of Medak district were- Avancha, Gollapally, Madapur, Narayanpur and Ramchandrapur. And the total population was 4,357 with poor healthcare outreach since they were not serviced by the ICDS scheme.

Findings: During period A, 197 mothers had given birth to 216 infants, of whom there were 19 perinatal/ neonatal deaths. In period B, 164 mothers had delivered of whom there were 12 neonatal deaths including seven on the first day. In period A where the gap between birth of the child and initiation of the study was large, 20 mothers in group I (mortality group) and 15 mothers in group II (no mortality group) were pregnant at the time of examination; while in this period only 15.8 per cent mothers in group I were lactating beyond eight months; 51.8 per cent mothers in group II were lactating beyond eight months; only 8.1 per cent of them were under the age of 18 and 1.3 per cent above the age of 35. Difference between groups I and II was not significant; in period A, 57.8 per cent deliveries were institutional while in period B the institutional deliveries had increased to 64.6 per cent; almost seven per cent births were

pre-term; in 88 per cent the deliveries were normal. In group I, the per centage of forceps cases tend to be higher; significantly higher per centage of live born babies in groups I than group II which failed to cry at birth, suggesting that birth asphyxia was an important cause of mortality; over 60 per cent of mothers had started feeding their baby from day I. In period A, seven children were still born and hence not included. In period B, seven children died on day1 and were perhaps not breastfed. Birth weight was recorded for only 110 babies in period A and 97 babies in period B; almost 90 per cent mothers in both the groups at both the time periods had complied with regular intake of iron-folic acid tablets and had received tetanus injections; over 60 per cent mothers suffered from chronic energy deficiency as judged by body mass index i.e. less than 18.5. No difference between the group I and II was apparent. Over 50 per cent mothers had one or more signs and symptoms of anaemia. Higher per centage of mothers in group I, had evidence of Anaemia as judged by any one of the signs and symptoms- pallor and/ or feeling of tiredness. For vitamin A deficiency, higher per centage of mothers in group I showed Bitot's spots (3.2%) compared to group II mothers (1.4%). Almost 13 per cent mothers reported suffering from transient night blindness during pregnancy. Over 3 per cent mothers had oral lesions like angular stomatitis and glossitis suggestive of B- Complex vitamin deficiency with no difference between group I and II.

Conclusion: Significant association between signs and symptoms of malnutrition with perinatal, neonatal deaths may have been masked by high prevalence of malnutrition in the mothers of both the groups and the small study sample size. The HNEM experience of DCT suggests that a properly trained and supported village level worker can contribute to reduction in perinatal and neonatal mortality.

Key Words : 1.NUTRITION 2.MATERNAL NUTRITIONAL STATUS
3.NEONATAL DEATH 4.PERINATAL MORTALITY.

30. Bisoi, S et al. (2011).
Correlates of anemia among pregnant women in a rural area of West Bengal. *The Journal of Family Welfare*, 57(1) : 72-78.

Background: WHO estimates that over one third of the world's population suffers from Anaemia. Globally, 44 million pregnant women are hookworm infested (WHO). In India, it affecting 90 per cent of pregnant women.

Objectives: Objective is to estimate the magnitude and explore socio-demographic and other correlates of Anaemia among pregnant women.

Methodology: This is a descriptive study with cross-sectional design conducted from April to December 2005 in an antenatal clinic of Nasibpur sub-centre under the Nasibpur Union Health Centre (U.H.C.0 of Singur Rural Training Centre (RTC), Hooghly, and West Bengal. Sample comprised of 177 women.

Findings: On the whole 67.8 per cent pregnant women were anaemic with 50.9 per cent, 12.4 per cent and 4.5 per cent having mild, moderate and severe grades respectively, over one-third of the participants reported to be living in joint families showed significantly higher proportion of Anaemia compared to those living in nuclear families (78.5% v/s 61.6%); prevalence of Anaemia was 59.4 per cent, 67.8 per cent and 77.4 per cent among pregnant women in the 1st, 2nd and 3rd trimester respectively showing no significant relationship between Anaemia and duration of pregnancy; a minimum interval of two years between the present pregnancy and delivery/ outcome of last pregnancy was revealed to be an important predictor of Anaemia; over 10 per cent of pregnant women were found to consume full course i.e. 100 days of Iron Folic Acid (IFA) tablets. Others were midway to finish/ just started to consume/ not consuming and 33.3 per cent of them had Anaemia; over 31.3 per cent of women had hookworm infestation and a statistically significant high prevalence of Anaemia in comparison to the non-infested group; no pregnant women reported to take extra meal during pregnancy though some of them (22%) consumed few extra food item like milk; curd, ghee and fruits on a regular basis and prevalence of Anaemia was found to be not different in comparison to those who did not consume.

Recommendation: Factors like short birth interval, delayed registration of pregnancy, ineffective use of IFA tablet, administration of Albendazole for hookworm infestation should be tackled by providing need-based, demand driven, client-oriented quality care to pregnant woman and adolescent girls since childhood through the network of sub-centres many of which are

functioning sub-optimally; alternative strategies e.g. fortification of flour, oil or salt with iron and other micronutrients; routine mass administration of Albendazole, regular screening of Anaemia in adolescent girls and providing iron supplementation from school days, annual screening for at risk groups are required and it's required to focus more on behaviour change towards iron rich food consumption, proper cooking habits, basic sanitation and care seeking through the routine health system (MPWs, ICDS, ASHA and Mahila Mandal etc) including school health.

Key Words : 1.NUTRITION 2.ANAEMIA 3.PREGNANT WOMEN
4.HAEMOGLOBIN 5.BIRTH INTERVAL 6.IFA TABLET 7.IRON
SUPPLEMENTATION.

