



# DCWC Research Bulletin

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***Documentation Centre for Women and Children (DCWC)***  
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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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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](http://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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

A hardcopy of the publication “DCWC Research Bulletin” is available for reference purposes at DCWC, NIPCCD.

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## A. Research Abstracts on Child Development

### CHILD WELFARE

1. International Union for Health Promotion and Education. (~2011).  
Research Report on Evidence Based Causes of Female Foeticide among Economically Well off Communities in Punjab : strategies to change the mindset. Ludhiana : IUHPE.

[www.wcd.nic.in](http://www.wcd.nic.in)

G18476

**Background** : Female Foeticide is a form of violence against women. Millennium Development Goals high-light the priority accorded to gender equality in economically well of communities and women's right as core issues of development. According to the 2001 census, the sex ratio in India is 933 female per 1000 males. Although there is a marginal improvement from the 1991 census, where it was 927 as per 2001census, Punjab has one of the lowest sex ratios in the country.

**Objectives** : To conduct evidence based action research focusing on means to reverse the trend of pre-birth elimination of females and evolve multi stake holder strategies for the said purpose.

**Methods:** The study was conducted in Ludhiana district of Punjab. A sample of 3000 respondents participated in the study. Tools used were pre-tested schedule.

**Findings:** About 18 per cent of the respondents (mothers) had education up to 10<sup>th</sup> class; one tenth of the respondents had their first pregnancy before attaining the age of 21 years among the economically well off families; 25 per cent of respondents with 1.2 per cent of respondents admitted that they underwent sex selection test during the first birth order. 66 per cent of the respondents opted for the sex selection test during the second birth orders; out of 38 per cent of the mothers with two living girls child 30 per cent underwent sex selection test during the third or the higher birth orders raising the sex selection adoption rate to 79 per cent. Out of first pregnancies, 90.8 per cent was continued, around 17 per cent of the respondents among the economically well of families opined that the rising prices was the cause of rising cases of female foeticide in the society; around 13 per cent of respondents thought that the main cause of female foeticide was illiteracy among people; around 38.4 per cent were the victims of spontaneous abortions. During the second birth order around 13 per cent of the respondents had spacing of two years for the male child if the previous child order was female in third order birth around 45 per cent of the respondents having a spacing of five years between the previous female child and the third order birth order male; there was a negligible percentage who used sex selection text (SST) services. During the first

pregnancy percentage of respondents who had undergone for sex selective abortions was three per cent and during second pregnancy in had increased up to 13 per cent which further increased to third and fourth pregnancy up to 20 per cent; nearly one – third of the respondents having monthly income within the range of Rs. 25,001- Rs 35000 hold corruption and bribe among the law enforcing agencies mainly responsible for the violation of the PC-PNDT ACT(1994/2003), 50 percent and more people within income range between Rs. 25,000- 35,000 said traditional thinking was the main causes of committing atrocities upon the female sex and violation of Domestic Violence Act(2006) ;nearly one fifth of the respondents suggested that health and family welfare department must provide free health services to the women in need, one third of the multi-stake holders were of the opinion that education for girls was the right step to change the mindset of the rich communities. 18 per cent of the respondents were of the view that the best measure to increase the affectivity of the PC-PNDT Act will be to have proper and timely monitoring of activities undertaken to stream line the performance and its implementation, execution and evaluation of phase in the different areas; around 34 per cent of the respondents were of view that taboos promoting negative social attitude towards the girl child must be ignored.

**Recommendations** : To accomplish better results under PC-PNDT Act (1994/2003) immediate measures should be strengthen, the inter sector co-ordination between the department of health, women and child development rural development and panchyati raj institutions including the civil and police administration etc. Enforcing of women specific legislation at the grass root level as an effective social, cultural and political means needs to be strengthened to reverse the existing trend in the declining sex ratio among the people belonging to higher economic hierarchical set up.

**Key Words:** 1.CHILD WELFARE 2.FEMALE FOETICIDE 3.GIRL CHILD 4.SEX RATIO 5.GENDER BIAS 6.SEX SELECTIVE TESTS 7.SEX SELECTIVE ABORTIONS 8.DECLINING CHILD SEX RATIO 9.PCPNDT ACT ENFORCEMENT 10.HINDU MARRIAGE ACT 1955 11.LUDHIANA 12.PUNJAB.

## EDUCATION

2. EdCIL(India) Limited, New Delhi. (2012).  
Study of Dropout at the Elementary Level of Education in North-Eastern States. New Delhi : EdCIL.

G18588

**Background:** The National Policy on Education 1986 emphasized that the new thrust in elementary education will focus on universal retention of children up to 14 years of age and a substantial improvement in the quality of education to enable all children to achieve essential levels of learning.

**Objective:** To provide estimates of cohort dropout rate and other indicators of internal efficiency for boys, girls and total students for the base year 2009-10; to provide information on other indicators such as rates of transfer between schools mainstreaming of children from AIE centers schools and private unrecognized schools; to find out the reasons of dropping and to learn what the dropout children do after dropping out.

**Methods:** The study was conducted in seven north eastern states of India (Sikkim Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura, Meghalaya) Tools used were structured unstructured schedule interviews, school schedule. A total sample of 2400 schools across all seven states participated in the study.

**Findings:** Out the total students enrolled in grades 1-8, 13.8 per cent were lateral entrants. There were more lateral entrants at upper primary stage(15.2%) than at primary stage(12.9%); the incidence of lateral entry was higher in rural schools(14.6%) than in urban schools(12.0%). Attendance rate of students in all schools grades 1-8 ranged from 74.0 per cent for Tripura to 96.4 per cent in Sikkim; the rates were low (80%) in Tripura and high(90%) in Sikkim, Nagaland and Mizoram; the attendance rates in schools with upper primary classes were found higher than primary schools across states except Arunachal Pradesh. At primary level among boys the percentage of long absentees that discontinued studies was found to be highest for Sikkim(35.4 per cent) followed by Meghalaya(20.7 percent) and Manipur(14.3 percent); among girls long absentees was found in Meghalaya(18.1 per cent) Sikkim(17.0 percent) and Manipur(14.3 percent); at upper primary stage among boys long absentees was found in Sikkim(40.0 per cent), Mizoram(33.3 percent) and Nagaland(23.6 percent) for girls it was found in Meghalaya(40.0 percent), Sikkim(25.0 per cent) and Tripura(21.8 percent). In 2008 for primary stage among boys the overall percentage of school leavers 12 per cent was found in Arunachal Pradesh, Nagaland and Manipur in case of girls for 2008, the overall percentage of school leavers 12 per cent were for Arunachal Pradesh, Nagaland and Manipur at primary level in 2008 the overall dropout rates for total students ranged from 1.0 per cent for Mizoram to 3.2 per cent for Arunachal Pradesh the high rates(2.0%) was found for Sikkim, Arunachal Pradesh, Nagaland and

Meghalaya in 2008 at upper primary for rural area the overall dropout rates ranged from 1.7 percent for Manipur to 5.0 per cent for Mizoram in 2009. The overall dropout rates for rural areas ranged from 1.4 percent for Manipur to 4.0 per cent for Mizoram. At primary stage for rural areas in 2008 the overall repetition rates ranged from 8.4 per cent for Tripura to 21.8 per cent for Sikkim at upper primary stage in 2008 the overall repetition rates ranged from 4.2 per cent for Mizoram to 18.7 per cent for Sikkim the repetition rates for boys was found higher than girls in all the states except Sikkim and Arunachal Pradesh in case of boys the cohort dropout rates before reaching last grade ranged from 3.9 per cent for Mizoram to 10.6 per cent for Arunachal Pradesh for girls. The cohort dropout rates before reaching last grade ranges from 3.6 per cent for Mizoram to 12.6 per cent for Arunachal Pradesh at primary level for rural last grade varied from 4.9 percent for Tripura to 12.9 per cent for Arunachal Pradesh. The rates for boys was consistently higher than girls across all states except Arunachal Pradesh at elementary level the cohort dropout rates before reaching last grade ranged from 17.9 per cent for Mizoram to 22.8 per cent for Nagaland in case of boys the coefficients of internal efficiency ranged from 76.1 per cent for Sikkim to 89.1 per cent for Tripura the states with low coefficients of internal efficiency 85.0 per cent were Sikkim, Arunachal Pradesh, Nagaland and Meghalaya for girls the coefficients of internal efficiency ranged from 87.3 per cent for Meghalaya to 98.9 per cent for Tripura the states with low coefficients of internal efficiency 90.0 per cent were Sikkim, Nagaland and Meghalaya at primary level in remaining four states with grade 1-5 average duration of study for total students varied from minimum 5.4 year for Tripura to maximum 6.0 years for Sikkim and for girls for minimum 5.3 years for Tripura to maximum 5.9 year for Sikkim the states with duration of study 5.5 year was Sikkim and Arunachal Pradesh for total boys and girls at elementary level for remaining five states with grades 1-8 the duration of study for total value from minimum 8.5 year for Sikkim to maximum 8.8 year for Manipur for girls from minimum 8.5 years for Sikkim to maximum 8.8 years for Nagaland and Manipur the states with duration of study 8.5 years were Arunachal Pradesh, Nagaland, Manipur and Tripura.

**Conclusion:** In order to improve the overall quality of education there is a need to make schools more attractive by improving infrastructure facilities quality teaching learning materials etc. Proper executions of day to day activities by teachers head to be done for improving the performance of students and reducing repetition dropout of students.

**Key Words:** 1.EDUCATION 2.EARLY DROPOUT 3.SCHOOL DROPOUT 4.ELEMENTARY EDUCATION 5.SSA 6.ENROLLMENT 7.ATTENDANCE RATE 8.PRIMARY SCHOOL 9.LATERAL ENTRY 10.TRANSITION RATE 11.NORTH EAST STATUS 12.SOCIO ECONOMIC PROFILE 13.REPETITION RATES 14.PROMOTION RATES 15.DISCONTINUATION OF STUDIES 16.GENDER PARITY 17.SIKKIM 18.ARUNACHAL PRADESH 19.NAGALAND 20.MANIPUR 21.MIZORAM 22.TRIPURA 23.MEGHALAYA.



3. Shiv Charan Mathur Social Policy Research Institute.(2012).  
Assessment of Facilities Available for Primary and Upper Primary  
Education in Muslim Pre-dominant Areas : Rajasthan. Jaipur: SCMSPRI.

Source : [www.sprijaipur.org](http://www.sprijaipur.org)

G18600

**Background** : Sarva Shiksha Abhiyan(SSA) was launched for achieving the goal of universalizing elementary education. SSA lays stress on providing educational facility and related incentives to deprived sections of society and girls in particular present study focuses on the status of education for Muslim children.

**Objectives** : To assess availability of schooling facility including Maktabas, Madrasahs, EGS(Education Guarantee Scheme, special training centers) and AIE centers in Muslim concentration areas. To find out whether there has been significant improvement in enrollment and retention of Muslim girls at primary and upper primary level during the last three years; to assess whether and to what extent SSA inputs have been made available to Madrasahs and Maktabas.

**Methods** : The study has been conducted at Jaisalmer district of Rajasthan. Enrollment and profile of Muslim girls studying in all type of schools was covered in the sample village town. A sample of 30 villages was selected using circular systemic sampling. Tools used were state schedule, district schedule, village ward schedule, school and Madrasah schedule, parents schedule and focus group discussions.

