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RESEARCH STUDIES ON WOMEN & CHILDREN

CHILD LABOUR

1. Agarwal, Manish. and Tewari, Ravi. *ed.* (1999).
Eradicating child labour while saving the child. Jaipur : CUTS
Centre for International Trade, Economics & Environment. 33 p.

Abstract : The study was carried out to examine the situation of child labour in the carpet industry of Jaipur district, Rajasthan. Rajasthan was taken for the case study because the incidence of child labour in Rajasthan is higher than the national average. Field survey and interviews were conducted, and information/data was gathered from primary and secondary sources. Articles 23, 24, 39 (e) and (f), 45 and 51 (c) of the Constitution showed the nation's concern to eradicate child labour. It was found that 92 children were engaged in the carpet industry, and of these 71 were males. Almost all the children described their job as non-hazardous, and 53 children liked their jobs. The main reason for child labour was poverty, and the child's income was used to support the family. It was found that nearly all the children were illiterate, so there should be provision of free and attractive schooling for children. Expenditure on education should also be increased. It was suggested that remedial measures should not only target child labour, but also focus on other forms of child abuse. While advocating a ban on child labour, there should be a scheme for compensating the individual child who loses his job. NGOs should initiate awareness-building programmes for children. South Asian Association against Child Servitude (SAACS) initiated the programme called RUGMARK, which guarantees the buyer that the carpet is manufactured without child labour. NGOs should make an effort to aid poor families in different ways. To restrict the supply of child labour in the market, it may be appropriate to build a centre for vocational training, so that alternative methods of skill building are available.

Key Words : 1.CHILD LABOUR 2.CHILD LABOUR ELIMINATION
3.CHILD LABOUR CARPET INDUSTRY 4.CHILD LABOUR RAJASTHAN
5.RECOMMENDATIONS FOR CHILD LABOUR 6.CHECKLIST FOR CHILD
LABOUR 7.INTERNATIONAL PRESSURE.

2. Bukhari, Fouzia. et. al.. (1999).
The Situation of child workers among hanjis : a pilot study. Leh,
Ladakh : Save the Children Fund. 21 p.

Abstract : The study was conducted in Srinagar, Kashmir, near Dal Lake, to assess the situation of child workers, and understand how these families are coping with their social and economic problems. Interviews and field surveys were conducted in 50 pockets (21 Shia, 26 Sunni, 3 fishermen pockets) and 100 houseboats. 345 families were covered which provided data about 1447 siblings/children. The study covered Houseboat Owners, Vegetable Growers and Fishermen. **Houseboat Owners** comprising 100 respondents, 90 males and 10 females, were interviewed and of them 73 respondents were literate. These 100 respondents, provided information about 252 siblings, of whom 158 were males and 94 were females. Enrolment rate was 67% for boys and 61% for girls. About 90% children dropped out from school during the peak period of militancy between 1989 to 1993 because of economic hardships and the fear of going out. Prior to militancy, the average monthly income of the houseboat owners was between Rs.20,000 – 30,000. For economic reasons, young boys aged 12-18 years went outside the Valley to work as salesman or as touts. **Vegetable Growers** belonged to two religious groups, namely Shia and Sunni. 102 Shia respondents were taken, of whom 49 were adults and 53 were children below 21 years of age. All adult respondents were married, with an average of 5 children. It was revealed that 20% children were school-going and remaining 80% were child workers. From these 102 Shia participants, information was collected about 464 siblings. Of the 208 school going age children, 55% were working. A total of 129 Sunni respondents were taken, which comprised 52 adults and 77 children. Information was collected regarding 466 siblings. Of the 175 school going age children, 52% were working. The three reasons given for not sending the children to school were turmoil, poverty and inaccessibility of schools. **Fishermen** community was the poorest of all the Hanjis. Out of 14 respondents interviewed, 8 were children and 6 were adults. From these respondents, information was collected about 60 siblings. The level of education was very low. The monthly income of fishermen was around Rs.2000 per month, which forced the families to send their children to earn. It was suggested that a public campaign should be organized to make Hanjis understand the importance of education, so that 100% school enrolment amongst children below 14 years is achieved. Unemployed youth and disguised labour should be involved in micro-enterprise development. Working children, involved in chain stitching, carpet weaving, mat making etc., should be organized to form economic groups; their skills should be enhanced; and non-formal education must be

provided. The root causes for which these children work should be addressed. Government should formulate policies and programmes for appropriate interventions.