31. Kanade, A.N. et al. (2006).
Maternal nutrition and birth size among urban affluent and rural women in India. Pune : Agharkar Research Institute, Biometry and Nutrition Unit. 12 p.
www.traveldoctoronline.net/maternal-nutrition-and-birth-size-among-urban-affluent-and-rural-women-in-india-MTg0NjA0OTI=.htm

Background: About 30 per cent babies born in India are low birth weight. However, recently it has been shown that LBW is associated with increased risk for coronary heart disease and related disorders such as hypertension diabetes mellitus. Relationship of maternal nutrition with birth size is influenced by many biological as well as socio-economic factors.

Objective: To examine the relationship among urban affluent mothers and to compare the findings with those on rural indian mothers

Methodology: Rural study was conducted during June 1994 till April 1996, on women from sex villages near Pune and (n=633) rural mothers formed the sample and the urban study was conducted during March 1998 to March 2001 for (n= 236) urban mothers.

Findings: Pre- pregnancy nutritional status of urban mothers was good and the average BMI was 22.6 ± 3.6 kg/ m². Only one per cent women were below 38 kg and below 145 cm height, i.e. the cut-offs below which risk for LBM was considered to be high. Mean weight gain during pregnancy, upto 18th wk gestation was however low, (2.07 ± 2.6 kg), but it increased to 7.53 ± 3.4 kg by 28th wk of gestation. Out of 226 normal live births, 15 were premature giving us data on 211 full term babies for analyses. Mean energy and protein intake at 18th wk gestation were inadequate and were low (8.09 ± 2.47 MJ, 51.2 ± 17.3 g respectively) as compared to RDA for indian pregnant women intakes were low mainly due to high prevalence of nausea (50.8%) reported within first 3-4 months. However, intakes improved considerably by 28th wk of gestation meeting the nutrient requirements. Their diets were rich in fats (31% of total energy) but were low in carbohydrates (58% of total energy. Simple product moment correlation showed that birth weight of babies was not related to maternal energy intakes, nor to physical activity at 18 and 28 wk gestation. Consumption of various food groups from Food Groups (FFQ) reflects variety in the diet. Almost 77 per cent women had fruits at least once a day and 74 per cent women had milk twice a day. Similarly, 39 per cent women had some snacks other than lunch every day while 50 per cent used to eat biscuits and pastry every day. And 65 per cent had green leafy vegetables every alternate

day and 75 per cent had pulses or legumes every day in their diet. Fruit consumption by affluent people was relatively high. Commonly consumed fruits were apple (55%), banana (49%), sapota (38%), mango (24%) and orange/sweet lemon (32%) etc. fruits were rich sources of micro-nutrients especially vitamins and antioxidants and its association at 18th wk when energy intakes are low assumes significance. Comparison with rural mothers were significantly thin (41.5 ± 5.2 kg), and short (1.52 ± 0.05 m); $P < 0.001$ for both, as compared to urban affluent women and many were chronically energy deficient (34% below < 17 BMI) before conception. Prevalence of LBW (26.9%) and prematurity (12.3%) among rural mothers was significantly ($P < 0.05$) higher as compared to urban mothers. Maternal energy and protein intakes were low (below 70% of RDA, ICMR at 18th wk and did not improve by 28th wk of gestation unlike that seen in case of urban mothers).

Key Words : 1.NUTRITION 2.NUTRITIONAL STATUS 3.MATERNAL NUTRITION 4.BIRTH SIZE 5.RURAL WOMEN 6.URBAN WOMEN 7.MICRONUTRIENT RICH FOODS 8.PREGNANCY 9.UNDERNOURISHED MOTHERS 10.NOURISHED MOTHERS.

32. Saxena, Vartika et al. (2009).
Nutritional status of rural pregnant women. *Indian Journal of Community Medicine, 25(3)*.

Background: The nutrition and health status of women is important both for the quality of their lives and for survival and healthy development of children, yet little attention has been given on this area. Thus, the present study was planned to assess the maternal nutritional status in rural area.

Objectives: To assess the nutritional status of pregnant women attending rural antenatal clinic; to assess the prevalence of different grades of anaemia among rural pregnant woman attending the antenatal clinic and to estimate the average weight gain during the course of pregnancy.

Methodology: The present study was conducted in the community development block, Sarojini Nagar. It is situated on Lucknow-Kanpur highway, 20 km from the college. The study was performed during September 98-October 99. A sample of 400 pregnant women, based on prevalence of anaemia in the region as 50 per cent was considered adequate for the study. Only those women who were having less than 28 weeks of gestational age at the time of registration were registered for the study.

Findings: On the basis of clinical signs and symptoms 36.3 per cent women were found to be having iron deficiency; two per cent women reported history of night blindness; and 1.5 per cent women had shown clinical evidence of iodine deficiency. In relation to Body Mass Index (BMI), at the time of registration-overall 23.3 per cent women were having BMI<18.5 kg/m²; majority of women (72.5%) were having BMI in the range of 18.5-25kg/ m². trimester-wise distribution of pregnant women and their haemoglobin level at the time of registration was that 38 per cent of the women were found to be suffering from anaemia; out of which 3.7 per cent women were severely anaemic (Hb<6.5gm/dl), 22.8 per cent and 11.5 per cent women were suffering from mild and moderate degree of anaemia respectively. Average weight gain among those delivering upto 40 weeks and beyond was 5.4 kg and 6.6 kg respectively. Overall 29.5 per cent women were not taking adequate calories.

Recommendations: There was a needs for a community based strategy for the improvement of maternal nutritional status; nutritional needs of women should be taken care of since her childhood and masses should be educated to remove gender bias so that women can hold human right of adequate nutrition for all.

Key Words : 1.NUTRITION 2.PREGNANT WOMEN 3.MATERNAL NUTRITIONAL STATUS 4.BODY MASS INDEX 5.WEIGHT GAIN 6.HAEMOGLOBIN LEVEL.