**Findings** : There were 63 primary schools in sampled villages out of which 57 were government owned; the total enrollment at the primary level was 5,395 out of which Muslim children constituted 61.4 per cent, among muslim children girls share was 52 per cent; 65 class rooms on an average of three rooms per schools was available 20 primary schools; in the rural primary schools the average number of children per classrooms was 20.5, whereas in urban setting it was 36.8; functional toilets were available in 65 per cent rural based primary schools, while urban primary schools had this facility. Separate toilets for girls existed in 15 out of 24 primary schools; regarding free uniform 89.5 per cent schools had not been provided with it and only 5.2 per cent schools received it; the total number of regular teachers working in urban primary and upper primary schools was 29 out of which 31.1 percent were female teachers; as for the muslim teachers, they constituted only 13.8 per cent in absolute terms; for Friday namaz 11 schools out of 30 in rural areas and 3 schools in urban areas gave an hour break to muslim teachers for offering Namaz. Regarding enrollment at the primary level, the percentage of Muslim children in the total enrollment in the year 2009 was 77.7 per cent and increased to 79 per cent in 2011; girls percentage among Muslim children in the year 2009 was 43.6 per cent and went up to 46.2 per cent in 2011; in schools located in urban areas the total enrollment from class I to V was 912 in the year 2009 out of which Muslim children constituted 46.2 per cent. The enrollment of muslim children across all upper primary classes was across all upper primary classes was 63.5 per cent

of the total enrollment in the year 2009 and comedown to 53.2 per cent in the year 2011. The enrollment of girls among the Muslim children was 14.3 per cent in the year 2009, which however increased to 43 per cent by the year 2011. In the year 2009-2010, 18.9 percent Muslim children left the school located in rural areas; among girls 20.6 per cent Muslim girls left the school while the percentage of non Muslim girls was 18.4 per cent in the academic year 2010-2011, the percentage of schools leavers among Muslim children came down to 14.5 from 18.9 and among girls it was from 20.6 to 13.8. The dropout situation among children at the primary level in rural areas, the dropout rate had diminished from 18.9% to 14.5% in the year 2009-2010 and 2010-2011 respectively. School leavers among Muslim children came down to 10.8 per cent in the year 2010-2011 from 22.3 per cent. Regarding schools leavers (madrasahs) at primary stage the percentage rose to 29.5 percent in absolute terms in the year 2010-2011 from 26.2 per cent in the year 2009-2010. There were no schools leavers in rural based madrasahs at the upper primary level during the year 2010-2011. It was seen that 98 per cent children at the primary level seemed to be satisfied with teaching at the upper primary level and was expressed only by 66.7 per cent children; the only problem about which the parents were mostly concerned was with regards to the placement of muslim teachers in schools.

**Recommendations:** There is a need to discourage the phenomenon of identifying schools on the basis of their locations and in terms of locations religious and caste based identities. There is a need to inculcate a sense of respect for urdu language among non-Muslims.

**Key Words:** 1.EDUCATION 2.EDUCATION MUSLIMS 3.SCHOOL GOING CHILDREN 4.PRIMARY EDUCATION 5.MUSLIM DOMINANT AREAS 6.MADRASAHS 7.ENROLMENT 8.RETENTION 9.DROPOUTS 10.MUSLIM CHILDREN 11.SSA 12.OUT OF SCHOOL CHILDREN 13.MADRASAH EDUCATION 14.KGBVs 15.INFRASTRUCTURE FACILITIES 16.INCENTIVE SCHEMES 17.ABSENCE RATE 18.SOCIO ECONOMIC STATUS 19.GENDER RATIO 20.RAJASTHAN.

4. Shiv Charan Mathur Social Policy Research Institute. (2012).  
Assessment of Facilities Available for Primary and Upper Primary  
Education in Muslim Pre-dominant Areas : Gujarat. Jaipur : SCMSR.  
Source : [www.sprijaipur.org](http://www.sprijaipur.org)

G18582

**Background:** Universalizing of elementary education is the primary objective of the right to education. Sarva Shiksha Abhiyan(SSA) was launched for achieving the goal of universalizing elementary education. SSA lays stress on providing educational facility and related incentives to deprived sections of society and girls in particular.

**Objectives:** To find out whether there has been significant improvements in enrollment and retention of muslim girls at primary and upper primary level during last three years. To assess whether and to what extent SSA inputs provided specially for muslim community are utilized at the village level and in schools.

**Methods:** The study was conducted in Bharuch district of Gujarat. A sample of 30 villages was selected using circular systemic sampling. Tools used were state schedule, district schedule, village/ward schedule, school and madrasah schedule, parents schedule and focus group discussions.

**Findings :** It was found that 98.9 percent muslim inhabitants of the selected habitations had access to schools well within the prescribed norms under the RTE; in the sample of 20 primary schools in rural areas the average strength of classroom preschool was 4.7; in urban primary schools the average strength of classroom preschool was 6.2 with 32.6 children per classroom. 100 percent primary schools in urban areas had drinking water, facility; functional toilets were available in all 20 primary school in rural areas. In urban area all schools had functional toilets; at the primary level the percentage of enrollment of muslim children was 58.4 percent; in the year 2008-09 the enrollment of muslim children in the sampled schools stood at 56.2 percent at class I level with girls constituting 35.7 percent. In absolute terms, the muslim children had 59.7 percent share in enrollment with the percentage of muslim girls was 35.6 percent in urban based primary schools the percentage had come down to 57.6 percent in the year 2010-11 from 58.8 percent in the year 2008-09. The percentage of muslim children in rural schools came down to 61.4 percent in the year 2010-11 from 68.4 percent. In the year 2008-09 the girls of muslim community registered an increase in the enrollment from 37.5 percent in the year 2008-09; to 39.9 percent in the year 2010- 11; in urban areas as the enrollment of muslim children registered an improvement from 43.6 percent in the year 2008.09 to 50.9 percent in the year 2010-11 girls of muslim community

in urban upper primary school constituted 71.5 percent in the enrollment of muslim children in the year 2010-11 while their percentage in the year 2008-09 was 73.9 percent. The problem of school leavers among non muslim children was severe as among muslim children at the upper primary level the percentage of school leavers in rural areas among muslim children was 1.0 percent and among girls it constituted 1.3 percent as against 5.9percent non-muslim children and 6.3 percent non-muslim girls among them who had left the school in the year 2009-10. Trend of rural upper primary schools the non-muslim registered were 4.3 percent among school leavers; on the dropout front there was zero percentage both among muslim and non-muslim children in the year 2009-10. The parents and community members expressed their complete satisfaction at teachers attitude towards their wards and explicitly stated appreciation of school activities; enrollment of muslim and non-muslim children has been as pre their percentage in the school going age group; attendance of muslim children in schools has been at a very satisfactory level; separate schools for girls and boys have been preferred by parents and community members.

**Recommendations:** There is a need to have better and more effective child-tracking system to find out the fate of school leavers whose number, though not alarming is still a significant factor to determine as to what extent muslim children have utilized the facilities such as accessibility and infrastructural and academic input in schools.

**Key Words:** 1.EDUCATION 2.EDUCATION MUSLIMS 3.PRIMARY EDUCATION 4.UPPER PRIMARY EDUCATION 5.ASSESSMENT 6.MUSLIM PRE-DOMINANT AREAS 7.SOCIO ECONOMIC STATUS 8.MDM 9.RTE 10.SPECIAL FOCUSED DISTRICT 11.SSA 12.VILLAGE EDUCATION COMMITTEE 13.MADRASHS 14.EDUCATION GUARANTEE SCHEME 15.MUSLIM CHILDREN 16.ENROLLMENT 17.RETENTION TRANSITION RATE 18.EDUCATIONAL STATUS 19.DROPOUT RATE 20.OUT OF SCHOOL CHILDREN 21.SCHOOL INFRASTRUCTURE 22.GENDER PARITY 23.GUJARAT.

5. Shiv Charan Mathur Social Policy Research Institute. (2013).  
Trends in the Process of Universalizing Elementary Education in  
Rajasthan : the Context of SSA. Jaipur : SCMSPR.  
Source : [www.sprijaipur.org](http://www.sprijaipur.org)

G18607

**Background** : Elementary education in both government managed school as well as privately owned schools have been active. But private schools, thought part of the campaign, did not receive financial support under the SSA for school development activities. In government schools, the education is free besides being compulsory whereas in private schools free education is non-existent. Elementary education system has the following basic components the schools teachers and enrollment.

**Objectives** : To analyse and assess the status of elementary education in Rajasthan using DISE data for the last six years(2007-2013).

**Methods** : The study was conducted in Rajasthan using DISE data of (2007-2013)

**Findings:** The total number of schools in the year 2012-13 was 1,13,101 out of which 80,787 were schools under government management; the total number of schools in the year 2007-08 was 1,04,031 with government owned school constituting 77.3 per cent; over a period of six years, the number of schools increased was around 8.7 per cent; the number of schools under private dispensation went up from 2,35,775 to 32,314 an increase of 37.0 per cent primary schools in the year 2007-08 numbered 58060, and their number came to 51,456 in the year 2012-2013. A decrease of 11.4 per cent over a period of six years; out of 51,450 primary schools(90.8 per cent) were under government management. The total number of upper primary schools at the end of 2012-13 was 61,651; in the year 2007-08 the number of upper primary school under governments ownership was 60.4 per cent whereas the share of private upper primary school was 39.6 per cent; there has been an increase of 15,680 upper primary schools in the last six years in absolute terms. The number of teachers placed in elementary schools(both private and government schools) had gone up from 4,25,143 in the year 2007-2008 to 4,73,344 by the year 2012-2013; in private primary schools, the numerical strength of teachers came down to 69,972 in the year 2013 from the high of 79,196 in the year 2012 while in government primary school the number of teachers increased to 1,47,879 during the period from 2011-2012; the percentage of female teachers remained within 31 per cent at the primary stage; the enrollment had gone up from 1,22,46,724 (2007-2008) to 1,25,66,992 (2012-2013); boys enrollment in percentage terms had come down to 48.3 per unit(2012-2013) from 51.2% in the year 2007-2008) in government schools similarly in private schools; boys have slipped to 60.5 per cent(in the year 2012-2013 from 62.5 per cent in the year 2007-2008); the percentage of girls enrollment had registered an upward trend in both private and government schools and also in the absolute total; girls continued to remain less than 50 per cent in private schools, though in

government schools they constituted 51.7 per cent in the total enrollment in government schools; in absolute terms their percentage was around 46 per cent 47 per cent in the year 2012-2013. The total enrollment(call schools) in the year 2007-2008 at primary level was(53.4% boys and 46.6% girls); out of this total 20.1 per cent were SC followed by 15.8 per cent ST and 5.4 per cent minorities; the total enrollment of SC children in the years 2009-2010 was 12,36,643 out of which 49.1 per cent were girls; the figure comedown to 12,00,757 in the year 2012-2013 but in the year 2009-2010, the SC children constituted 22.8 per cent in the total enrollment in government primary schools. Regarding enrollment of ST children during(2009-2010 to 2012-2013) in terms of percentage it went up from 19.9 per cent to 22.3 per cent; in percentage terms the enrollment of the children of minority community increased from 7.4 per cent (in the year 2009-2010) to 10.3 per cent in(2012-2013) at primary level; regarding total enrollment at upper primary level, the SC children constituted 21.82 per cent in the year 2009-2010, this percentage went up to 24.9 per cent in the year 2012-2013; the enrollment of ST children also increased during this period from 16.52 per cent in the year 2009-2010 to 18.8 per cent in the year 2012-2013; taking up primary level schools first in the year 2009-2010,the total enrollment of SC children was 4,79,737(including 39.9%), girls which became 5,86,533 (including 39.1% girls) by the year 2012-2013; the percentage of girls in the social category in the total enrollment of girls was 14.7 per cent in the year 2012-2013, the percentage of SC children in the total enrollment showed marginal increase(15.4%) in the year 2009-2010.The enrollment of ST children in private primary schools increased from 2,79,402 including 38.7 per cent girls in the year 2009-2010 and rose to 30,218 (including during 37.9%) girls by the year 2012-2013 the percentage of SC children in the total enrollment at the primary level was 19.8 per cent followed by 15.7 per cent ST and 6.7 per cent children of the minority community at the primary level in the year 2009-2010; percentage wise, their enrollment increased by the year 2012-2013 SC children accounted for 20.6 per cent ST 16 per cent and children of minority community had 9.2 per cent enrollment. The government primary schools in the year 2009-2010 accounted for 74.3 per cent share in the total enrollment of the children of social categories at the upper primary level, the share of government schools was 66.5 per cent; the percentage of enrollment of children at the private school level was 25.7 per cent at the primary level and 33.5 per cent at the supper primary stage.

**Conclusion:** Regarding problems afflicting government elementary school, lies in the resurgence of decentralized monitoring system as originally envisaged under the SSA. Also efforts should be created for a congenial environment in schools in the form of academic support thought purposive and effective training. Impact feed back to ensure that the teacher performs their responsibilities in the school by freeing them from other kinds of extra academic activities.

**Key Words:** 1.EDUCATION 2.UNIVERSALISATION OF ELEMENTARY EDUCATION 3.ELEMENTARY EDUCATION 4.SSA 5.SOCIO ECONOMIC FACTORS 6.RTE 7.DROPOUTS 8.ENROLLMENT 9.GENDER PARITY 10.PRIMARY 11.UPPER PRIMARY SCHOOLS 12.GOVERNMENT 13.SCHOOL 14.PRIVATE SCHOOL 15.RAJASTHAN.