Key Words : 1.CHILD LABOUR 2.JAMMU AND KASHMIR 3.CARPET INDUSTRY 4.BOATMEN 5.ARMED CONFLICT 6.HANJIS 7.TOURISM INDUSTRY 8.GIRL CHILD LABOUR 9.GIRL CHILD EDUCATION 10.EDUCATION OF GIRL CHILD 11.TERRORIST VIOLENCE 12.CHILD VICTIM.

3. V.V. Giri National Labour Institute, NOIDA. (2003).
National child labour projects : an evaluation. NOIDA : VVG NLI, 118 p.

Abstract : The study was carried out in 2001 to assess the functioning of National Child Labour Projects, particularly the schools being run by them. Two stage sampling method was adopted. In the first stage, 50 project districts from 13 states were selected based on the following criteria, (i) periodicity of the projects (ii) prohibited occupations and processes, and (iii) spatial spread. At the second stage, 524 schools from sampled districts were taken. Data was collected through questionnaires, interviews, case studies and focus group discussions. It was found that the stipend given and nutrition provided in schools were important determinants of enrolment and retention of children in schools. It was also revealed that at times, staff sanctioned for the project office was not fully in position. Results showed that periodic surveys for identification of working children was often absent in project areas. The amount given for mid-day meals was grossly inadequate, and the meals served were insufficient in quantity and supplied lesser calories. It was suggested that Project Society of NCLPs should hold quarterly camps for officials and non-officials for effective convergence, where interaction can be enhanced, especially with the mothers of child labourers. It was recommended that appointment of a full time Project Director is essential to run the project effectively. Teachers should be given training in multi-grade teaching. A system of awards should be instituted to recognise and appreciate the best performing districts and states, to increase the motivation of project societies.

Key Words : 1. CHILD LABOUR 2.NATIONAL CHILD LABOUR PROJECT 3.LIST OF CHILD LABOUR PROJECTS 4.CHILD LABOUR ELIMINATION 5.ELIMINATION OF CHILD LABOUR.

4. V.V. Giri National Labour Institute, NOIDA. (2000).
Tools for convergence : a national perspective 1974-1999. NOIDA :
VVGnLI. 69 p.

Abstract : This study was a joint effort of V.V.Giri National Labour Institute and UNICEF. The main objective was to examine the convergence of different development programmes to eliminate child labour. It also aimed to establish linkages between economic variables and concomitant changes in the organisation of society, particularly with regard to class structure, education and the role of Government in assuring basic social and economic security. A sample of 114 districts from 12 states and 25 development programmes were selected. The states were Andhra Pradesh, Bihar, Delhi Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, U.P. and West Bengal. The various development schemes selected were National Literacy Mission (NLM), Indira Awaas Yojana (IAY), National Child Labour Projects (NCLP), Mid-Day Meal Scheme (MDMS), Jawahar Rozgar Yojana (JRY), etc. These schemes aimed at rural development, poverty alleviation and employment, education, health and sanitation, and women and child development. The analysis was based on correlation, regression and factor analysis technique. According to Census of India 1991, the total population of sample districts was nearly 30.3 million and out of these the total child population aged 5-14 years was estimated to be 5.81 million. In the sample districts, the average incidence of child labour was estimated to be 8.04%; and nearly 4.5% of the total workforce comprised children aged 5-14 years. Regression results showed that out of 22 variables, only 2 variables were affecting child labour namely, total number of programmes in the district, and the workers to population ratio. It was found that instead of focussing on overall literacy drives, programmes which emphasized female literacy would help to eliminate the problem of child labour. The correlation results suggest that an increased per capita credit available to the community in general, would help in the reduction of child labour. Child labour endemic districts had a relatively low index of development, and there was a strong presence of development programmes in these particular areas, so there is a possibility of convergence of services in the selected districts. Increased diversification of economic activities would also go a long way in combating the problem of child labour.

Key Words : 1. CHILD LABOUR 2.CONVERGENCE OF SERVICES
3.ELIMINATION OF CHILD LABOUR.

CHILD WELFARE

5. Gautam, Irada. (1999).

The Difficulties girls face in families, in Ramghat and Ghusra villages of Surkhet district, mid-western Nepal. Kathmandu : Save the Children. 92 p.