SOCIAL WELFARE

33. Prabhakar, Bharti and Kotwal, Nidhi. (2009).
Problems faced by single mothers. *Journal of Social Science*, 21(3) :
197-204.

Background: Single parent family may be defined as “a family comprising of a single mother or father having their own dependent children”. Single parents in India are mainly women who are widows. Willicox (2003) in a study on “The Effect of Widowhood on Physical and Mental Health, Health Behavior and Health Outcome,” found that women who were recently widowed reported substantially higher rates of depressed mood, poorer social functioning and lower mental health and physical functioning than women who were widowed more than a year.

Methodology: A sample of fifty mothers was selected through snowball sampling technique. An interview schedule was framed for data collection. It was pre-tested on 10 per cent sample and necessary modifications were made in the interview schedules. The respondents were contacted by home visits to elicit the required information. Each respondent was visited at least 2-3 times for data collection.

Findings: Majority i.e. 88 per cent of the respondent were widows, (6%) were divorced and equal number were separated from their husband; almost 58 per cent of the respondents had spent about 0-8 years as single parent, 30 per cent of the mothers had spent 8-16 years and 12 per cent of the respondents spent over 16 years looking after the family single handedly; 62 per cent of the respondents were depressed or suffered from traumatic grief due to early death of their husband, 44 per cent of the respondents went into shock when they heard about their husbands unnatural deaths in road accident, heart attack, snake biting, brain hemorrhage, (4%) of the respondents stated that they were mentally prepared for this situation due to prolonged illness of their husband; 80 per cent of the respondents felt helpless and hopeless and at times did not want to carry on with the tedious and monotonous role, 80 per cent suffered from loneliness. This was more for women who lost their spouses due to accidents and heart attacks, 72% per cent women lacked confidence in dealing with the new challenges of life. Forty-six per cent felt lack of identity and thought their life was no longer meaningful and 40 per cent stated that they suffer from emotional imbalance i.e. they have become irritable and short-tempered; 50 per cent of single mothers coped up with strain by spending more time with their children, 44 per cent tried to keep themselves busy by getting more involved in household chores, 40 per cent used to read, watch TV and listen to music, 38

per cent meditate and perform puja, 34 per cent overcome their psychological problems by talking with their friends/relatives, 14 per cent release their pent-up emotions by crying; 98 per cent of the single mothers had never worked outside the home before marriage; majority i.e. 80 per cent of the single mothers still faced problem in providing the basic education to their children, sixty per cent of the respondents stated that they found it difficult to provide proper medical facilities to their children, 40 per cent of single mothers faced problem in meeting food and clothing needs of the family, 50 per cent of the mothers found problems in paying of electricity/water bills and only 6 per cent of the mothers faced problem in paying house rent; 44 per cent of them sometimes attended social gatherings; 60% of the single mothers found it hard to maintain discipline among the children due to absence of male counterparts. The mothers became lonely and found it difficult to handle the responsibility of child-care and to establish a routine for their children. They felt that their children were out of control and were not responding to their parenting. But (40%) of the single mothers stated that their children were easy to handle and were obedient and majority i.e. 88 per cent of the mothers were satisfied with the dual roles.

Recommendations: Single mother should seek medical and professional help in case of depression; she should take stress relievers such as deep breathing and a quick 10 minute hot shower; she should keep a family calendar and allow her kids to be in activities and she should seek financial advice from experts or friends to overcome constant worrying.

Key Words : 1.SOCIAL WELFARE 2.SINGLE MOTHERS 3.SINGLE PARENT 4.EMOTIONAL PROBLEMS 5.ECONOMIC PROBLEMS 6.SOCIAL PROBLEMS.

34. Swain, Pushpanjali and Pillai, Vijayan. (2005).
Living arrangements among single mothers in India. *Canadian Studies in Population*, 32(1) : 53-67.

Background: One of the most important issues of concern to social welfare workers and policy makers in the developing countries today is the exponential rise in single parent households (DeVos and Arias, 1998). The risk of being a single parent head-of-household increases with marital dissolution. When the husband is the major source of income, marital dissolution increases the likelihood of poverty among women head-of-households.

Objectives: Objectives were to examine the variations in household headship status among women who have experienced marital disruption in India. In particular, we focus on the effect of widowhood on the household head status.

Methodology: This study is based on National Family Health Survey 1998-1999, in India. The population includes all mothers aged 15 to 49 years, without a spouse, living with one or more of their own children under 18 years of age. The sample includes, women in three different marital statuses 'divorced', 'separated' and 'widowed'. Sample consists of 3334 women, among whom 2400 are widows and the remaining are 'divorced' or 'separated'. The separated include women who have been deserted.

Findings: More than half (51%) of all women with children are heading their own households. Of those not heading their own households, more than one quarter (28%) are living with their parents or parents-in-law and one-tenth are living as parents and one tenth are living with other relatives. In sum, almost 80% of the single women hold the position of heads and daughters; data revealed that there was a strong positive relationship between age of younger child and probability of women as a household while only 22 per cent of mothers whose youngest child is under 3 years of age are heads, (61%) of mothers whose youngest child is over 11 years are household heads. Among women whose youngest child is under the age of three, there is only 4 percent with one child in comparison to 35 per cent with two or more children are heads. In contrast, among mothers whose youngest child is over 11 years, the proportion of household heads varied from 45.4 per cent to 64.6 per cent for those having two or more children; highest proportion of women living with the households headed by other relatives is found among mothers with one child in the age group of children 3- 5, 6-11 and 12-17 years. The proportion of women who are mothers of the household heads reached a high up to 18% among mothers whose youngest child is 12-17 years of age; overall 59% of the widows are household heads, whereas only 39% of the divorced and 29% of the separated

women in the headship position; almost 70% of divorced mothers and 77% of separated women with children under age 3 are living with parents and even 9% of widows live with the mother-in-law's family. However, only 4% separated women are living with their mother-in-law's family.