6. Vidya Bhawan Society and Azim Premji Foundation. (2008).  
A Study of the Computer Assisted Learning Programme.  
Source : [www.azimpremjifoundation.org/pdf/clap-report-2008.pdf](http://www.azimpremjifoundation.org/pdf/clap-report-2008.pdf)

G18584

**Background** : The Azim Premji Foundation began the Computer Aided Learning Program(CALP) in 2001. This initiative began as a three way partnership with a willing head teacher of a rural government school with the community providing with basic infrastructure(room, electric(cabling etc) and the Azim Premji Foundation, providing the infrastructure that was needed for the program (computer, furniture and salary of persons involved). This program has evolved and grown in to a teacher assisted Computer Based Learning Program for children and is being implemented in 15 states/ union territories.

**Objectives** : To study the effectiveness of the implementation mechanisms and training strategies in the program; to study the process of delivery in CALP classes and its impact in the classroom; to study the impact of CALP on children, teachers community and other stakeholders.

**Methods** : The study was conducted in four states(Tamil Nadu, Andhra Pradesh, Karnataka, Uttarakhand). Ten percent of schools from each of the four states were selected for the study. Tools used for data collection were observations, focus group discussions, interviews and questionnaires.

**Findings** : Schools in Karnataka, Andhra Pradesh, and Tamil Nadu were connected by pucca roads and had public transport facilities however this was true for only one third of the schools in Uttarakhand; all computer aided learning centers were located within the school in Karnataka and Uttarakhand in other cases the centers were located within two km of the school in Karnataka and Tamil Nadu most schools had up to seven teachers associated with CALP. However in Andhra Pradesh and Uttarakhand this number was three. Most centers of Uttarakhand had two computers, Tamil Nadu had four computers and Karnataka had 2-5 computers; in Andhra Pradesh the number went up to 54; during CALP session observations it was observed that children in all states were taking interest in CDs; teachers across all states felt that learning CDs had not only increased child's concentration, but also creativity and imagination; teachers over all states except in Andhra Pradesh and Uttarakhand felt that examples used in CDs were relevant; most of the teachers in Karnataka and Uttarakhand, Tamil Nadu and Andhra Pradesh felt that CDs were more effective than a text book. Most of the teachers said that CDs helped teachers in preparing teaching-learning material; peer group learning was seen during CALP session observations in all states with children taking help from their friends to understand content. In all states, the class teacher was seen providing guidance to children, whenever they asked for it; regarding place for CALP in the school time table most centers of Tamil Nadu and Karnataka and a third of the centers of Uttarakhand and Andhra Pradesh had 40-45 minute periods; it was observed that CAL was an add on and not an integral part of the

teaching- learning process. Majority of the teachers felt that time allotted for CAL Sessions was not enough.

Most teachers associated with CALP, in all the four states had received training for facilitating computer aided learning sessions however in half of the centers of Andhra Pradesh there was no teacher associated with CALP. Most of the head teachers in all states were not aware of when CALP started in their school; majority of the head teachers in all states said that 'division of groups' and 'following the timetable' were ways by which they ensured that each child gets equal opportunity with the computer. Head teachers over all states felt that parents thought that CLAP was a good program and third of the head teachers in Uttarakhand felt that parents took interest in the program; all teachers started that they had made changes in their teaching methods due to CALP; teachers over all states said that CALP had increased regular attendance. Teachers and head teachers mentioned that the main problem ailing CALP was infrastructure; they suggested solutions to these problems were improvement in training and appointment of a special teacher for CALP; in all the states and almost all the categories more than half of the computer aided learning centers (CALCs) were not functioning and among those that were functioning majority were average or poor; majority of the centers 75 per cent did not had working computers.

**Recommendations :** There is a need for the foundation as a pioneer in this area to produce interactive materials for children at elementary level in Indian conditions and in Indian languages; monitoring systems needs to be worked upon with 20 to 25 schools to begin with by working intensively in the schools instead of beginning with a large numbers of schools all at one time.

**Key Words:** 1.EDUCATION 2.COMPUTER ASSISTED LEARNING PROGRAMME(CALP) 3.SSA 4.COMPUTER AIDED LEARNING(CAL) 5.INFRASTRUCTURE FACILITIES 6.COMPUTER AIDED LEARNING CENTER(CALC) 7.TEACHERS LEARNING MATERIAL(TLM) 8.TRAINING 9.TAMIL NADU 10.ANDHRA PRADESH 11.KARNATAKA 12.UTTARAKHAND.



## ICDS

7. Bashir, Aadil et al. (2014).  
Evaluation of Integrated Child Development Scheme(ICDS) in District Bandipora of Jammu and Kashmir, India. *International Research Journal of Social Sciences, Vol.3(2) : 34-36.*

Source : [www.isca.in](http://www.isca.in)

G18626

**Background:** ICDS is the world's largest program for the holistic development of children aged 0-6 years, pregnant and lactating mothers and adolescent girls. With a view to improve the health and nutritional status, special nutrition program has been included as one of the most important components of the ICDS program. At present in district Bandipora four ICDS blocks are sanctioned with 802 anganwadi centers. The scheme is fully operational in all the sanctioned blocks.

**Objectives :** To assess the performance of ICDS scheme on ground; to understand the attitude of women towards the scheme to investigate the causes leading to decline in the quality of services provided under ICDS.

**Methods:** The study was conducted in the Bandipora district of Jammu and Kashmir and state. A sample of 60 beneficiaries was selected in which lactating mothers, pregnant mothers, and adolescent girls participated. Information was obtained through questionnaires, observation, field visits and informal discussions.

**Findings:** Majority of the beneficiary households were within 50 meters of the anganwadi centers(AWCs); in four anganwadi centers, the anganwadi workers were not able to demonstrate any stimulating pre-school education(PSE); some AWWs took initiative in their work while others did not, because of the poor service conditions and low educational level; the food storage facility was very poor, and storage bins /other equipments supplied under the project were in bad condition; AWWs were not able to properly monitor the growth of children and expressed the need for more information and skills training on growth monitoring. It was observed that the women were hardly interested in learning though they were interested in household and income generating skills, AWWs had very little interaction with local level organizations such as village panchayats and schools; few AWCs were not visited by any health staff as they were overburdened with their work at PHCs. All the children below three- four years of age were not immunised as there was not enough coordination between the health and ICDS staff; out of 400 children attending AWCs, 68 were regular in attendance, 59 per cent children had become more active and developed a liking for school,40 per cent performed routine activities etc. 80 per cent of expectant mothers were immunised against tetanus remaining 20 per cent were not immunized due to ignorance and fear;25 per cent women did not get their antenatal cards made for they did not feel the need or importance for the same; about 40 per cent women got themselves medically checked during

the post natal period; Iron, folic acid and vitamin A tablets were provided at health centers; AWWs had knowledge about the immunization schedule; AWWs mentioned that few children come to AWCS in winters, however elder family members collected supplementary nutrition(SN) on behalf small children's

**Recommendations:** There is a need for better coordination between the welfare, health and other related departments to fulfill the objectives of the scheme; there is a need to organise refresher training and workshops from time to time to enable AWWs to become familiar with new approaches in playway method of education; attention needs to be paid towards the establishment and proper functioning of village level committees, the system of supervision needs to be strengthened for improving the quality of ICDS services

**Key Words:** 1.ICDS 2.EVALUATION OF ICDS 3.CHILD DEVELOPMENT 4.NUTRITIONAL AND HEALTH STATUS 5.AWCs 6.AWWs 7.PRE-SCHOOL EDUCATION 8.PHCs 9.ANGANWADI HELPERS 10.ADOLESCENT GIRLS 11.WOMEN BENEFICIARIES 12.BANDIPORA 13.JAMMU AND KASHMIR.

8. Shaili, Vyas et al.(2013).  
ICDS : Is it the Entitlement of Every Indian Child. *National Journal of Integrated Research in Medicine*, Vol.4(2) : 97-101.

Source : [www.scopemed.org](http://www.scopemed.org)

G18627

**Background :** Thirty seven years after the launch of Integrated Child Development Service(ICDS) to address the nutrition and health needs of children less than six years of age the nutritional profile of the population has not change much. Most of the malnutrition remains in the age group of 0-3 years; nutritional needs of the children remains unaddressed most of the times and the focus of ICDS on children under three remains weak.

**Objective:** To assess the extent of utilization of services at AWCs and to study the gender differences in availing the services.

**Methods:** The study covered 11 AWCs and eight villages of rural health training center, Dehradun. A total sample of 500 children in the age group of 0-36 months participated in the study. Tools used were pre – tested and structured interview schedule consisting of close ended questions.

**Findings:** Amongst the eligible children of less than three years 89.2 per cent were enrolled in the AWCs, regarding the utilization of services, it was found that 29.2 per cent of under three children mentioned that they went to AWCs to avail the combined benefits of vaccination, supplementary nutrition health checkups followed by children who were coming to the anganwadi for availing immunization services(23.2%) all services were utilized 18.4 per cent of children and 17.2 per cent respondents were not availing any kind of child care services. 63.5 per cent children in the age group of 0-3 years were receiving supplementary nutrition either daily /weekly / monthly of which only 22 per cent of children were availing the Take Home Ration(THR); it was found that the achievements under SNP was 61.4 per cent for pregnant mothers of which 52.44 per cent were receiving it regularly. Mostly registration of under three with AWC were done primarily to receive supplementary nutrition; amongst the children who were not coming to the AWC majority i.e. almost 60 per cent were males whereas 40 per cent were females; irregular supply of commodities left AWCs without stocks for several days at a stretch further it was found that AWC was closed for most days in a month; respondents were not aware about the facilities provided to pregnant women from the center showed that AWWs had no links with people who were not getting benefits from the centre.

**Recommendations :** There is a need to improve awareness about the services provided at AWCs so that the beneficiaries can avail them; the programme needs to consider take-home rations for children on a regular basis; type of food given to children under three years of age should be different from that provided to older children.

**Key Words:** 1.ICDS 2.UTILIZATION OF SERVICES UNDER ICDS 3.CHILD DEVELOPMENT 4.NUTRITIONAL AND HEALTH STATUS 5.SUPPLEMENTARY NUTRITION 6.AWC 7.AWWs 8.PREGNANT AND LACTATING MOTHERS 9.ADOLESCENT GIRLS 10.UNDER THREE CHILDREN 11.MALNUTRITION 12.TAKE HOME RATION (THR) 13.GROWTH AND DEVELOPMENT 14.DEHRADUN.

9. Tara, M.S et al. (2014).  
Status of Food Safety Measures in ICDS : A Study. Bangalore : NIPCCD  
Regional Centre.  
G18628

**Background** : Public nutrition programme like ICDS has extensively contributed in minimizing is short term hunger through provision of supplementary nutrition and specially for addressing the reduction of childhood under nutrition. Malnutrition leads to micronutrient deficiencies which lead to irreversible damage including impairment of physical growth and mental development.

**Objectives** : To examine the food safety measures adopted under SNP component in the ICDS programme in Karnataka; to assess the knowledge, attitude and practice on food safety and hygiene of food handlers at the AWCs. To review the situation of supplementary nutrition programme in ICDS in the context of existing food laws and food standards.

**Methods** : The study was conducted in Karnataka(Gulbarga, Belgaum, Bangalore, Mysore). The study covered total 36 projects. Tools used were interview schedule observation schedule, records and registers of AWCs.