Abstract : This research focussed on the difficulties faced by girls, their parents and siblings; community leader's feelings about them; and suggested ways to remove their problems. The study was conducted from November 1998 to February 1999 in Ramghat and Ghusra villages of Surkhet District, Mid-Western Nepal. A total of 155 people were taken of whom 116 were children (96 girls, 20 boys) and 39 were adults. 3 different castes namely, Kami/Damai, Brahmin/Chhetri and Tharu were chosen for the sample. Group discussions, observations and semi-structured interviews were conducted of pre-adolescent girls aged 6-9 years, adolescent girls aged 11-18 years, married adolescent girls aged 14-20 years, brothers aged 12-18 years, parents of adolescent girls, and community leaders of 2 sample villages. A total of 32 adolescent girls were interviewed. The 6 key issues identified as significant in making their lives difficult were low value and status, workload, mobility restriction, scolding and attitude of parents, early marriage, and attitude of neighbours. Some solutions suggested were peer education should be started; all girls should protect themselves and be strong; etc. Among the group of 20 married adolescent girls, it was observed that they were the most marginalized and isolated group in terms of getting emotional and physical support. They experienced heavy workloads, but they felt it was normal. However, their in-laws felt that the workload was necessary to prevent them from running away with another man. Out of the 6 Kami/Damai girls, 5 women's husbands went to India because of quarrels with their wives. Tharu girls faced pressure and threats from their husbands and parents-in-law; and lacked control over their lives. All these victimized girls advised their younger sisters to continue their education, not to marry early and maintain good relationship with their in-laws. The sample of 20 brothers felt that girls ran away and got married to avoid hard work and often boys and men tease them when they walked alone. Brothers suggested that the workload of girls should be shared, they should get higher education, get support in purchasing stationery and clothes, and society and Government authorities should punish men who made girls illegally pregnant. Forced early marriage, son preference and parental bias in property matters were some of the barriers mentioned by

brothers. 29 pre-adolescent girls were selected and they were all happy till the age of 6 years, but after that they were kept busy in household activities, parents scolded them and called them prostitutes in anger. 12 parents of adolescent girls were interviewed. Parents were happy with their daughters if they helped in household chores but they were angered if their daughters married of their own choice. Parents felt that mobility restrictions were necessary for girls after 15 years of age because often neighbours gossiped about their daughters. It was suggested that parents should understand children's views and give them time for study. Community leaders from 21 VDCs felt that the household work burden fell mainly on girls and most girls dropped out after primary schooling. Parents' favoured early marriage of girls, and their behaviour and attitude towards girls was different regarding money matters because of the belief that daughters were 'other people's property'. VDC representatives suggested sharing of housework, legal rights of girls in property and healthy environment for their holistic development. It is a big challenge to eliminate discrimination against girls. It was recommended that adolescent girls and boys should be involved in decision making, groups should be set-up by NGO and INGOs for married adolescent girls who are isolated by all; sex and reproductive health education should be introduced in schools; and programmes should be designed to provide equal opportunities to girls and boys. A campaign network should be started from local to national level to overview the deficiency in present legislations and policies concerning property rights. There is a need for further research to understand why some girls can exercise their rights more than others.

Key Words : 1. CHILD WELFARE 2.GIRL CHILD DISCRIMINATION
3.DISCRIMINATION AGAINST GIRL CHILD 4.ADOLESCENT GIRLS
5.PROBLEMS OF GIRLS 6.EARLY MARRIAGE 7.GIRL CHILD
8.CHILDREN AND DECISION-MAKING PROCESS 9.PARTICIPATION OF CHILDREN
10.VIOLENCE AGAINST WOMEN.

6. Ghimire, Sita. (2000).

An assessment of interventions to reduce violence and discrimination against girls in South Asia. Kathmandu : Save the Children (UK), Office for South and Central Asia Region, Kathmandu. 101 p.