Conclusion: As employment facilities are there, a large proportion of widows now choose to become heads-of-households to escape from social and culturally sanctioned ostracism. This study presents some evidence to speculate that widows in India are in the process of becoming a publicly visible category of the poor while traditionally they have remained socially oppressed and invisible. This transformation presents opportunities for social policy makers, social workers and social reformers to launch social action programs to improve the welfare of widows in India.

Key Words : 1.SOCIAL WELFARE 2.SINGLE MOTHERS 3.POVERTY
4.LIVING ARRANGEMENTS 5.WIDOWHOOD 6.HOUSEHOLD HEADSHIP.

WOMEN WELFARE

35. Anjum, Bimal and Tiwari, Rajesh. (2012).
Role of information technology in women empowerment. *EXCEL International Journal of Multidisciplinary Management Studies*, 2(1) : 226-33.

Background: Every second recruit entering the \$60 billion Indian IT industry is a woman. Currently Infosys employs the largest per centage of women at (33.4 per cent), followed by TCS (30 per cent) and Wipro (29 per cent). The major players in IT industry are now offering an environment that will retain the talented women workforce. To develop women friendly work environment leading companies now offer benefits like lactation centers, extra maternity leave, work from home policies, creches and option to relocate to city of their choice in case of transfer of the husband.

Findings: Survey done by Internet and Mobile Association of India in 2009 revealed that there are 6.5 million claimed internet users, 4.18 million active internet users. In Infosys, top management had less than (2%) women employees. In a study conducted to assess the status of women in technical education and employment in Karnataka, by Sequeira A.H. (2005) self-employment among degree and diploma holders was as low as (1%) of the total number of pass outs to capitalize on the opportunities for women empowerment provided by Information Technology, it is important to increase internet connectivity in remote villages. Other challenges are: poor regulation and support for women working in informal sector; poor awareness of ICT for women; lack of e-commerce related infrastructure in developing countries; language barriers for the use of ICT for non-English speakers; poor internet usage, conservative outlook for working women, challenge of managing career and family. Nasscom estimates that the male: female ration in IT industry has improved from 70:24 in 2005 to 70:30 now. Opportunities for women entrepreneurship in IT are flexibility for women to work from home, women friendly working environment in IT companies; enhanced access of women to distance learning, access to information through e-governance initiatives of government; better market access for micro enterprises through e-commerce, regulatory support by government to support microfinance and mobile banking for women empowerment.

Conclusion: There is growing recognition of role played by ICT industry in women empowerment. Family members should support the women to utilize their talent and skills to establish their unique identity and for the economic welfare of the family.

Key Words : 1.WOMEN WELFARE 2.EMPOWERMENT 3.INFORMATION TECHNOLOGY 4.PARTICIPATION OF WOMEN 5.ECONOMY GROWTH 6.MICROFINANCE 7.E-GOVERNANCE.

36. Astige, Shanta. (2011).
A Sociological study of women lawyers in Gulbarga District. *Golden Research Thoughts, December, 1(6)*.

Background: The entry of women in to the legal profession relates back to 18th century. Experiences show that women lawyers could deal with matters effectively. They have more avenues to excel and to undertake not only legal literacy but to train para legal volunteers and legal awareness programmes to know their rights and assertion thereof.

Objectives: To assess the sociological background of the women lawyers; to look into whether women lawyers have gained equality in the family and society and to study the socio-economic status of women lawyers.

Methodology: About 250 women lawyers are practicing in Gulbarga city. The present sociological study conducted a survey of 145 women lawyers. Of the 145 questionnaires distributed among women lawyers, about 133 women lawyers responded to the study. Hence, the scope of the study was limited to 133 women lawyers.

Findings and Conclusion: Majority of women lawyers believed in joint family; they agreed that women lawyers get status and respect if she works outside home; majority of the married women lawyers are satisfied with their social as well as professional life; women lawyers along with their husbands made decisions of the family, there was equal partnership and mutual relationship between married women lawyers and their husbands, but majority of them agreed that the time spent outside the family adversely affected the family members and personal life of these professionals, there was wage discrimination between women lawyers and male lawyers although they were equally qualified. There was a need to control such kind of discrimination.

Key Words : 1.WOMEN WELFARE 2.EMPLOYMENT 3.WOMEN LAWYERS 4.SOCIO-ECONOMIC STATUS 5.WAGE DISCRIMINATION.

37. Jain, L. (2010).

An Impact assessment of SHG initiative and capacity building of stakeholders through micro finance towards women empowerment in rural India. *Journal of Advances Developmental Research*, 1(1) : 107-12.

Background: SHG (Self Help Group) may be a sustainable tool of entire development for the weaker section of the society.

Objectives: To know the efforts required for group formation that could survive in desired manners; to know the present vision of SHG's members and determine the future direction of integrated SHG system respectively and the desired improvement; to assess role of stakeholders in SHG and search appropriate alternatives for their capacity building; to know the impact of support services available for SHG rendering its promotion and SWOT analysis of SHG towards women empowerment in rural area.

Methodology: The present study covered only one village- Pundhra in Manasa Jaluka of Gandhinagar district in Gujarat. Ten SHGs formed between the years 1996 to 2003 in the village were selected randomly. Then five members from each SHG along with group leaders on the basis of availability at the time of interview.