**Findings** : Majority(74.4%) of the centre were running in their own buildings followed by community buildings(17.27%);97.8 per cent of the food handlers on the day of the visit were anganwadi helpers and 1.7 per cent of the food handlers were AWWs; the average number of 6 months 3 years and 3-6 years children who were enrolled, eligible and receiving food was almost the same in all the AWCs surveyed. 62.2 per cent of AWCs had average rating of the surrounding and 13.3 per cent were rated as very poor; only in 30 per cent of surveyed AWCs the place of cooking was satisfactory; 61 per unit of AWCs were rated as poor since there were no toilets available but was in non-usable condition; in 50 per cent of AWCs was not up to mark in view of its non-conformity to the guidelines(Food Safety Act 2010-2011. 54.4 per cent of the AWCs were using a poor method of a pest control system; in 77.2 per cent of the AWCs the date of manufacture of received food packets was within one month as per the observations made on the date of the visit, which is in accordance with the safety norms;85.6 per cent of AWCs responded that they received adequate quantity of food, while only a few workers opined that the food received was inadequate to meet the requirements of the beneficiaries. In 81.1 per cent of the AWCs the recipes were provided as per the schedule. Poor handling was found in 38.9 per cent of the AWCs since the opened packets were stored as such; 92.2 per cent of AWWs had inadequate understanding of the safe disposal of expired food and only about 6.7 per cent of the workers stated that they dig a pit and put the expired food and cover it with the mud; the concept of hand washing during food handling was absent in 80 per cent of the food handlers. About 47.8 per cent of children washed their hands with little water or no water in 21.1 per cent of AWCs, in 62.8 per cent of the AWCs the quality of water used for hand washing was average; the washing of rice and dal

with adequate water for supplementary food in AWCs was rated as 'good'(61.7%) and 63.9 per cent of AWCs the food handlers had closed the lid completely and hence rated as good, whereas in 31.7 per cent of AWCs the vessels were partially closed during cooking; the practice of using good source of water for cooking was found only in 37.7 per cent of the AWCs. In 62.8 per cent of AWCs the floor was swept and swabbed prior to serving which and was rated as good whereas in 33.3 per cent of AWCs only cleaning by sweeping was done which was rated as average In 33.3 per cent of AWCs the remaining food was thrown in the close by drainage and hence the method of disposal was rated as poor. Majority of the children rated cooked products as good(67.8%) and very good(22.2%) while only 9.4 per cent and 0.6 per cent of the children rated the products as average and poor as per the physical examination respectively; it was found that all the analysed samples were free from insect infestation; majority of the food handlers practice level in terms of food procurement was found to be ranging from very good to average in all divisions. As per the observations there were not many variations in the quality of practice as regards the food safety measures area while cooking; the quality of practice with regards to safety measures adopted during distribution and consumption of food at AWC level was found to be good to average; food handlers from rural AWCs were better than their urban counter parts; the quality of practice with respect to safe management of leftover cooked food was better in food handlers of rural AWCs as compared to their urban counterparts. The level of knowledge and the quality of practice on all the attributes of importance of personal hygiene in ensuring food safety was found to be varying from good to average but the attitude of food handlers was highly positive on all the issues.

**Recommendations :** Personal hygiene should be given a priority in the AWCs in view of the direct contact of food handlers with food. AWCs should be equipped with storage facilities like the airtight bins containers to ensure safe and hygienic storage. A supply of standard quality and safe cooking vessels made of *hindalium* is recommended. There is a need to evolve a frame work for safety standards specifically to ensure food safety at AWCs. There is a need to upgrade the understanding of the functionaries with an emphasis on child health and well being.

**Key Words:** 1.ICDS 2.FOOD SAFETY MEASURES 3.NUTRITION PROGRAMME 4.SUPPLEMENTARY FOOD 5.FOOD SECURITY 6.READY TO COOK 7.READY TO EAT 8.FOOD ANALYSIS 9.FOOD SAFETY AND STANDARD ACT 2011 10.FOOD HYGIENE 11.FOOD BAGS 12.ANGANWADI CENTRES.

## SCHEDULED CASTES

10. Acharya, Sanghmitra S. (2010).  
Access to Health Care and Patterns of Discrimination : A Study of Dalit Children in Selected Villages of Gujarat and Rajasthan. New Delhi : Indian Institute of Dalit Studies.

Source : [www.idsn.org](http://www.idsn.org)

G18593

**Background** : Social discrimination is a universal phenomenon which is reflected in various forms among different people across regions. There are various forms of discrimination experienced by the dalits in different spheres and by different persons and health is also one such area where caste based discrimination is experienced. The present paper aims to understand the nature and patterns of caste based discrimination in access to health care practiced in different forms and the consequences of such practices.

**Objectives** : To identify the nature of discrimination experienced by dalit children in accessing health care and examine the implications of discrimination in access to health care services among dalit children.

**Methods**: The study was conducted in two states Gujarat and Rajasthan. 200 dalit and 65 non dalit children were interviewed from the 12 selected villages. Tool used was in-depth interviews.

**Findings**: Most of the children experienced caste-based discrimination in dispensing of medicine (91%) followed by the conduct of pathological test (87%); regarding forms of discrimination about 81 per cent times dalit children were not given as much time by the providers as other children; the use of derogatory words and waiting at the place of care provisioning, were the forms where less discrimination was experienced as compared to duration of interaction and touch. As regards the discrimination by providers such as doctors lab technicians, and grass root level workers like ANMs and AWWs were the most discriminating than higher order providers such as doctors; more than 93 per cent times dalit children had experienced discrimination at their hands while about 59 per cent times they experienced any form of discrimination by doctors. As regards the ANMs more than half of the total visits that they made to the dalit household, was after they have visited the others; almost(98%) times the AWWs served the food to the dalit children at the end; most dalit children faced discrimination 60-70 per cent time while seeking referral, time given and being touched by the doctors, time given by the RMPs and verbal interactions with the ANMs; regarding discrimination differentials in public and private sector providers in both the sectors grass root level providers were more discriminating as compared to the higher order providers. The most discriminating providers in the public sector were the ANMs who had discriminated against 54 children; in comparison the most discriminating in private sector were the RMPs who had discriminated against 44 children; the most discriminating sphere in both the sectors was dispensing of the medicine.

The dalit children in both the states wished that the providers should speak to them gently without using derogatory and demeaning words; the villages were at different levels of discrimination in terms of sphere, form and provider; as regards sphere, Sanawada and Siyagpura in Rajasthan had most number of children who reported experience of discrimination; as regards the forms Amaliyara in Gujarat had the least number of children who experienced any form of discrimination Ranigaonkalan (Rajasthan) had the highest number of children who experienced discrimination by providers as compared to Siyagpura which had only one child reporting discrimination by providers. While Gujarat practiced more discrimination in form and by providers, Rajasthan was higher on form of discrimination; it was evident from the consultative meeting with the panchyat members, teachers and other members of the village community that, when there were elected members, officials, teachers and care providers from dalit caste they were more sensitive to the issue of caste based discrimination in the area, and more assertion among dalits and less evidence of discrimination was noted.

**Conclusion :** It is imperative to acknowledge the existing discrimination, recognize it and address it for elimination. For this there is an urgent need for a policy which takes care of the prevention of discriminatory practices. There is also a need to gender sensitise people on the lines of sensitivity and penalize the guilty.

**Key Words:** 1.SCHEDULED CASTES 2.UNTOUCHABILITY 3.CHILD DEVELOPMENT 4.HEALTH CARE 5.PATTERNS OF DISCRIMINATION 6.DALIT CHILDREN 7.PHC 8.SHGs 9.AWWs 10.AWC 11.ANMs 12.LIVING CONDITIONS 13.SOCIO ECONOMIC PROFILE 14.SANITATION 15.HEALTH STATUS 16.AHMEDABAD 17.BARMER 18.RAJASTHAN 19.GUJARAT.

## B. Research Abstracts on Child Protection

### CHILD ABUSE

11. National Commission for Protection of Child Rights. (2013).  
Assessment of Pattern, Profile and Correlates of Substance Use among  
Children in India. New Delhi : NCPDR.

Source : [www.ncpcr.gov.in](http://www.ncpcr.gov.in)

G18598

**Background:** The childhood and adolescent years of life during which the child acquires academic, cognitive, social and life skills. Any substance abuse at this age is likely to interfere with the normal child development and may have a lasting in the future life. Early initiation of substance use is usually associated with a poor prognosis and more serious impact on health, education, and social relationships.

**Objectives:** To collect information on pattern of substance use and profile of children using substances; to collect information on family, peer, stress, psychological and physical health and legal aspects associated with substance use among children.

**Methods:** This was a nationwide study, covering most states in the country. A total of 102 NGOs, working in the area of substance use were selected for the study. Each NGO collected data for 30 children from the site. Tools used were questionnaires.

**Findings:** The mean age of the of the children was  $15.6 \pm 2.1$  years (range 5-18 years); 27.9 per cent respondents were studying in school, 12.90 per cent were studying through open school and rest were not studying (58.8%); about one fourth children were working full time and 23.2 per cent were involved in part time jobs. When inquired about how they managed expenses during the last one month, 45.5 per cent said that they earned money themselves, 42.5 per cent got money from family or borrowed from friends; 90 per cent of the children were in contact with the family; about 40 per cent children had 1-2 substance using friends, 23 per cent had 3-5 friends. More than 70 per cent children were not in any contact with an NGO; more than two – third children reported that they did not know where to get health services if they needed; tobacco and alcohol were the most common substances used ever followed by cannabis, inhalants etc; for tobacco and inhalants, the use was near daily (25.8/30 days and 23.2 /30 days). When asked whether they needed help for stopping or reducing substance use, many of the children felt that they do not have a problem due to their substance use and 67.7 per cent had never looked for



help; the sample size of children living at home was 3146 and living on the streets was 878 children; most of the children living on the streets were from urban areas(84.9%) and a small proportion(15.1%) were living in rural areas; a large percentage of the street children had never been to school or been for a very short time(45.0%) as compared to children living at home(13.5%). 72.5 per cent of the street children were working full time or part time; larger percentage of the street children(44.8%) compared to those living at home(36.9%) mentioned that they had money for substances; one third of the street children on streets were not in contact with the family; about 39.2 per cent of the street children were in contact with an NGO as compared to 22.3 per cent children living at home; more than 40-50 per cent children in both the groups did not had any plans for the future. The ever use, last one year and last one month use of alcohol was 71.8 per cent 68.2 per cent and 60.9 per cent among those living at home and 53.3 per cent, 47.3 per cent and 41.9 per cent among those living on the street. Last one month inhalant use was present in 26.3 per cent of the children living at home and 45.9 per cent of the children who were living on the street. Most of the children in both the groups had never sought help and only a very small percentage had been to a doctor; among out of school children, 19.2 per cent were studying through open school while 80.7 per cent were not studying at all; the proportion of females in the school going sample was higher(5.5%) as compared to out of school children were not working although 2.7 per cent reported working part time; more than 75 per cent children in both the groups denied any contact with an NGO while more than 20 per cent were in contact with an NGO on a daily, weekly or monthly basis. The ever use, last one year and last one month use of alcohol was 76.6 per cent, 74.1 per cent and 62.8 per cent among school going it was 69.1 per cent, 64.9 per cent and 59.9 per cent; among out of school children it was 27.0 per cent; the last one month inhalant use was present in 25.0 per cent of the school going children. More than 40 per cent children in both the groups thought that substance use was not a problem and more than 20 per cent wanted help in quitting regarding substance use in girls there were 169 girls in the study sample, having a mean age 14.8 years; about 75.7 per cent of the girls were living at home and 24.3 per cent were living on the streets; almost one – fourth had never been to school and 14.8 per cent were educated till primary and more than 25 per cent were educated till class 6-8; the nature of occupation was rag picking(13.6%), unskilled workers(7.7%) etc; there were 91 per cent who were in contact with their family. Among girls, 62.1 per cent reported substance use by family members that created problems for the family, 46.2 per cent reported fights in the family; one-third of the girls were in either daily or less frequent contact with NGOs; ever use of tobacco was reported by 79.3 per cent, last one year use by 75.7 per cent, last one month use by 72.8 per cent; alcohol ever use was 59.8

per cent, last one year by 58 per cent, last one month use by 51.5 per cent; inhalant use ever and in last one year was 39.6 per cent and in last one month by 37.3 per cent.

**Recommendations:** Prevention in schools should include universal prevention programs such as education and life skill programs; school going children who are at risk should have access to professional counseling in the school setting; there is a need for availability of specialized treatment services for children who are using substances, these services should be available in government hospitals, NGOs funded by Ministry of Social Justice and Empowerment and also by NGOs that provide services to street children. Juvenile homes and children homes should have service provision for substance using children through linkage with treatment services.

**Key Words:** 1.CHILD ABUSE 2.SUBSTANCE ABUSE 3.CHILD PROTECTION 4.HEALTH 5.ADOLESCENTS 6.CHILDREN IN NEED OF CARE AND PROTECTION 7.SOCIO ECONOMIC STATUS 8.OUT OF SCHOOL CHILDREN 9.STREET CHILDREN 10.TOBACCO 11.EDUCATION 12.STATUS 13.TREATMENT 14.SEEKING 15.PSYCHOLOGICAL HEALTH 16.SUBSTANCE ABUSE AMONG GIRLS

## DESTITUTE CHILD

12. National Research and Documentation Centre.(2013).  
A Study on the Practice of Foster Care for Children in India : Foster Family Renewed Hope and a New Life. Bangalore : NRDC.  
[www.cordaid.org](http://www.cordaid.org)

G18617

**Background** : Foster family care is a form of rights based approach to child welfare, which provides a planned period of alternative family care for a child, who has been deprived of his or her birth family, either temporarily or permanently, due to crisis or problem. There are a diverse range of foster care models practiced, that work differently in each country according to their respective policies on foster care. Individual foster care, respite foster care, therapeutic care, kinship care, group foster care, child headed household, vacation foster placement, foster day care are the different global contemporary models of foster care.