Abstract : The study was carried out in 2000 to analyse the impact of 7 organisations working to prevent violence and discrimination against girls in India, Nepal, Pakistan and Bangladesh. These organisations were Adithi (Bihar, India), Rozen (Pakistan), Community Based Child Development

Project (Nepal), Naripokkho (Bangladesh), Navjyoti Centre (Nepal), Gramya Resource Centre for Women (India), and Shoishah (Bangladesh). A sample of 135 girls was taken and of them 32 girls had benefited from organisational programmes. Data was collected through group discussions, individual interviews and observations. Results showed that two major approaches were adopted to protect and support girls. One was the preventive approach, which was used to protect girls from abuse and discrimination; and the second was the rehabilitation approach, used to support those girls who had already encountered violence and abuse. It was found that programmes were more effective and sustainable when local people were involved. Community awareness could be raised through community meetings, home visits, cultural programmes, talks and rallies. It was suggested that service institutions such as police thanas, courts and forensic department in hospitals, and their behaviour towards abused girls, should be monitored. Different strategies should be used while working with different groups of girls, such as group counselling for acid burn survivors, individual counselling for rape and incest survivors, etc. It was also recommended that print and electronic media could be more effective in creating awareness on sensitive issues like sexual exploitation of girls. More sensitive and competent male staff should be involved in changing male attitudes in the communities and in institutions. Different organisations should work in close co-operation and collaboration to support girls. Save the Children UK's global agenda was protection of children from violence, therefore, they should ensure that each country and its regional office should have someone responsible, ensuring that they address this issue effectively, in respective countries, through their programmes.

Key Words : 1. CHILD WELFARE 2.VIOLENCE AGAINST GIRLS
3.VIOLENCE INTERVENTION PROGRAMME 4.DISCRIMINATION
AGAINST GIRL CHILD 5.GIRL CHILD DISCRIMINATION 6.GENDER BIAS
7.EMPOWERMENT GIRLS 8.REHABILITATION OF ABUSED GIRLS
9.VIOLENCE AGAINST WOMEN 10.VOLUNTARY ORGANIZATION
VICTIMS OF VIOLENCE 11.VOLUNTARY ORGANIZATION WOMEN
WELFARE.

7. Save the Children Fund, New Delhi.. (1999).
All child rights for all children : situation analysis of children of
Delhi. New Delhi : SCF. 65 p.

Abstract : The study was conducted in Delhi in 1999 to analyze the situation of children, especially girl child. It covered the aspects like Child

Labour, Street Children, Girl Child, Education, Health and HIV/AIDS. Data was collected from secondary sources like Government Organizations, International Organizations, Non-Government Organizations, etc. Personal visits and interviews were also taken. World Health Organization (WHO) found Delhi to be one of the worst polluted cities in the World. **Child Labour** : A study showed that there were over 4,00,000 working children and at least 25% of them were engaged in hazardous trades with high health risks. Child labour was caused due to illiteracy, limited earning options due to poor skills, and unsupportive socio-economic environment. Central Delhi had the highest number of working children on streets. According to the study conducted by NGOs, working children were highly concentrated in New Delhi, Old Delhi and Nizamuddin Railway Stations, Connaught Place, Nehru Place, Chandni Chowk and market places like Karol Bagh, Sarojini Nagar, Kamla Nagar, etc. Articles 23, 24, 45, 51(c) and 39 (e, f) of the Constitution, various Acts and Commissions show the Nation's concern for working children. Some NGOs and International organizations are also working in this field, namely SEWA, Ankur, Butterflies, Alarippu, Ankuran, Katha, UNICEF, International Labour Organisation (ILO) and South Asian Coalition on Child Servitude (SACCS). **Street Children** : UNICEF estimated over 30 million street children in the world; 11 million in India; and 5 lakhs in Delhi. Most of the street children in Delhi were malnourished and in poor health. The 8th Five Year Plan was the first one to identify 'street children' as a separate target group, and included child beggars, disabled children, destitute children, delinquent children and children of sex workers. National Human Rights Commission (1992), Indian Council for Child Welfare (ICCW), Prayas, Theatre Action Group (TAG), etc. and International organizations like UNICEF, UNAIDS, World Vision and Plan International are addressing the issue. **Girl Child** : Delhi has an adverse sex ratio of 827 females per 1000 males. NHRC in collaboration with UNICEF, WHO, CARE-India, Delhi Government, Delhi Police and NGOs are working to reduce Child prostitution and Child marriage. **Education** : The major goal of Govt. of Delhi was to provide universal access to elementary education to all boys and girls, 6-14 years of age by 2002 A.D. It was found that enrolment of girls was nearly equal to that of boys at the primary level, but from class V onwards, enrolment of girls decreased. Major factors for girls dropping out were family related factors, school related factors and pupil related factors. Education for All (EFA), Non-formal Education and National Open School are the efforts towards universal enrolment. NGOs like Anubhav Shiksha Kendra (ASK), Deepalaya Education Society (DES), Prayas, Plan International, etc. are also working for education of children. **Health** : Infant Mortality Rate (IMR) decreased from 47.62 in 1982 to 29.55 in 1994. The causes of mortality and morbidity among children were poverty, high birth order, poor health status of mother, poor nutrition, etc. In Delhi, health services are looked after by three agencies, Directorate of Health Services, MCD and