Findings: About 78 per cent people convinced to form or join in group join on family and social relationship; 30 per cent respondents said that they join the group under socio-political influence as well as conveyed by neighbor while 25 per cent came with the understanding that savings will be collected and may be used in mutual urgency (25%) and rest of the them (20%) thought was to get bank loan to get rid of moneylender's exploitation; about the meeting of group there is mix situation i.e. only 30 per cent respondent assured about regular meeting while 35 per cent accept that meeting held but after intervention or initiation of bank manager or group promoter/ organizer. The situation showed that in 45 per cent respondent expressed that only heads of the group discuss and others are passive and 25 per cent said only some selected members participate in discussion while the rest 30 per cent give opinion that all members participate in decision making; majority (75%) has no fear while some of them (15%) showed the possibility of undue happening being in intervention of male family members and rest (10%) could not say clearly about future situation; opinion of members about reliability regarding accounting, system maintenance (25%), although they don't have wish to cheat yet no proper knowledge of accounting system (65%), can't say anything (10%); under SWOT analysis SHG's for women empowerment, the respondents disclose their view as a part to strengthen and proper use of opportunities available in the

environment that 35 per cent feel that they get confidence, 25 per cent said that it opened the way to develop the vision to bring self-sufficiency while rest of nearly 40 per cent respondents said that he fear to transact with bank and other market sources has reduced and they become able to take decisions on their way.

Recommendation: Training was required for group stability in the long run; there was a need to improve agriculture and animal husbandry camps to increase the income level, there is a need for fruitful guidance and motivation for income generation and wide-spread of SHG concept. Loans should be given for productive essential purpose 35 per cent, loan should limit according to the economic situation 30 per cent; no compulsory loans should be there for 10 per cent, responsibility decision of the committee members who also decide the amount and installment collection timely should be for 25 per cent.

Key Words : 1.WOMEN WELFARE 2.SELF HELP GROUP 3.MICRO CREDIT 4.MICRO FINANCE 5.SOCIETY 6.WEAKER SECTION 7.NABARD 8.APRACA 9.MYRADA.

38. Mastey, Nimi. (2009).

Examining empowerment among Indian widows : a qualitative study of the narratives of Hindu widows in north Indian ashram. *Journal of International Women's Studies*, 11(2) : 191-98.

Background: Widowhood in India is described as a definitive and tragic moment in a woman's life- one in which her identity is stripped away with the death of her husband.

Objective: To assess the success of the ashrams in "empowering" the widows and question the necessity and implications of this empowerment.

Methodology: Primary method of gathering data was through individual interviews conducted with widows in two ashrams: Ma-Dham in Chattikera and Chetan Bihar in Vrindavan. 18 widows in Ma-Dham and eleven in Chetan Bihar were interviewed. Observing interactions among the women and with the institution and administration for four weeks.

Findings: Assumption made by ashrams that the 'people they serve need to be empowered', was faulty on the basis that no distinction is made between various methods of facilitating the success of the women they serve: what kind of personal power and improvement are these women looking for, if any; both Chetan Bihar and Ma-Dham assume one view of empowerment for all the women (freedom and safety, respectively), regardless of their individual backgrounds. Therefore, a segment of their widows will always be affected negatively by the assumptions made by the ashram in their model of empowerment. In Chetan Bihar there were numerous women who had husbands and families, but lived in the ashram as a source of income and food to send back home.

Recommendation: There was a need for widow ashrams in North India which could look into the specific need of the individual widows or shape the resources for better provision of the women and to shift towards working with the women and helping them accomplish their own self-identified goals.

Key Words : 1.WOMEN WELFARE 2.INDIAN WIDOWS 3.WOMEN'S LIVES 4.WIDOWHOOD 5.EMPOWERMENT 6.QUANTITATIVE COMPARATIVE INTERVIEWS.

39. National Commission for Women, New Delhi. (2012).
Understanding gender equality in India 2012. New Delhi : NCW. 88 p.

Background: Gender statistics had a vital role to play in order to understand the process of gender equality.

Objective: To analyse /cull out the gender related statistics from various sources of information such as: Bar Council of India, 2008; Census of India, 2011; Crime in India, Statistics, 2010; District Level Household and Facility Survey (DLHS), 2009-10; Electoral Statistics, Rajya Sabha Secretariat, 2010; Election Commission of India, 2009; Ministry of Health and Family Welfare, Govt. of India, 2007 and 2009; Ministry of Labour and Empowerment, 2011; Ministry of Panchayati Raj, 2008; Ministry of Human Resource Development 2009-10; National Family Health Survey (NFHS), 2005-06; Office of the Registrar General, 2007-09; Rajya Sabha Unstarred Question No. 802 dated 20.08.2007.

Findings: In the national Population Census data of 2011, the CSR stood at 914 females per 1000 males. The sex ratio in rural India is 919 females for a 1000 males and urban sex ration stands at 902 per 1000, the worst hit districts in India is Jhajjar (Haryana) with a ratio of 774 to 1000 and the next is Mahendragarh (Haryana) with a sex ration of 778 females to 1000 males. In Malerna village of Ballabgarh (Haryana) the sex ratio at birth is 370 females per 1000 males; ironically, abortion which is in fact a woman's right is disapproved by community whereas sex selective elimination of the girl child is accepted and justified, for which there is hardly any effort of clarity the difference between the Medical Termination of Pregnancy Act (MTPA Act) and Pre-Conception and Pre-Natal Diagnostic Technique Act (PCPNDT Act). Among the major states, age specific sex ration (10-24 years) was very low for Delhi, Haryana, Uttar Pradesh, Punjab, Maharashtra and Bihar in addition to union territories; many of these states particularly Bihar and U.P. also recorded a low mean age at marriage, low incidence of institutional deliveries and lesser proportion of married women received Antenatal care; regional variation within India in the MMR exists as states show more than the national average including eastern states like Assam, U.P., Uttarakhand, Rajasthan, M.P., Chattisgarh, Bihar and Jharkhand. They also record a low incidence of institutional deliveries and lower proportion of women accessing ante-natal care. Interestingly north-eastern states register a lower incidence of institutional deliveries, yet they record better MMR rates; in Infant Mortality Rate (IMR) the Gender Inequality Index depicts a sharp gender gap among economically better performing states of Kerala and Goa with per capita NSDP of Rs 59179 and Rs 132719 in comparison to J&K, Chhattisgarh and Manipur who have per capita NSDP of Rs 30582, Rs 38059 and Rs 2853, respectively. Sopher Index indicates that women are not given equal care as men; Gender Inequality Index for under 5 years Mortality Rate