**Objectives** : To identify the different organizations practicing foster care in India; to understand the different methods and models so far developed in the effective implementation of foster care in Indian context; to highlight the promising practices and identify gaps in providing quality family placement services foster care for children; to learn the advocacy mechanisms to scale up the foster care services in different states.

**Methods:** About 50 organisations from nine states of India (A.P, Delhi, Goa, Karnataka, Kerala, Maharashtra, Orissa, Rajasthan, Tamil Nadu) were selected for the study. Questionnaire schedule was the tool for data collection.

**Findings:** About 40 out of the 50 organisations were promoting or practicing one or more alternative family based care for children ,like adoption, kinship care, foster care and sponsorship care; of the 33 organisations selected 31 organisations were providing foster care services; a total of 13 organisations were exclusively functioning in urban areas and 14 organisations were exclusively functioning in both urban areas and rural areas; with regard to a written and laid down policy or guidelines on foster care, only eight organisations claimed to have one. Few organisations practiced more than one model; 20 organisations were practicing individual foster care; eight organisations practiced group foster care where in a group of children were placed with a foster parent; 15 organisations provided kinship care services, where a relative of a child was responsible for taking care of the child; six organisations had encouraged foster care for keeping the children under the care of a family before permanent adoption; study found that organisations

interviewed facilitated both short term and long term foster care placements. 31 organisations followed a set of guidelines and standards to decide if a child should be placed in foster care or not; all the organisations prepared the child study report which included the details about the child, date of birth, social background, care given etc; study revealed that out of 21 organisations 20 recorded the family's consent in writing before placing their child in foster care; 17 organisations had trained social workers to prepare the child for his /her future life in foster care; 68 per cent of organisations had detailed, well charted individual care plan for every child identified for foster care. During the study period, the data collected showed that 10761 children had been placed with foster families; data collected from organisations showed that about 64 boys(5.4% of 1183 boys) and eight girls(0.8% of 979 girls) had left their foster families and returned to the parent organisations that placed them in foster care. It was found that only seven of the 33 organisations had so far placed HIV/AIDS affected and infected children in foster care while the remaining 24 organisations had never attempted this. 20 organisations followed a formal placement process that is also authorized, monitored and reviewed by a competent authority (CWC); 26 organisations shared the child's history with the foster family; 17 organisations facilitates the foster child to go through weaning period before placing him/her with the identified foster family; though regular follow up and monitoring visits, the organisations tried to offer unceasing support and assistance to the foster parents in providing quality care for the child.

**Recommendations:** Study suggests that state and central governments along with their respective child welfare departments should work towards formulating and implementing state backed foster care schemes. Organisations should develop a training module on foster care for the foster parents and the organisations staffs involved in the program. Children in foster care should be provided adequate space and opportunities to share and report their grievances including abuse or discomforts in the foster care placement.

**Key Words:** 1.DESTITUTE CHILD 2.FOSTER CARE 3.CHILD PROTECTION 4.JJB 5.CHILD RIGHTS 6.ICPS 7.CHILD CARE 8.FOSTER CARE PLACEMENT 9.MONITORING 10.FOSTER CASE SCHEME 11.FOSTER CARE MODEL 12.ANDHRA PRADESH 13.DELHI 14.GOA 15.KARNATAKA 16.KERALA 17.MAHARASHTRA 18.ORISSA 19.RAJASTHAN 20.TAMIL NADU.

13. Sharma, Shish Ram et al. (2013).  
Role Effectiveness of Care Givers of Child Care Institutions : A Study of  
CCIs of Northern India : A Report. New Delhi : NIPCCD.

G18614

**Background:** Child Care Institutions, (Observation Homes, Special Homes, Children's Home and Shelter Homes are registered under JJ Act section 8.9 and sub – section(3) of section 34 and section 37 of the JJ Act respectively) are run by both NGOs and state governments. Observation Home or Special Homes are meant for reception and rehabilitation of juvenile in conflict with law while children's home or shelter home is meant for the reception of children in need of care and protection during the pendency of any inquiry and subsequently, for their care, treatment and rehabilitation etc.

**Objectives :** To study the performance of the caregivers in terms of their defined role and responsibilities; to analyze factors influencing the role performance of care givers in child care institutions.

**Methods:** A sample of 29 child care institutions (CCIs) in four states of northern India namely Haryana, Himachal Pradesh (HP), Punjab and Rajasthan were selected for the study. Tools used were structured interview schedule and focus group discussions.

**Findings:** The age wise and sex wise distribution of children showed that the highest number of boys (64.40%) were in the age group of 12-18 years in children's home; highest number of boys in the higher age group(16-18 years) was found in observation homes(72.55%); no girls was found in open shelter; the number of boys who stayed in CCIs was three times more than the number of girls. The analysis of data revealed that the highest number (34.48%) of CWO/PO/CW was in the age group of 36-45 years. Regarding the job performance of Probation Officer(PO), Child Welfare officer(CWO) and Case Worker(CW) seven out of eleven prescribed tasks were performed by a larger number of respondents in the age group of 36-45 years; it was found that a larger number of respondents with post graduate qualifications performed maximum eight tasks while the larger number of graduate respondents performed only three tasks; it was evident that none of the respondents of CCIs in Punjab and Himachal Pradesh prepared social investigation report of the child whereas in Rajasthan 50% respondents prepared the social investigation report of the child and was 100% in Haryana. 95 per cent respondents who attended the proceedings of Board/ Committee weekly and submitted their reports were from Rajasthan whereas lowest number of such respondents (33.33%) was found Punjab. Only 55 per cent respondents of CCIs in Rajasthan were found to be preparing individual child care plan; almost all the respondents in child care institutions of all the states performed well the task of assisting children/family members in developing contacts with them. Interpersonal relationship problems were reportedly dealt by all the respondents (100%) in Haryana, 55 per cent in Rajasthan and 50 per cent in Himachal Pradesh. The highest number of case file were maintained properly in the CCIs of Rajasthan; other documents such as social history, individual care plan, quarterly progress reports, follow up report were

found missing from the case files maintained by most of the responding CCIs of Haryana, Punjab and Himachal Pradesh. Analysis of data shows that log book, staff register of children's committee and attendance registers for staff and children were not maintained by most of the responding CCIs in Haryana, Punjab and Himachal Pradesh; while maximum number of respondents CCIs of Rajasthan maintained almost all prescribed registers; regarding involving children in daily routine eight of them reported that they had taken measures on concentrating on best interest of child, while seven of them took measures on educating children regarding importance of maintaining daily routine. The issues like physical violence, including fighting, stealing and damaging property were found to be handled by most of the respondents, while the other disciplinary issues such as self destructive behavior etc were not handled by the respondents of CCIs in Haryana, Punjab and Himachal Pradesh; as far as interpersonal relationship of respondents with children was concerned, most of the respondents were found to be good care givers and supportive. All the children of CCIs in Himachal Pradesh was found satisfactory with the services provided by care givers; while the number of children who were satisfied with the role of caregivers in providing services to them was the lowest (55%) in Rajasthan; a significant number of children from Punjab(95.54%) and Himachal Pradesh(86.95%) reported that care givers understood them whereas 30 per cent in Haryana and 38.78 per cent in Rajasthan said that care givers were sensitive towards them. Due to traditional methods adopted by care givers in dealing with children it was observed that key issues like lack of role clarity, and failure to understand interest areas of inmates of homes and gender bias also existed in most of the CCIs.

**Recommendations:** All posts in each category of staff should be filled up and should attend to children, who too, should not be housed in a home in excessive numbers, so as to deprive children of proper child care. It is recommended that preference should be given to young, married and experienced persons for the post of house father/ mother etc. Special training programme for capacity building should be organized and to develop a mechanism for close monitoring and supervision by the nodal departments of the state government concerned.

**Key Words:** 1.DESTITUTE CHILD 2.INSTITUTIONAL CARE 3.CHILD CARE INSTITUTIONS 4.CARE GIVERS 5.CHILDREN IN NEED OF CARE AND PROTECTION 6.JJ ACT 7.CHILDRENS HOME 8.OBSERVATION HOMES 9.CHILD WELFARE OFFICER 10.INDIVIDUAL CARE PLAN 11.HARYANA 12.HIMACHAL PRADESH 13.PUNJAB 14.RAJASTHAN.

## HEALTH

14. Maurya, Mukesh Kumar et al. (2014).  
Children Infected and Affected with HIV/AIDS : A Study from Violation of  
Children Right's Perspective. Lucknow : NIPCCD Regional Centre.  
G18615

**Background:** Majority of infected and vulnerable children are living with surviving parents or extended family who themselves are often in need of care and support. Children living in these situations are at increased risk of losing opportunities for school, health care, growth, development, nutrition and shelter. Care and support programmes for infected and affected children are primarily focused on addressing their material needs. It is essential that medical care, socio – economic support, human rights, legal support and psychosocial support interventions are implemented in a mutually reinforcing manner so as to provide comprehensive care and support for vulnerable children.

**Objectives:** To identify the types and causes of rights based violation of children infected and affected with HIV /AIDS; to assess the rights based needs of children infected and affected with HIV /AIDS.

**Methods:** The study was conducted in Uttar Pradesh. A sample of 282 children was selected for the study. Tools used were pre- tested interview schedule.

**Findings:** It was found that 50.9 per cent of infected and 59.8 per cent of the affected children shared age cohort of 10-15 years; monthly income of most of households of the respondents showed less than Rs 3000; regarding HIV infection 37.5 per cent of the infected children received infection through mother to child transmission(MTCT). 40 per cent of the infected and 65 per cent of affected children were unaware about the duration of the infection; 84.2 per cent parents of the infected children were provided with health services like medication, health checkups, hygiene care etc. and 15.8 per cent did not received any such services; 67.3 per cent of the children who were provided health services by their parents/caregivers were availing Anti – Retroviral Treatment(ART); 98.5 per cent of children were getting their medicines timely from ART centres; 79.4 per cent of the respondents received counselling at the time of medicine dispensation either at ICTC or ART centres. Regarding status of children in family 11.7 per cent of infected and 13.6 per cent of the affected children felt that they were not being cared properly in family; 13.3 per cent of the infected children were not getting food like other uninfected members of family and 15.8 per cent of children were not allowed to eat meal along with

other family members and were forced to take meal separately; 49.6 per cent of affected children were asked to keep their bedding, clothing and other daily items, separately so as to prevent transmission of disease. 30 per cent, 73 per cent and 50 per cent of the infected children reported physical, verbal and emotional abuse respectively by the family members; in case of affected children, 29 per cent, 69 per cent and 46 per cent of children reported the same in various forms of abuse; regarding status of children in education context 93.3 per cent of infected and 96.4 per cent of affected children were enrolled in the school, only 75.9 per cent of infected and 85.8 per cent of affected children attended the school regularly and the remaining children failed to attend school due to frequent illness. The major reasons found during the study for not going to school were frequency of illness(50%), parents had fear that if the child would reveal HIV+ ve status in school(38%); it was found that among the children, who had disclosed their HIV positive status in school, more than(62.5%) infected and affected children(63.6%) did not had friends. Regarding awareness about welfare programmes it was found that 73.3 per cent of infected and 82.7 per cent of affected children were aware about the welfare programmes being provided in the localities where they lived; 89.9 per cent of infected and 100 per cent affected children were aware of the midday meal scheme being supplied in the government schools; 85.2 per cent of infected and 90 per cent of affected children were aware of free book distribution in the government schools; children were not aware about the ICDS, ICPS,NRC and other beneficial schemes for children.

**Recommendations:** It is recommended that extensive educative/ awareness campaigns by the social workers and paramedical staff should be deployed in the community to generate necessary awareness regarding HIV care. Training programmes should be developed with a separated module for health care providers and counsellors to accustom with not only micro skills but also other supportive schemes; it is suggested to strengthen the institutional care for the orphaned children with protection mechanism to address their needs; linkages of programmes with HIV care should be taken up on priority basis.

**Key Words:** 1.HEALTH 2.AIDS AFFECTED CHILDREN 3.HIV/AIDS 4.CHILD RIGHTS 5.INFECTED CHILDREN 6.NACO 7.JJ ACT 2000 8.DROP IN CENTRES(DICs) 9.EDUCATION 10.AWARENESS OF HIV INFECTION 11.STATUS OF HEALTH CARE OF INFECTED CHILDREN 12.ART CENTER 13.SOCIAL CONTEXT 14.SOCIO ECONOMIC PROFILE 15.HEALTH CARE 16.ICPS 17.INTEGRATED COUNSELLING AND TESTING CENTERS(ICTCs) 18.MOTHER TO CHILD TRANSMISSION(MCT) 19.ALLAHABAD 20.BANDA 21.DEONA 22.ETAWAH 23.MAU 24.UTTAR PRADESH.