NDMC, and they provide general health services, maternal and child health services, and family planning services, respectively. Prayas, Voluntary Health Association of Delhi (VHAD), etc. are also working actively in the health sector. **HIV/AIDS and Children** : National AIDS Control Board (NACB) and National AIDS Control Organisation (NACO) were set up to combat the AIDS epidemic. Nav Jeewan Sewa Mandal was the first transit home in India for AIDS child patients in Rohini. NGOs like NAZ Foundation, Prayas, etc. and official bodies like UNAIDS, NACO, etc. are addressing this issue. There are different programmes and schemes to combat the above problems faced by the children. The study unearthed gaps between Govt. efforts, NGOs initiatives and support from funding agencies, and it was found that services do not reach needy and deserving persons. Efforts should be made towards the same.

Key Words : 1. CHILD WELFARE 2.SITUATION OF CHILDREN DELHI 3.SITUATION OF CHILDREN 4.CHILD LABOUR 5.STREET CHILDREN 6.GIRL CHILD 7.EDUCATION 8.HEALTH 9.CHILDREN IN DIFFICULT CIRCUMSTANCES 10.RIGHTS OF THE CHILD 11.CHILD RIGHTS 12.POOR CHILDREN 13.SLUM CHILDREN.

8. Savithri, R. Kole, Subir. K. and Sakhuja, Anjali. (2002).
Sexual behaviour among adolescents and young people in India series. New Delhi : MAMTA Health Institute for Mother and Child.
28 p.

Abstract : This study looks at issues of sexual behaviour among the young, both married and unmarried, in India. It discusses in detail, patterns and factors influencing sexual behaviour, and emerging trends in youth sexuality and sexual behaviour in India that significantly influence the health and development of young people. Sexual behaviour has important health consequences, both physical and psychological. A positive experience of sexuality can have a good impact on a young person's personality and development. The onset of sexual activity in India was found to be taking place within the context of marriage, and is consistent with the strong emphasis placed on female purity and chastity, and is sanctioned by family elders. Early marriage continues to be a norm even today, and about 45% of all women aged 15-19 years are married. Adolescent marriages are on the decline now a days, and the age of marriage is increasing, both in rural and urban areas. Hence, an understanding of heterosexual relationships of adolescents and young people, within which sexual activity may take place before marriage, may be significant. Estimates suggest that over 25% of unmarried boys and

relatively fewer girls have engaged in sexual activity. Majority of young females and males cite love as a motive for sexual relationship. One study revealed that only 40% girls had a boyfriend, while 30% boys had a girlfriend. Studies from Mumbai reported 47% males and 31% females had experienced physical relationships. Estimates showed that 25% male students in a Delhi School, and 28% male college students in Mumbai reported pre-marital sexual experience. This signals a significant trend in adolescent sexual activity all over India. While 75% of boys agreed that having casual friendship is acceptable, only 10% and 30% of girls in urban slums and resettlement colonies, respectively, holds this view. About 5-7% boys reported sexual relations with sex workers and others from outside their communities. It is believed that Pornography, which has both psychological and sociological effect, promotes negative social issues on one hand, such as child sexual abuse, violence against women, rape, family breakdown, crime, youth crime, Sexually Transmitted Diseases (STDs), and on the other hand its exposure makes one comfortable with their own sexuality and knowledge on related issues. More than 80% students had been exposed to pornography at least once during their adolescent years. Factors that influenced sexual behaviour of an individual are media, peer group, socialization and the family, parental control, and the level of knowledge and attitude. Parental education plays an important role in the knowledge of adolescents and youth on sexuality related issues. Parents were the source of information in case of about 15% respondents, and only 1.7% respondents who viewed pornographic literature, were hostel residents. They were even found to have a better knowledge of sexuality as compared to those staying with their parents. There is an increasing openness about pre/extra-marital relationships in society. Study revealed a trend towards increasing sexual expression, particularly among the younger age group. There is a steady decrease in the age of first intercourse. Research and mass media have increasingly begun to focus on sexuality and sexual behaviour, as it needs to be at the center stage of any attempt to curtail epidemics like HIV/AIDS. Open discussion on issues like homosexuality, MSM, sexual harassment, and rape may be the first step towards addressing these issues. 'Education for Sexuality' would empower and prepare young people for healthy sexual relationships in future. Government policy and programmes need to address these issues.