(through Sopher's Index) indicated a significant variation in Rajasthan, U.P., Chhattisgarh, Jharkhand and Assam. Even the better performing state like Kerala depicted a high Gender Inequality Index; in a number of states (75%) of married women were in (15,549) age and receiving ANC at the national level. In some states like Uttarakhand, Jharkhand, Rajasthan, Bihar, M.P. and U.P., women receive less than the national average ANC coverage; states like Kerala, Goa, Tamil Nadu, Andhra Pradesh, West Bengal, Maharashtra and Delhi show a relatively better coverage as compared to the national average, U.P., Meghalaya, Chattisgarh and Jharkhand show that women have access to ANC even though coverage under institutional delivery is low within these states. In case of Haryana, the coverage of institutional delivery was below the national average. On the other hand, the coverage under ANC was above national average; for 90 per cent of women in India, marriage was the only factor that put them at risk of HIV, as more than 90% of women acquired HIV infection from their husbands or their intimate sexual partners, they have increased risk of HIV not due to their own sexual behaviour but because they are partners of men who are engaged in high risk behaviour; in almost 6 per cent cases in 2008, the route of transmission of infection in India was from mother to child; Manipur, Tamil Nadu, Andhra Pradesh and Maharashtra have a high prevalence rate of HIV and AIDS among women; Gender Inequality Index (by Sopher Index) indicates significant variation in literacy rates for Haryana, Rajasthan, Maharashtra, H.P., and Uttarakhand, which implies social and cultural bias against women. Data on school enrollment for classes I-XII reveal more or less an equal proportion of enrollment among boys and girls in Bihar, Rajasthan, Gujarat, J&K, M.P. and Haryana. Higher school enrollment rates are positively correlated with a mean age at marriage for women, age specific sex ratio (10-24) and is negatively correlated with less than normal BMI, Tamil Nadu, W.B. and Delhi record a high enrollment in colleges for girls but show a widening of gender gap in specialized and focused academic courses like M.Phil./PHD and other technical/ professional disciplines; dropout from class I-X was (57%) for girls and (56%) for boys. There has been a steady decline from 80 per cent to 60 per cent respectively from class I-X. States of Kerala, U.P., H.P., T.N., Delhi show low dropout rates as compared to national average of 57.3 for girls and 56.4 for boys, on the other hand Bihar, Sikkim, Assam, W.B. and Rajasthan show a considerably high dropout rate both for boys and girls; J&K, Odisha, Uttarakhand, U.P. and M.P. report more women being kidnapped than men; Daman and Diu reports no kidnapping among women whereas Mizoram and Nagaland show a very low incidence of women's kidnapping; rate of crime against women per 1,00,000 women is above national average in Tripura, Assam, Andhra Pradesh, W.B., Kerala, M.P. and Rajasthan. 30 per cent women in India experienced physical violence while 8 per cent experienced sexual violence. Physical violence was experienced among married women in the age group of (15-49) has been reflected. From among the states, Bihar has the highest incidence followed by M.P., U.P., T.N. and Rajasthan. Rajasthan, M.P. and Tripura rank the highest in terms of emotional violence, high

proportion of women from North Eastern States, A.P. and Kerala justify women's beating by men. Gender Inequality Index (through Sopher Index) indicates significant variations in the indicator stating the justification of wife being beaten among NE States, Gujarat, Uttarakhand, Odisha and Jharkhand. (88%) households are headed by males, trend shows the proportion of women headed household which has declined from 2002-03 to 2007-08; majority of states show a high proportion of male headed households, few states and UTs show a significant proportion of households with female heads such as Lakshadweep, Meghalaya, Goa; national picture reflects 19.8 years for women and 24 years for men as the mean age at marriage, the mean age at marriage for women is below the national average in Bihar and Rajasthan. Other states with a low mean age at marriage are Jharkhand, U.P., M.P., W.B. and Chattisgarh, a report of DLHS3 (2007-08) shows a decline in under aged brides, but Kerala is the state that has seen a (50%); increase in women getting married before 18 years, rate of unemployment are in Puducherry, Goa, Jharkhand, Rajasthan, Bihar and others; lowest unemployment was seen in Chandigarh, Delhi and Karnataka. Gender Inequality Index shows a high gender gap in Rajasthan, W.B., Haryana and Goa. Proportion of women employed in Central Govt. Services showed an increasing trend from 5% in 1981 to 8% in 2008. In case of women's employment in the State Govt. Services, trends are encouraging but remained low as only 19 per cent of the women were employed in state govt. services; in the 73rd amendment of the constitution, 30 per cent of seats for women in local self govt. institutions; some states have an even higher participation of women members in Panchayats than the reserved quota. These states are Bihar, Manipur, Karnataka, Sikkim, Assam, U.P., Uttarakhand, Haryana, W.B. and Odisha and at present women occupy less than 8 per cent of the cabinet positions, less than (9%) of seats in High Courts and Supreme Courts and less than 12 per cent of administrators and managers are women. In June 2009, out of 40 cabinet ministers, there were three women cabinet ministers and only four women ministers of state, out of 38 MOS in 2009.

Recommendations: A framework should be created to analyse the national programmes that could be moved beyond to merely address income poverty and begin to include an expanded response so that the income generated is used to create capacities that could improve women's survival, enhance women's freedoms and make women more visible in the society.