## JUVENILE JUSTICE

15. Sharma, Poonam et al. (2013).  
Status of Functioning of CWCs under Juvenile Justice System in  
Northern Region : Himachal Pradesh, Punjab, Chandigarh, Uttarakhand:  
A Report. New Delhi : NIPCCD.

G18616

**Background:** The JJ Act envisages separate machineries to deal with the two groups of children, distinct from those of the adults, namely the Child Welfare Committee (CWC) for the Children in Need of Care and Protection (CNCP) and the Juvenile Justice Board(JJB) for the Children in Conflict with Law(CICL). The responsibilities of CWC include care, protection and rehabilitation of children in need of care and protection. Any child rescued from hazardous occupation, abusive home, brothel, abusive family or any other such exploitative situations is produced before the CWC who is mandated to conduct an enquiry to ensure his or her optimum rehabilitation with minimal damage.

**Objectives:** To study the awareness level of chairpersons/ members of the CWCs in terms of their role, responsibilities, functions and powers; to review the implementation of Juvenile Justice(care and protection of children) Act, 2000 and Amendment Act, 2006 and central / state rules in terms of formation and functioning of CWCs in all districts of these states; to understand the procedures and intervention followed by the CWCs in the process of rehabilitation of children, including inter – state transfers.

**Methods :** The study was conducted in four states /UT in the northern region of the country (Himachal Pradesh, Punjab, Chandigarh and Uttarakhand). 15 CWCs were selected as a sample for the study. Tools used were proforma/schedules, interviews and observation method.

**Findings:** About 93.3 per cent CWCs in the four states /UTs followed the norms prescribed in JJ Act; 80 per cent of CWCs in the four states /UTs did not had any fixed duration of meetings; regarding total number of cases received by 15 CWCs maximum number of cases were received by Uttaranchal(43), Punjab(26), Chandigarh(4) and Himachal Pradesh(2). The physical infrastructure available for the functioning of CWCs in four states did not exist in two – third cases(67); except for Chandigarh, facilities like safe drinking water, toilets, record room etc were nonexistent in the states of Punjab, Uttarakhand and Himachal Pradesh; post of welfare officer was found to be vacant in all four states; work was either done by the members of CWC or superintendents of the home; despite having funds under ICPS for setting up of CWC there were no

equipments at all in the CWCs of Uttarakhand, Himachal Pradesh and Punjab for the effective functioning. About 85 per cent of homes were registered under JJ Act; all the children's homes were catering to the needs of either boys or girls; children's homes in all four states were functioning with very limited resources as they expressed that there was a shortage of staff, resources and funds; 14 out of 15 districts did not constitute Special Juvenile Police Unit (SJPU) as informed by CWC members. District Child Protection Unit(DCPUs) being the most important body for coordinating various tasks with CWCs at the district level under ICPS actually did not exist in all the four states. Almost 72 per cent of homes did not constitute Management and Children Committees, similarly 72 per cent of homes were found without suggestion boxes; it was observed that CWC chairperson/ members were unaware of many of the provisions / roles prescribed under JJ Act; 60 per cent of CWCs did not ensure preparation of individual care plan for children without which, planning for rehabilitation as well as restoration, including follow up was incomplete. Only 13.33 per cent of CWCs used the provision of free legal aid to be offered to children with Uttarakhand taking a lead in this direction (25%). Only 40 per cent of CWCs were ensuring follow up of both the categories of children, i.e., children restored to families as well as children placed in non –institutional care; about 50 per cent of CWCs were being monitored either by state government or any other government unit like District Programme Officer, magistrate etc. in remaining 47 per cent CWCs, monitoring was not being done at all.

**Recommendations:** Provision of adequate infrastructural facilities as well as adequate dedicated staff is a pre-requisite to have the CWC visible vibrant and geared towards carrying out responsibilities prescribed under JJ Act 2000; follow-up of children post restoration is an area to be strengthened; creation of resource directories of all bodies providing care and protection to children is essential; more interaction between police and NGOs is required in these states/UTs; the list of all SJPU and NGOs should be with CWC to understand their roles in child protection.

**Key Words:** 1.CHILD PROTECTION 2.JUVENILE JUSTICE SYSTEM 3.CWCs 4.CHILD RIGHTS 5.CHILDREN IN NEED OF CARE AND PROTECTION 6.JJ ACT 7.JJB 8.CHILDREN IN CONFLICT WITH LAW(CICL) 9.CWC MEMBERS 10.SUPPORT SERVICES 11.CHILDREN HOME 12.SPECIAL JUVENILE POLICE UNIT(SJPU) 13.DISTRICT CHILD PROTECTION UNIT(DCPU) 14.LEGAL AID.

## C. Research Abstracts on Women and Gender Issues

### HEALTH

16. Khan, Ashraft Ali and Bhati, S.K. (2013).  
A Study of Awareness of CBD Workers about their Job Description.  
*Indian Journal of Adult Education, Vol.74(4) : 60-72.*

G18622

**Background:** Community based distribution(CBD) is non-clinical, health family planning delivery outreach approach, where by trained volunteers or salaried community agents who are not health professionals operates with relative autonomy to provide low technology, safe services and information. CBD workers are usually supported by a clinic based program referrals, which provide access to a broader range of health services.

**Objectives:** To study the socio – economic and personal profile of CBD workers; to assess the awareness of CBD workers about their job description.

**Methods:** The study was conducted in two districts of Uttar Pradesh (Agra, Firozabad). There were 200 respondents in the research study.

**Findings:** All the CBD workers were female, 85 per cent were educated up to eighth class or more; 60 per cent of the respondents were in the age group of 24 to 34 years; majority of the respondents had favourable attitude towards family planning; 89 per cent of the respondents had 12 to 18 months of work experience. The mean score of job description awareness was 16.11 and the mean percentage score was 57.52; the mean score on service delivery aspects was 8.33 and for counseling it was 7.78; mean per cent score(MPS) of service delivery was higher(59.50) in comparison to the education and counseling(51.83). Regarding awareness of respondents on different items of education and counselling like “information education about family planning” the awareness of the respondents was considered very good as 85.5 per cent of the respondents were aware about the job item. On other items like “information to couples about RCH services” information education about contraceptive methods, “information education about RTIs, STDs, HIV and AIDS etc. was considered good as more than 70 per cent of the respondents were aware about them. The awareness of the respondents was considered satisfactory about the job item “counseling infertile couples for treatment as 54 per cent respondents were aware about this job item. “Counselling pregnant women for normal rest”, “Inform pregnant women and her family members about

pregnancy related complications”, etc the awareness of the respondents was very poor as only 22- 30 per cent of the respondents were aware about these job items. Regarding items like take an appropriate “action for dropout cases”, Identify all pregnant women in the service area” “ensure pregnant women have gone there prenatal checkups” etc the awareness of respondents was considered very good as 80-90 per cent of the respondents were aware about these job items. “Follow up of copper T” vasectomy, tubectomy cases, “Regular supply of condoms and pills” the awareness of the respondents was considered good as 69-77 per cent. The awareness of the respondents was considered satisfactory about the job item “Identification, referral of RTIs, STDs and HIV AIDS cases as 56 per cent respondent were aware about it. “Ensure pregnant women have been fully immunized” taken iron and folic acid tablets regularly, “Referring pregnant women in case of complications” the awareness of respondents was very poor as only 23-35 per cent of the respondents were aware about these job items.

**Recommendations:** Program implementing agencies must be given due care about the awareness of workers about their job description; during the pre – service training or orientation they must ensure that the trainees are well versed with the jobs that they have to perform in the field; trainings should be planned keeping in focus the job descriptions of the workers.

**Key Words:** 1.HEALTH 2.AWARENESS CBD WORKERS 3.COMMUNITY BASED DISTRIBUTION(CBD) 4.SOCIO ECONOMIC PROFILE 5.POVERTY 6.EDUCATION 7.HEALTH FACILITIES 8.STATE INNOVATIONS IN FAMILY PLANNING SERVICES PROJECT AGENCY(SIFPSA) 9.RURAL URBAN AREAS 10.COUNSELLING 11.SERVICE DELIVERY 12.FAMILY PLANNING 13.AWARENESS 14.AGRA, FIROZABAD 15.MIRZAPUR 16.BAREILLY 17.UTTAR PRADESH.

## NUTRITION

17. Kulkarni, Bharati et al. (2011).  
Regional Body Composition Changes During Lactation in Indian Women from the Low-Income Group and their Relationship to the Growth of their Infants. *Nutrition News*, October, 32(3).

G18618

**Background :** Maternal energy requirements are greatest during lactation. Women from low income groups do not have adequate weight gain during pregnancy with probably low fat mass accrual. Women start lactation without adequate energy reserves. In addition they breast feed their infants for a period of 18-24 months postpartum and have short inter pregnancy intervals. Energy stress during lactation leads to maternal tissue depletion.

**Objectives:** To examine the regional body composition changes in under nourished lactating women for 18 months postpartum; to see whether the weight gain of the infants was related to the body composition changes in their mothers was also assessed.

**Methods:** A sample of 40 women who had undergone tubal ligation and attended the postpartum follow-up clinic in government maternity hospital Hyderabad were recruited for the study.

**Findings:** A total of 40 women were recruited for the study, however 35 women completed follow-up until 18 months; the reasons for loss to follow-up were a change of residence and cessation of breast feeding consequent to child's illness; the women belonged to the low-income group and their mean(SE) age, height, weight and body mass index were 23:5(0.5) years, 150.7(0.8) cm, 45.5(0.9) kg, and 20.0 (0.4) kg/m<sup>2</sup>, respectively; the mean(SE) birth weight was 2.8(0.6) kg, and the mean(SE) duration of postpartum amenorrhea was 7.0(0.8) months. Diets were typically cereal based and intake of all of the major nutrients was below the Recommended Daily Allowances (RDAs). Regarding body composition changes during lactation the whole body fat mass and lean mass did not showed significant changes during lactation, there were significant changes in the regional body composition parameters; fat mass in the arm region did not change, whereas fat mass in the leg region reduced significantly at one year after delivery; the mean body weight reduced by 1.2 kg from baseline to 18 months, this change was not statistically significant; percentage body fat, reduced significantly by one year; infant weight and length measurements during the 18-month period showed progressive growth faltering.

The lean mass in the arms and legs increased, the lean mass in the trunk regions reduced significantly during lactation; it was observed that loss of 1 kg maternal fat mass during lactation was associated with about 107 g higher weight gain in the infant however, increase in ASM by 1 kg was associated with about 580 g higher weight gain in the infant.

**Conclusion:** The study provides important information regarding lactation related changes in the regional body composition of young Indian women from the low socio economic group.

**Key Words:** 1.NUTRITION 2.RESEARCH NUTRITION 3.BREASTFEEDING 4.LACTATING MOTHERS 5.ODY COMPOSITION CHANGES 6.LOW INCOME GROUP 7.INFANT GROWTH 8.POST PARTUM 9.MATERNAL TISSUE DEPLETION 10.WOMEN HEALTH 11.WHO 12.RAD 13.DIETARY INTAKE 14.NUTRITIONAL STATUS 15.COMPLEMENTARY FEEDING 16.EDUCATION 17.ILLITERACY 18.HYDERABAD.

18. Prabhat, Archana and Begum, Khyrunnisa. (2012).  
Food Consumption Pattern and Nutritional Status of Women Laborers  
from Coastal Areas of Karnataka. *National Journal of Community  
Medicine, April-June, Vol.3(2) : 321-325.*

Source : [www.njcmindia.org](http://www.njcmindia.org)

G18621

**Background:** Culture and socio economic status of the population influence food choices and pattern of consumption, while consumption of some food items is likely to vary according to season and often based on availability and price. With respect to food consumption, urban women are reported to have better access to a variety of food items. The coastal region was selected for study lies adjacent to the highland of the western ghats that have thick vegetation, there by different variety of fruits and vegetables are available.

**Objectives:** To develop data based about dietary practices of women from the coastal belt and correlate with their nutritional and health status especially with respect to the development of obesity.

**Methods:** A cross sectional study was conducted on 120 women labourers employed in construction industries, cashew factories, beedi making etc in the coastal areas of Karnataka. The women participants were in the age group of 25-45 years. Data was obtained using interview questionnaire.