Key Words : 1. CHILD WELFARE 2.ADOLESCENT SEXUALITY
3.SEXUALITY 4.REPRODUCTIVE HEALTH.

9. Thind, Satinderjit and Jaswal, Sushma. (2004).
Gender bias in education among the rural Sikhs of Punjab. *Journal of Educational Planning and Administration*, 18(1) : 49-56.

Abstract : The study was conducted in three cultural zones of rural Punjab, namely Majha, Malwa and Doaba. The objectives of the study were to study the attitudes of rural parents with respect to female education, belonging to the three different cultural zones; to assess the causes leading to female illiteracy in rural areas; and to identify parental and adolescent's reasons for discontinuation of studies in the different zones. In Punjab, male literacy rate is 75.63% and female literacy rate is 63.55% (Census 2001). In Punjab, the district Nawanshahar has the highest female literacy ratio i.e. 75.56% and district Mansa has the lowest literacy rate i.e. 45.07% (Census 2001). The criteria for inclusion in the sample was that the family should belong to Sikh religion, it should have marginal land or no land; and each family should have children of both sexes in the adolescent age group. The sample comprised 400 rural Sikh families. Information was gathered by interacting with female members of the family, and by attending social and religious functions. The findings revealed that families belonging to southern Malwa were least interested in the education of their female children. It was further observed that only a very small proportion of the girls had ventured outside the village for attaining higher education. Parents remained apprehensive for finding a suitable marriage partner for their daughters if girls attained higher education. Sex discrimination still prevailed in the community for granting permission to daughters to go for higher education. Girls had also internalized this belief so deeply that they never asserted their rights for seeking higher education. Matriculation or higher secondary levels are generally considered to be high enough for girls. But no such level had been prescribed for boys. The problem of physical security for the girls was uppermost in parent's minds, if they had to travel on their own to places outside the village. No family was interested in getting their daughters employed in good jobs, but education was most sought after for sons, to help them become economically sound, which would in turn enhance the status of the family. The primary cause of low priority for female education was the continuation of traditions and out-dated rigid ideas. Household responsibilities were considered another significant reason, which kept the girl child away from school. Statistics revealed a drastic fall in the number of girl students when they moved to higher grades. There were only 12 higher secondary schools, 39 middle schools and 353 primary schools for females in these areas. Though the condition for girls' education were not very satisfactory in all cultural zones of rural Punjab,

the area of southern Malwa was observed to be behind other zones. The people of southern Malwa attached greater importance to dowry at the time of marriage of their daughters. Attention has to be shifted to the values prevalent in society, and the regional culture, instead of depending entirely on economic growth of the country. Eradication of gender discrimination can not succeed unless it is accompanied by structural changes such as removal of cultural barriers against women's access to education and employment, and equal involvement of women in family decision making. Education system needs restructuring so that learning of life skills could be given more importance. Necessary infrastructure should be developed in rural /remote areas to smoothen the journey of girls seeking education.

Key Words : 1.CHILD WELFARE 2.GIRL CHILD EDUCATION 3.GENDER BIAS 4.SIKH COMMUNITY.

DESTITUTE CHILD

10. Dabla, Bashir Ahmed. (1999).

Impact of conflict situation on women and children in Kashmir : report of the research project. Srinagar : Kashmir Univ., Department of Sociology. 90 p.