Key Words : 1.WOMEN WELFARE 2.GENDER EQUALITY 3.EMPOWERING WOMEN 4.GENDER DIFFERENCE 5.SEX RATIO 6.MATERNAL MORTALITY 7.LITERACY RATE 8.EMPLOYMENT 9.CRIME AGAINST WOMEN 10.POLITICAL PARTICIPATION OF WOMEN 11.WORKFORCE PARTICIPATION.

40. Shaikh, Farzaneh and Indira, M. (2011). Empowerment of women through self help groups and environmental management : experiences of NGOs in Karnataka state, India. *Journal of Human Ecology*, 34(1) : 29-40.

Background: The Tenth Plan (2002-07) of India aims to continue with the process of empowering women through translating the national policy for empowerment into action with a three-fold strategy economic empowerment, social empowerment and gender justice. In order to empower women in India, SHGs were introduced during the mid-1980s in Karnataka by Mysore Resettlement and Development Agency (MYRADA). Two vital processes have been identified as important for empowerment. The first is social mobilization and collective agency, as poor women lack the basic capabilities and self-confidence to counter and challenge existing disparities and barriers against them. Second, the process of social mobilization needs to be accompanied and complemented by economic security.

Objectives: Objective was to study the efforts of some NGOs who work with women's SHGs and address environmental issues.

Methodology: Three NGOs were selected as case studies on empowerment work who were working with SHGs in watershed management as an environmental issue through their projects in Mysore district.

Findings: Majority of responses emphasized that there were noticeable changes in their life i.e. community and family decision-making levels. Muslim women emphasized that they did not have any permission from their husbands to go out of their homes or to participate in some of the social programs, but when they became sure of their wives ability to obtain credit from banks and financial benefits through women's SHGs, they then permitted their wives to participate in any program related to SHGs; women's Self Help Groups (WSHGs) have encouraged saving money and the increase in income has allowed the poor women to be able to prioritize their requirements and to fulfill them; women have gained the option to pursue two or three petty businesses, to change from one type of business to another and to combine wage employment with small business, financial mobility due to participation in the SHG had led to an improvement in the quality of life, according to some of the successful groups; focus on women's rights and awareness of their inner power was an attempt to produce a new subjectivity and identity for women, which is a form of a politicized woman (Berry 2003); now the women were able to meet each other and discuss their problems, they interact and this has resulted in building congenial relationships and has ensured fewer conflicts; majority of the women perceive themselves as having some influence over decisions in the political life of village and in a smaller number of cases, the women named their

participation and influence in village political life an important and noteworthy change.

Recommendation: Empowerment of women through women's SHGs can be a good opportunity for the NGOs to involve women in environmental management to attain Sustainable Development through training sensitization and mobilization using Participatory Rural Appraisal (PRA) methods and community development; facilitators need to assure men that this was not aimed to take away power from them but to empower women as well, because of the high level of illiteracy among rural women language must be used (Cosway 1997).

Key Words : 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.SUSTAINABLE DEVELOPMENT 4.ECONOMIC ASPECT 5.SOCIAL ASPECT 6.ENVIRONMENTAL ASPECT 7.WATERSHED MANAGEMENT 8.ENVIRONMENTAL SUSTAINABILITY 9.NGOS.

41. Society for Regional Research and Analysis, Gurgoan, Haryana. (2010).
Migration of tribal women : its socio-economic effects : an in-depth study
of Chhattisgarh, Jharkhand, M.P and Orissa. 125 p.

www.planningcommission.nic.in/reports/sereport/ser/ser_mig.pdf

Background: Scheduled Tribes (STs) were indigeneous, have their own distinctive culture, geographically isolated and are low in socio-economic conditions. For centuries, the tribal groups have remained outside the realm of the general development process due to their habitation in forests and hilly tracts. After independence, Govt. of India has scheduled the tribal groups in the constitution and provided special provisions for their welfare and development as in the case of SCs. The present study was undertaken in four states namely: Chattisgarh, Jharkhand, Madhya Pradesh and Odisha where large scale migration of tribals including tribal women also.

Objectives: Main Objectives were: To assess the social and economic situation of the tribal women; to study specific factors responsible for migration of tribal women from the tribal areas to various towns and cities in search of employment; to study the type of economic opportunities the migrant women are engaged in the areas where they migrate; to investigate into the type and level of moral, physical and economic exploitation of migrant tribal women workers; to suggest various ways and means for improving the socio-economic condition of tribal women and empower them.

Methodology: Multistage random and purposive sampling was done; in the first stage the four highly concentrated tribal states of central India namely Madhya Pradesh, Chhattisgarh, Odisha and Jharkhand were chosen districts of 4 states, where the study has been ranked in a descending order based on proportion of tribal population in each district. First and second ranking districts in terms of concentration of ST population from each of the four states have been selected for study. For four states, a total number of eight districts were selected for field work. Two blocks from each of the eight districts were selected randomly and purposively. While selecting blocks, concentration of ST population and district level officials suggestions were the guiding force. Ten villages from each of the selected blocks and ten families from each of the selected village were randomly selected for the purpose. Thus a total of 1600 families were planned and included.

Findings: Most of the respondents were married and they were in the age group of 26-45 years followed by 46-60 years; very few respondents (both males and females) in below 18 years age group were married. More than 80 per cent of the sample respondents were in 45 years age group. Senior citizens represented only about 7 per cent among males and 4 per cent among females