**Findings:** Daily wage for women was 150 Rs/day and monthly payment varied from less than Rs 4000-5000, educational level of the participants was poor, 86 and 27 per cent had primary and high school education respectively; the food consumption pattern essentially similar pattern of consumption was noted among the two groups (type of payment) for most of the food groups; women from both the groups consumed cereals daily, and pulses were consumed two times a week. Fruits, sea foods and eggs were consumed two times a week to 2-3 times a month; it was noteworthy that intake of greens was appreciable since 28-46.3 per cent women consumed it daily. The diet type did not seem to influence eating pattern except that the frequency of intake of pulses was less frequent among non-vegetarian. It was observed that comparatively less percentage of women from daily wages and the vegetarian groups were overweight against non-vegetarian. Central obesity was prevalent in 90-100 per cent of women regardless of their BMI; all the variables selected were non significantly associated with diet type and type of payment, where in WHR had highly significant association with type of payment.

**Recommendations:** Creating awareness and making them self sufficient in modifying food behavior and life style pattern within their accessible environment should be included as an intervention strategy in the regional programmes.

**Key Words:** 1.NUTRITION 2.NUTRITIONAL STATUS-WOMEN 3.FOOD CONSUMPTION 4.NUTRITIONAL STATUS 5.WOMEN LABOURERS 6.COASTAL AREAS 7.SOCIO ECONOMIC STATUS 8.OBESITY 9.EDUCATION 10.DIETARY PRACTICES 11.HEALTH STATUS 12.WAGES 13.PATTERN OF CONSUMPTION 14.OVERWEIGHT 15.BMI 16.KARNATAKA.

## WOMEN WELFARE

19. Murria, Priyanka and Verma, Satish. (2013).  
Self Help Groups and Empowerment of Women in Delhi. *Man and Development, Vol.35(4) : 75-84.*

G18619

**Background:** In the recent years, most of the countries across the globe are in a “sweeping mood” to promote micro-finance not only as positive “development intervention” but also as a “development panacea”. The purpose of such an initiative is to promote the welfare of the society as a whole by targeting the most talked developmental objective of poverty alleviation.

**Objectives:** To study the impact of self help group information on the confidence level of members in selected areas of Delhi; to analyse the impact of SHG on the capacity building of SHG members.

**Methods:** The study was conducted in three districts of Delhi. A sample of 225 SHG women participated in the study. Tools used were structured comprehensive questionnaires and personal interview method.

**Findings:** As far as confidence of female SHG members to talk within the family was concerned, the t-value was highly significant in all the three relations viz. Jahangirpuri (t-value-20.54, significant at 0.01 level), Mukundpur (t-value-42.14, significant at 0.01 level) and Dwarka(t-value = 74.00, significant at 0.01 level), the confidence of members has increased in all regions but maximum increase was reported in Dwarka. Maximum rise in confidence level to talk in public was observed in case of SHGs in Mukundpur as it had highest difference in means compared to other regions (Means: before joining the SHG = 1.64, after joining the SHG = 2.63); members had overcome shyness and hesitation in all the three regions; regarding capacity building through continuous process of expressing and listening of the views, the ability to understand and solve problem improved slowly and gradually. Training provided to the SHG members helped them in enabling to try new ventures and activities with rational thinking. There were significant differences among the three groups as far as their ability to understand and solve problem was concerned this was due to the fact that t-value was highly significant in all the three regions viz. Jahangirpuri (t-value = 21.00, significant at 0.01 level), Mukundpur (t-value = 32.19, significant at 0.01 level) and Dwarka (t-value = 19.71, significant at 0.01 level). Maximum positive change was noticed in the SHG groups of Mukundpur which had highest difference in mean (Means: before SHG = 2.44, after joining = 1.51). As far as ability to try new ventures was concerned, there were significant differences among the three regions viz. In Jahangirpuri (t-value = 10.58, significant at 0.01



level), Mukundpur (t-value = 13.83, significant at 0.01 level) and Dwarka (t-value = 12.93, significant at 0.01 level); a positive significant impact was noticed in all the three regions but maximum positive impact was noticed in case of SHGs in Mukundpur (Means: Before joining SHG =1.12 and after joining the SHG = 1.87). Regarding ability to take criticism the t-value was significant in all the three regions viz. Jahangirpuri (t = 6.63, significant at 0.01 level); Mukundpur (t-value =8.29, significant at 0.01 level) and Dwarka (t-value = 10.25, significant at 0.01 level). The maximum positive change was observed in SHGs of Dwarka as it had highest difference in means (Means: before joining SHG = 1.13, after joining SHG = 1.72).

**Conclusion:** The social impact of SHGs on the women SHGs members was found positive. After information of the SHGs, significant improvement in confidence to interact within the family and the general public was observed. An increased ability to understand and solve problems, improved ability to try new ventures and ability to take criticism was also reported.

**Key Words:** 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.WOMEN EMPOWERMENT 4.MICROFINANCE 5.NABARD 6.CAPACITY BUILDING 7.CONFIDENCE BUILDING 8.WORK PARTICIPATION 9.POVERTY 10.SOCIO ECONOMIC STATUS 11.SOCIAL EMPOWERMENT 12.CONFIDENCE TO TALK IN PUBLIC 13.ABILITY TO UNDERSTAND AND SOLVE PROBLEMS 14.ABILITY TO TAKE CRITICISM 15.DELHI.

20. National Commission for Women. (2011).  
Role of Status of Women Cultivators in Rajasthan. New Delhi : NCW.  
G18624

**Background:** Women have to bear the double burden of domestic chores in addition to their agriculture work. In India, feminisation of agriculture is taking place but it is not always in the interest of women as they are forced to work at home and spend more hours and take more responsibilities. They suffer more as they have lesser access to resources and land. Reduced welfare levels of women and low productivity implies disutility of increased effort and absence of a linkage between effort and income.

**Objectives :** To study the role and status of women cultivators in women headed and non women headed families and to see the impact on agriculture both in economic and non-economic terms ;to examine the status of women who are khatedari tenants; to compare and analyze the wages differentials based on gender for agriculture labourers.

**Methods:** The study was conducted in two districts of Rajasthan Jaipur and Ajmer. A sample of 120 households was taken up for the study, 60 from each subdivision. Tools used were personal interviews and pre-tested questionnaires.

**Findings:** Women cultivators age varied between 23 years and 65 years with mostly in age group of 40 years to 50 years; mostly men helped in all agriculture operations even when land was in the khatedari of women; women cultivators did not find any difficulty in purchasing of agricultural inputs. No women farmer has ever attended any training programme and none was organized as well as a result productivity level of both irrigated and a rain fed crop was low. Women cultivators experimented problems in getting bank loan, most of them never got any loan for agriculture purpose. Women cultivators were dependent on the income from the land and performed major work of the household. Only small minority of women owned land in their own names and this land was usually of a very small size. Land owning women had more control over decision making on land; many women reported higher participation and decision making power in the community as a result of owning land; the majority of women reported to own land in their own name so that it would be easy for them to manage household affairs in a better way; many women reported that owning land would not make major improvements in their lives.

**Recommendations:** Providing women cultivators with training in appropriate technology including soil-conservation and water harvesting methods, launching of adult literacy programs are needed with input for agricultures methods and technology for rural women to enable them to benefit from new technologies and improved methods of production systems. Reviewing of land rights policies and farmers' right initiatives and explicitly addressing concerns of women farmers.

**Key Words:** 1.WOMEN WELFARE 2.AGRICULTURE AND WOMEN 3.WOMEN EMPOWERMENT 4.WOMEN CULTIVATORS 5.WOMEN EMPLOYMENT 6.RURAL WOMEN 7.EDUCATION 8.STATUS OF WOMEN 9.SOCIOECONOMIC STATUS 10.AGRICULTURAL LABOURERS 11.KHATEDARI 12.TENANTS 13.WOMEN HEADED HOUSEHOLDS 14.AGRICULTURE 15.WATER HARVESTING METHODS 16.SHGs 17.JAIPUR 18.AJMER 19.RAJASTHAN.

21. Ramaswamy, Rama and Jyoti Kumar, N.V.R. (2013).  
Women Weavers in Mizoram : Sustaining Livelihood through Cluster  
Development. *Indian Journal of Gender Studies*, 20(3) : 435-452.

G18620

**Background:** The eight states of India's north east (NE) have the largest concentration of handlooms in the country and about 50 per cent of the handloom work force. The government of India envisaged augmenting the industrial development of the country with a thrust on inclusive growth in the eleventh plan by applying cluster development work participation in the handloom sector is dominated by female workers in India. Almost 78 per cent of the total adult handloom workers are females and 88 per cent of whom reside in rural areas.

**Objective:** To look at the prime entrepreneurial motive and the impact of micro-enterprises on live livelihood in terms of the extent of dependence of entrepreneurs households on handloom enterprises, the proportion of small weavers and income earned from the enterprises in Thenzawl cluster.

**Methods:** A sample of 97 entrepreneurs, which is 50 per cent of the total number of entrepreneurs (194) were selected for the study. The study was conducted in Mizoram. Data was collected through field research by administering a structured questionnaire and personal interview.

**Findings:** Over three – fourths of the sample entrepreneurs in the cluster were below 30 years of age; 20.62 per cent of them belonged to the 30 -40 years and 2.06 per cent were more than 40 years when they started their enterprises; majority of entrepreneurs have utilised the weaving skills acquired from their mothers to produce handloom products commercially in order to earn a livelihood; the literacy level of the respondents was high 93.81 per cent. Almost all the entrepreneurs in the present study were women who started their own micro – enterprises with one or two looms. It was observed that 68.04 per cent of the entrepreneurs were totally dependent on weaving and 22.68 per cent considered agriculture as their main occupation. The cluster consists mainly of micro-enterprises owing few looms and 44.32 per cent of the sample enterprises were operating with one or two looms; 10.31 per cent of the entrepreneurs earned more than Rs 1,00,000 and 12.37 per cent of entrepreneurs earned up to Rs 20,000 annually; 90 entrepreneurs among the sample of 97 were self employed in their enterprises. 60 per cent of the workers employed in the sample enterprises were working as full time weavers, whereas 12.10 per cent were part time weavers; the sample enterprises alone were providing employment to more than ten per cent of the population of Thenzawl;

the women weavers in the cluster preferred to operate their looms in close proximity to their homes so that household chores can be managed along with their weaving activities; it was observed that the wages were determined on the basis of the number of products manufactured rather than the hours of work put in. Girl children undertook weaving /allied activities before going to school and after coming back from school; they normally dropped out of school in class 7 or class 8 after attaining competence in weaving handloom products independently; there was a total absence of any kind of professional consultancy services with regard to technical assistance, design quality control and other services in cluster.

**Recommendations** : A common facilities center(CFC) should be set up in the cluster to support the enterprises on a continuous basis by providing technological support; there is a urgent need to address the problems of production by providing more looms to the marginalized entrepreneurs at subsidized rates; there is a immediate need for the intervention of government agencies to provide credit and banking facilities in the cluster, especially to cater to the financial requirements of small and marginal weavers.

**Key Words:** 1.WOMEN WELFARE 2.WOMEN WEAVERS 3.WOMEN EMPOWERMENT 4.WOMEN EMPLOYMENT 5.WOMEN WEAVERS 6.CLUSTER DEVELOPMENT 7.HANDLOOM ENTERPRISES 8.TRIBAL WOMEN 9.SERCHHIP DISTRICT 10.INCOME GENERATION 11.SOCIO ECONOMIC FACTORS 12.MICRO ENTERPRISES 13.POVERTY 14.GENDER PARITY 15.THENZAWL 16.MIZORAM.

22. Stiftung, Rosa Luxemburg and Berlin. (2013).  
Analyzing the Strengths and Weakness of Women Elected  
Representatives in Panchayati Raj Institutions in Rajasthan. Jaipur : Shiv  
Charan Mathur Social Policy Research Institute.

G18606

**Background** : The main objective of Panchyati Raj was to develop a system of development and democratic decentralisation of powers with the aim to foster rapid social and economic development and prompt justice. Women sarpanchs even today are dominated by male members of the family to take decisions as per their desire. More efforts are required by the state and the civil society to enable the elected women representatives to perform their constitutional role in an effective manner.

**Objectives** : To assess the situation and gaps in empowerment process at the Panchyati Raj level; to study and identify gaps in the present training modules for the Panchyati Raj representatives.