Abstract : Study was conducted in 6 districts of Kashmir valley that suffered severely due to militancy, namely Baramulla, Srinagar, Kupwara, Pulwama, Anantnag and Budgam. The objectives of the study were to understand the prevailing conditions of life of widows and orphans after the death of their husbands and fathers, respectively; to know the nature and amount of support provided to them; to make an assessment of their well-being and future prospects with regard to health, education, personality development, income and gender; and also to provide a platform for the Government and non-government organizations for formulation of policy and programme implementation. The sample of the study comprised 300 widows and 300 orphans, who were all Muslim. The relevant information was collected through questionnaire and interview methods. It was found that 12.67% respondents had to shift to a new and unusual place of residence; while 57.66% returned to their parental place; 53.66% opted for living separately; and 18% preferred to stay with their in-law's family after the death of their husbands. Those who had to shift, cited specific reasons like relocation by their fathers or brothers, due to conflict with in-laws, harassment at the hands of in-laws, poverty of the

family, burning of their houses, and remarriage of some widows. 13.33% women respondents had to go out of their homes to earn a living, while 86.33% were already working or were helped by either relatives, NGOs or neighbours, and earned an amount ranging from Rs.600/- to Rs.4000/- per month. Major source of financial support to the widows were relatives and individuals 33%, Government Organizations 33.66%, Non-Governmental Organizations 7.33%, others 1.33%, while 24.66% did not receive any support. After the death of their husband, parental families supported 56.67% women respondents, while their ex-husband's families supported 41.33% respondents. This support included financial help, clothing, shelter, school fees, food items and moral support. Remarriage of widows took place in 8.66% cases, while 91.33% widows did not go for remarriage. 89% of the women respondents decided not to marry in future, because of social security of their child/ children and due to their advanced age. Women in general developed three sets of problems – (i) emotional stress, denial of inheritance rights, sexual harassment and social undesirability; (ii) mismanagement of home affairs, losing control over children, and inferiority complex; (iii) loneliness, physical insecurity, over-burden of domestic and other works, and compulsion for remarriage. The survey revealed that 84.66% child respondents lived with their mothers, 4% with their uncle, 9% with mothers' father, and 2% with their father's father. These children faced problems like economic hardships, psychological setback, denial of love and affection, and apathy by relatives and friends. Total dropouts among child respondents were 57% during 1989-1999; 27% at primary level, 48% at middle level, and 25% at the metric and above level. Children who were not going to school were engaged in domestic work (3.65%), handicrafts (37.80%), automobile workshops (3.65%), non-governmental service (3.65%), and business houses (3.65%). These child workers felt that they got lesser wages and were exploited regularly. Child respondents got support from both non-governmental sources and governmental sources. They were mainly concerned about their career in future. Orphan children wanted money to take care of day-to-day expenses, formal education, cost of establishing a business, construction of their house, and others. It was recommended that there should be effective participation of all, especially NGOs in the purposeful and effective implementation of Government programmes and schemes. The future financial support system must not be individual oriented but must be institutionalised and must be made transparent. All financial and non-financial support extended by national and international agencies/organizations should be put together to make the programme more solid and effective, and also to save wastage of funds. Education, especially at the elementary stage, must be made compulsory for the orphans. Higher education expenses of meritorious and competent children should be borne by the Government. A check should be put on exploitation of child labour by fixing the wages and monitoring payments.

Support systems must ensure fulfilment of basic needs of the families of widows and orphans without any discrimination.

Key Words : 1.DESTITUTE CHILD 2.TERRORIST VIOLENCE 3.CHILD VICTIM OF TERRORIST VIOLENCE 4.CHILDREN IN DIFFICULT CIRCUMSTANCES 5.WOMEN IN DIFFICULT CIRCUMSTANCES 6.CHILD VICTIM 7.ARMED CONFLICT 8.JAMMU AND KASHMIR 9.WOMEN AND CHILDREN 10.IMPACT OF VIOLENCE 11.VIOLENCE AND WOMEN.

11. Haugaard, Jeffrey J. (2004).

Recognising and treating uncommon behavioural and emotional disorders in children and adolescents, who have been severely maltreated : borderline personality disorder. *Child Maltreatment*, 9(2) : 139-145.

Abstract : To provide more effective clinical services to children and adolescents who have been severely maltreated, the New York State Office of Mental Health sponsored the development of several guides to assist clinicians providing services to these children and adolescents. The article provide an introduction to each disorder, and a list of behaviors that indicate the presence of the disorder. Effective interventions cannot focus only on the child, but must involve others like family, school, mental health professionals, and community- based organizations. Many severely maltreated children will have one or more co-morbid disorders. It is important to recognize all the disorders that a child is experiencing to provide the most effective interventions. Severe abuse and the family environment may be significant factors in the development of borderline personality disorders. Borderline personality disorder is diagnosed when the pattern of behaviours is severe and characterizes an individual's personality. The central characteristics of children with borderline personality disorder are marked impulsivity and instability of relationships, affects, and self-image. People diagnosed with borderline disorder were usually characterized by high levels of parental inconsistency and conflict. Many clinicians found themselves developing a negative style of interaction with their borderline clients. They also reported withdrawing from their clients in a variety of ways. The study suggested three ways of dealing with borderline personality disorder children namely i) controlling anxiety and developing a therapeutic relationship; ii) promoting the development of healthy defenses, and iii) promoting an ongoing process of learning to internalize rather than project feelings. It was recommended that for clinicians specific substance – abuse therapies should accompany a more