married respondents. People of the tribal respondents reported that they have katchan houses (with mud walls) particularly in Chhattisgarh and Madhya Pradesh. Jhatched houses were reported from Odisha and arouse 5 per cent of the respondents in Jharkhand and M.P. reported that they have pucca houses. More than 50 per cent surveyed tribal households in Odisha and 38 per cent in Chhattisgarh were collecting tendu leaves for their livelihood and they sold them in the market (61 per cent), particularly in Odisha (98 per cent). In Jharkhand, 70 per cent respondents reported that they prefer the govt. organized collection societies/ points for selling tendu leaves produce. In Chhattisgarh and Jharkhand states about eight per cent of the respondents in average still prefer to sell their produce to the contractors because of their easy accessibility and their earlier contact. Respondents informed that they were not getting timely payment as normally they get between two weeks (25%) and one month (38%). 60 per cent of them possess ration cards and three fourth of them are getting on time; in M.P. only 24 per cent of them have reported having ration cards; 38 per cent were only getting timely ration; literacy level indicated that more than 60 per cent in Jharkhand were illiterate and more than one-fourth of the tribal families in M.P. and Jharkhand are illiterate. About 15 per cent of tribal families are literate and 24 per cent of them have studied up to primary level and (22%) have studied up to middle school, only 9% studied beyond higher/ senior secondary level school education. The average annual income of surveyed tribal families in the four states was Rs 30,934 with a low of Rs 26,717 in Odisha to a high of Rs 34,204 in Chhattisgarh. Mostly the annual income has been reported form agriculture which is about 40 to 45 per cent of the total income; about benefits from popular schemes- the respondents reported that National Rural Employment Guarantee Scheme (76%) followed by Indira Awas Yojana (8%), the tribal families in the four states reported that (59%) are being paid after 15 days of their work in NREGA and 15 per cent of families have reported that they are getting payment after 30 days or within a week. About 9 per cent of the families have reported payment even after 60 days; migrant women families are going for work for long periods of either more than 10 months or for a year or even more than one year. For shorter periods of 6 to 8 months is (17%); tribal migrant women earn an average around Rs 1500 to Rs 2500 per month and their families report that they are able to save up to Rs 1500 on average and about (30 per cent) migrant women save about Rs 1000; tribal migrant women families report that about 38 per cent face harassment and exploitation by middlemen followed by contractor (29%), placement agency (15%) and landlord (12%) and their known acquaintances and police; positive effects of migration of tribal women on the community were reported as contribution towards income (72%), creation of employment opportunities (19%), awareness about the outside world (5%), personal hygiene and cleanliness (4%); about (62%) women worker's lives are better, about 18 per cent of them said that there is no change and (12%) felt that there it is much worse than their earlier life; tribal migrant women of the three cities expressed that of the specific cases of exploitation by the person/ agency, landlords

exploitation is the major one (39%) of the cases) in their own case has been revealed to them by others, followed by own relatives (11%), middlemen (9%), contractor (5%), employer and placement agency (4% each), fellow worker (3%) and other miscellaneous (24%).

Recommendations: Ensure sustainable livelihood at place of origin of migration; supplementary source of income for women should be enhanced and strengthened, policy at national and state level is required for prevention of distress migration, SHGs should be a strong unit of social safety net and it should be made sustainable and the members should be given intensive capacity building, marketing linkage facilities etc., land reforms and land rights for women should be implemented wage facilities should be available within the locality for 8 months and there should be no wage disputes on the basis of gender, women migrants should be given paid maternity and other reproductive health benefits, migrant women should have safety and security at bus stops and railway stations during the travel, networks of women migrants should be established at local village as well as migration site for land holding.

Key Words : 1.WOMEN WELFARE 2.TRIBAL WOMEN 3.SOCIO-ECONOMIC EFFECTS 4.OCCUPATION 5.MARITAL STATUS 6.HOUSEHOLD ASSETS 7.MIGRANT WOMEN 8.ANNUAL INCOME 9.NREGA 10.SAVINGS 11.FAMILY 12.SCHEDULED TRIBES 13.MIGRATION.

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Background: Empowerment of women should be a key aspect of social development program (World Bank, 2001) as suggested by World Bank.

Objectives: To determine whether and to what extent participation in self-help groups has an impact on the empowerment of women members.

Methodology: The study is situated in Mewat district in the Northern State of Haryana. This study looks at various dimensions of empowerment-material, cognitive, perceptual and relational.

Findings: Material empowerment occurs through expansion in the material resource base of women; cognitive empowerment occurs from women's recognition of their own abilities and skills, indicated by greater self-esteem and confidence; perceptual empowerment occurs through changes in how others perceive them, indicated by increased social prestige and value; relational empowerment takes place through changes in gender relations within the family and in broader society, indicated by gender reduction in inequality in relationships; access to credit can help in expansion of material base of women by enabling them to start and expand small business, often accompanied by market access; the women also experienced 'Power within': feelings of freedom, strength, self identity and increase in levels of confidence and self-esteem. However, gender discrimination is entrenched in the family, evident in attitudes towards daughter in law, daughters, and the gender based division of work, roles and responsibilities as well as the mind-set towards domestic violence and issues of ownership and inheritance of land. At the social level, an encouraging trend is that women have been able to challenge the norm of purdah. Besides, involvement in SHGs have enabled women to have a voice in community affairs and they also tackle problems of drinking water and electricity, access to health services and children's education. Through women face handicaps to their involvement in politics, their participation in SHGs has altered them, and these women can be prospective leaders in the local political field.

Recommendation: Challenge for the future is to merge qualitative and quantitative methods in order to get over their respective deficiencies: the problem of generalization with one approach contrasted to the predicament of capturing various aspects of empowerment specially the relational perceptual and cognitive dimensions. It may be required to carry out appraisal over a large

area and across different programs in order to identify strategies to support women's empowerment and transformation in gender relations. Another challenge would be to build a comprehensive framework for measuring the multidimensional facets of empowerment that can be applied to get comparisons across different malices, while at the same time being flexible enough to allow modifications.

Key Words : 1.WOMEN WELFARE 2.SELF HELP GROUP 3.WOMEN EMPOWERMENT 4.EMPOWERMENT 5.MATERIAL ASPECT 6.COGNITIVE ASPECT 7.RELATIONAL 8.SOCIAL NORMS 9.PROGRAMME IMPLEMENTATION 10.GENDER TRANSFORMATIVE POLICY.

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