**Methods** : The study was conducted in five districts of Rajasthan(Ganganagar, Ajmer, Jodhpur, Alwar and Udaipur. A sample of ten elected women representatives (EWR) five men elected representatives (MER) two pradhans and Zila pramukh were selected for the study. Tools used were personal interviews, and questionnaires.

**Findings** : About 60 per cent, sarpanch were illiterate or literate to the extent to be able to sign their, names 52 per cent female sarpanchs had no political background where as 48 per cent came from families of politicians, 72 per cent women sarpanchs either did not speak at all(60%) or partially participated(12%). Only 28 per cent women sarpanchs, answered themselves out of 50 women sarpanch 47 were elected because of the reservation policies. Economic independence was mentioned as a reason for women sarpanch involvement in panchayat affairs; 36 per cent women sarpanch had no knowledge about transferred departments; in training most respondents desired information related to law and rules and regulations to deal with their responsibilities. Almost all women sarpanch agreed that MGNREGS has helped in generation of employment facilities like roads, etc and migration has reduced; programmes of nutrition and immunization has been liked by 90 per cent women sarpanch as this has helped in reducing diseases in children, all women sarpanchs agreed that primary education has increased in villages. On social justice, 100 per cent women sarpanchs agreed that schemes like old age pension widow pension and disability pension were beneficial; women sarpanch suggested that ration shops should be in or near the villages.

**Recommendations** : Reservation to women in Panchyati Raj should be continued; greater attention in training is needed on legal and financial aspects related to their working so that sarpanch can take proper and independent decision.

**Key Words:** 1.WOMEN WELFARE 2.PANCHAYATI RAJ INSTITUTIONS 3.WOMEN ELECTED REPRESENTATIVES 4.RAJANM 5.SHG 6.WOMEN AND DEVELOPMENT 7.LITERACY RATE 8.WOMEN SARPANCHS 9.EDUCATIONAL STATUS 10.ATROCITIES AGAINST WOMEN 11.TRAININGS 12.MGNREGS 13.INDIRA AWAS YOJANA 14.EMPOWERMENT OF WOMEN 15.RURAL WOMEN 16.RAJASTHAN.

23. Stiftung, Rosa Luxemburg and Berlin. (2010).  
Status of Women Representation in Urban Local Bodies of Rajasthan.  
Jaipur : Shiv Charan Mathur Social Policy Research Institute.

G18625

**Background** : Women in Rajasthan, lives under the strain by various forms of oppressions. These are evident from social, cultural and religious pressure in family, law politics, government programs, information services and education. In the context of rapid urbanization the role of urban local government becomes important in the proper management of the urban areas.

**Objectives**: To ascertain the status of women representatives in the urban local bodies of Rajasthan and to examine their role along with the efficacy and gaps in implementation and implications of the laws enacted for the reservation of a women candidate in urban local bodies as well as record the perception and problems faced by them. To ascertain the role of women in framing women centered programs.

**Methods** : The proposed project covered municipal corporations in Jaipur and Jodhpur, municipal councils in Alwar and Hanumangarh and municipal and boards in Barmer and Bundi. The total sample size was of 60 respondents. Tools used were personal interviews and questionnaires.

**Findings** : Majority of women councilors belonged to respective political parties, and had been elected on party tickets, their interaction with their political parties was ineffective and there was no reflection of their political views and affiliation in their activities outside or inside the local bodies. 30 per cent councilors were either graduates or post graduates; 98.3 per cent of the sampled women councilors were married; 80 per cent of the councilors had entered the political and electoral arena for the first time. 91.7 per cent of councilors found reservation as profound necessity in order to provide an opportunity for them to show their mettle in an area considered to be male dominated. 61.7 per cent of elected councilors stated that they received party support; 66.7 per cent of the councilors stated that they did not spend most of their time on corporation council related work; only 33.3 per cent councilors took their civic work seriously; regarding maximum number of problems been brought to women councilors by women 60 per cent councilors, were ahead of their male counter parts in this respect. Women members of the community did bring problems to the notice of women councilors, but their input was too little; 75 per cent of women councilors had good relations with officials of civic body; 60 per cent councilors had direct access to officials for the redressal of problems brought to

them. 38.3 per cent councilors were enthusiastic participants and raise important issues for discussions and follow up action in meetings; according to 83.3 per cent responses the political parties have not framed any specific programme for the betterment of women and as per the views of 75 per cent women councilors there was no special emphasis on the problems faced by women in civic bodies too. When asked to rate the performance of women councilors chairpersons as against their male counterparts, 55 per cent women councilors found no difference while 33.3 per cent stated that women councilors were doing much better than their male colleagues; majority of voters(51.6%) preferred candidates on the basis of their ability; voters had a positive view with regard to the performance of the present women councillors when asked about the attitude of women councillors majority of them(66.8%) found the attitude as good while 13.25 per cent stated it as bad.

**Recommendations:** Women councilors should undergo intensive training to compensate for lack of experience. There is an urgent need to sensitise women councillors about discriminatory practice vis-a viz women. There is a need to give enough space for the programmes on women related issues, in order to bring them at par with their male counterparts and women councillors should be associated with the planning process.

**Key Words:** 1.WOMEN WELFARE 2.STATUS OF WOMEN 3.URBAN LOCAL BODIES 4.WOMEN REPRESENTATION 5.SOCIO ECONOMIC PROFILE 6.WOMEN COUNCILORS 7.WOMEN RELATED ISSUES 8.WORK PARTICIPATION RATE 9.WOMEN AS ELECTORS 10.FINANCIAL STATUS 11.POLITICAL AFFILIATION 12.CIVIC BODIES 13.TRAINING 14.PANCHAYATI RAJ INSTITUTIONS 15.JAIPUR 16.JODHPUR 17.ALWAR 18.HANUMANGARH 19.BARMER 20.BUNDI 21.CHOMU 22.NATHDWARA 23.NAWA 24.MANDALGARH 25.RAJASTHAN.

24. Thaimej, Lamalu and Devi, Th. Premabati. (2013).  
Impact of Self Help Groups on Lives of Women. *Indian Journal of Adult Education, October- December, Vol.74(4) : 84-94.*

G18623

**Background:** SHG is a viable organized set up to disburse micro-credit for the purpose of making enterprising and encouraging entering into entrepreneurial activities. It becomes a process to empower women socially politically and economically. SHGs have become a regular component of the Indian financial system since 1996. These groups have proved as cyclic agents of development in both the rural and urban areas.

**Objectives:** To study the impact of SHG on pre and post SHG status of members in terms of occupation income and benefit to study certain skills gained by the SHG members.

**Methods:** The present study was undertaken in IE district Manipur. Five members from each selected SHG were selected for the study. The primary and secondary data was used for the study.

**Findings:** The age profile of the selected SHG members showed that 37.50 per cent were in the age group of 40 – 50 years, 37 per cent belonged to 30 – 40 years etc; the educational profile of the members were illiterates (7.50%) primary level(11.5%) graduate(14.5%) 94 per cent of the respondents were married. 12.5 per cent of respondents were not engaged in any income generating activities in pre SHG stage where as in the post SHG all the respondents were engaged in one or other; before joining SHG 12.50 per cent of the respondents had no income of their own and none of them earned above Rs 1700 in a month before they joined SHG. In the post SHG stage, their income improved and there was no one without any income; the benefit gained by the SHG members were rise in income (89%) development of regular saving habit (88.55%) decrease dependence from money lenders(79%). The members of SHG developed skills like leadership entrepreneurial, marketing, different income generating skills etc; there were many factors responsible for lowering the effectiveness of SHG illiteracy of members, lack of proper leadership and guidance by promoters, promotion of income generating activities mismanagement of the resources etc.

**Recommendations:** Proper training should be given in respect of information and organization of SHG basic finance and inter – linkage with the banks, promotion of instant income generating activities etc. The state government should formulate a state policy on SHG.

**Key Words:** 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.MICROFINANCE 4.SOCIO ECONOMIC DEVELOPMENT 5.NABARD 6.WOMEN EMPOWERMENT 7.WOMEN ENTREPRENEURS 8.BANK LINKAGE 9.RASHTRIYA SEVA SAMITI (RASS) 10.INCOME GENERATION 11.EDUCATION 12.OCCUPATION STATUS 13.SKILL DEVELOPMENT 14.MANIPUR.



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A Research Study on the Nature, Incidence, Extent and Impact of Sexual Harassment of Women at Workplace in the State of Maharashtra. Nagpur : YES.

G18581

**Background** :\_Sexual Harassment at work place may be defined, as any unwanted sexual attention that is explicitly or implicitly made a condition for favourable decisions affecting a women's employment or that which creates an intimidating hostile or offensive work environment.

**Objective** : To study the nature, extent and incidence of sexual harassment of women at work place. To examine the sufficiency or otherwise of the provisions of law to provide safety and protection to women at work; to identify the correlates of sexual harassment used against women.

**Methods** : The study was conducted in the state of Maharashtra. A sample of 600 women was drawn from the universe of working women employed in organized and unorganized sectors of employment in four regions of the state Vidarbha, Marathwada Konkan and rest of Maharashtra. Tools used were interview schedule and observation sheet.

**Findings** : Out of 600 working women 39 per cent of them were from organized sector and about 38 per cent were from unorganized sector similarly 39 per cent were from rural areas; regarding educational status about 20 per cent of the working women were found to be illiterate and 18 per cent had education up to primary level. 68 per cent of the working women stated that their working hours were scheduled during day time between 10.00 am to 6.00pm and only six per cent of them had their working hours during night; only 62 per cent of the working women felt safe and secured at work place; majority of the respondents had limited perception of sexual harassment at work place, about 66 per cent perceived it as physical contact and advances of sexual nature and 58 per cent as request or demand for sexual favours'. About 37 per cent working women were victims of sexual harassment at work place, about 17 per cent of the respondents out of 600 reported that co-workers were the perpetrators of sexual harassment in their cases, and seven per cent named managers or supervisors as perpetrators. 12 per cent of the respondents were being sexually harassed for the last few months, seven per cent for the last one year or so and six per cent for many years, 22 per cent of the cases of harassment took place during working hours. About 22 per cent neglected, seven per cent objected and resisted and about two per cent tolerated the first unwelcome sexual behaviours of the co-workers, supervisors, managers or

employers, about 41 per cent of the respondents got angry, 37 per cent gave strong warning and 20 per cent totally neglected the moves of the perpetrators; as far as intervention and support of members of the working team was concerned it was revealed that out of 224 cases of sexual harassment at work place, the co-workers intervened and supported the victims only in about 41 per cent of the cases. 65 per cent respondents spoke about the incidents of sexual harassment to their friend, co-workers or superior authorities; nearly 41 per cent of the victims reported the incident of sexual higher authorities by filing a complaint against the perpetrators.

About 44 per cent of the 91 complainants were greatly dissatisfied with the way in which their complainants were disposed off by the employers; a very large number of respondents had no knowledge of the Supreme Court guidelines for preventing sexual harassment of women at workplaces. About 81 per cent of the victims who lodged complaints were not satisfied with the functioning of the complaint committees in their establishments due to a number of reasons. More than 50 per cent of the victims of sexual harassment were so much disturbed mentally that they were constantly thinking of resigning the job. As far as employers were concerned it was observed that about 52 per cent were aware of the ruling of and the guidelines issued by the Supreme Court of India in respect of sexual harassment of women at work place. Out of 14 establishments in which complaint committee was constituted only ten were functioning and four were only on paper. About 61 per cent of the employers did nothing for preventing sexual harassment at work place; it was observed that out of 100 NGOs and social activists interviewed only 34 per cent had taken cognisance of sexual harassment of women at work place since long and 27 per cent very recently.

**Recommendations:** The central and state governments should, launch a drive to identify the defaulting establishments, institutions and organizations and punish them suitably and compel them to follow the guidelines. Every employer must design a very clear sexual harassment prohibition and prevention policy which must be known to each employee in the organization. Sex education should form a part of university curriculum so that the youths are acquainted with the possible consequences of sexual harassment of women.

**Key Words:** 1.WOMEN WELFARE 2.SEXUAL HARASSMENT AT WORK PLACE 3.WOMEN PARTICIPATION 4.EDUCATION STATUS 5.WORKING WOMEN 6.MARITAL STATUS 7.WORKING HOURS 8.PERCEPTION OF SEXUAL HARASSMENT 9.INTERVENTIONS 10.REPORTING 11.IMPACT OF SEXUAL HARASSMENT 12.STATUS OF JOB 13.SUPREME COURT GUIDELINES 14.WOMEN IN DIFFICULT CIRCUMSTANCES 15.SEXUAL ABUSE 16.URBAN AND RURAL AREAS 17.MAHARASHTRA.

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