general post of psychotherapy. Cognitive interventions can be useful with milder forms of violence. Mood – stabilizing drugs may be effective in cases involving episodic outbursts of violence. Parents, foster parents, or other care – givers need education about the borderline child’s relationship styles. Parents and clinicians should work together to develop strategies for dealing with children. In consultation with parents and teachers, strategies for helping siblings or other children cope with the child should be developed and implemented. Coordination between the child’s home and school is required.

Key Words : 1.DESTITUTE CHILD 2.CHILD ABUSE 3.PERSONALITY DISORDER 4.BEHAVIOUR PROBLEM 5.EMOTIONAL DISORDER 6.CHILD PSYCHOPATHOLOGY.

12. UNESCO, New Delhi. (2001).

Education for street and working children in India. New Delhi : UNESCO. 232 p.

Abstract : The study assessed and evaluated the programme of education for children in difficult circumstances, with special reference to street and working children in India. The objectives of the study were i) to examine the initiatives of the Government, international and voluntary sectors for eradication, rehabilitation and education of street and working children; ii) examine the quality of teaching – learning material, teaching aids and teaching methods; iii) measure the level of skills learnt by the enrolled students; and iv) identify teaching – learning material packages which can be further improved. The study, conducted in 2000, was based on field surveys of 45 NGOs, and was conducted in Ahmedabad, Bangalore, Chennai, Delhi, Hyderabad, Kanpur, Kolkata, Mumbai, Varanasi, Allahabad, Bhubaneswar, Ferozabad, Mirzapur, Shikohabad and Sivakasi. Data was also collected through informal group discussions and personal observations. Street children were categorized into children on the street and children of the street, and further classified into two groups, namely roofless and roofless rootless. The Institute of Socio-Economic Change, Bangalore reported that 35 per cent of children dropped out in the first two years of schooling. The number of out – of – school children in Kolkata, Mumbai, Delhi, Ahmedabad, Hyderabad and Bangalore was estimated to be 12.92%. The state of Andhra Pradesh (9.98%) had the highest incidence of child labour and Punjab (3.04%) recorded the lowest proportion of child labour. The Ministry of Social Justice and Empowerment launched two programmes for children, namely ‘Child Help Line Services’ and ‘Government – NGO – Corporate Sector Participation in

Children's Homes'. Children need protection from abuse in the cities. Preventive measures required were support to families in poverty, creating broad - based awareness among parents and society, addressing the factors underlying family disintegration, providing employment for adults, and support in times of crisis, strong childcare programmes, relevant schooling, psychological support to children, and efforts to address the roots of domestic violence to keep families intact. It was found that there has been a significant decrease in the proportion of out - of - school children from 50 to 30 % during 1991 to 1995-96. The findings indicate that the enrolment of children in school helps in curtailing child labour. It was observed that the reasons for not sending children to school included lack of awareness, poverty and expensive schooling. It was found that there were 2.5 million out - of - school children surveyed and a majority of them were 'on the street' category of children (68%). 'Of - the - street' category of children usually succumb to drug abuse, alcoholism, sexual assaults and are convicted for petty thefts. These children are unaware of the existence of several agencies providing support to them. The majority of NGOs surveyed did provide non-formal education to these children but only 25% of these NGOs provided day/night shelters, healthcare, clothing and vocational skills. More boys were enrolled in NFE centres run by NGOs but girls were adequately enrolled in a number of government funded NFE schools. 75% of the enrolled children in NFE schools were from 'on- the - street' category and the remaining 25% were from 'of - the - street' category. Only 27% of the enrolled children were working and their earnings were meagre, thus the general belief that children are not enrolled in schools because of their earnings, is not supported by the results of this study. There was need to appoint qualified teachers with relevant training skills, bring uniformity in the course structure and improve the curriculum. There is a need to further develop the teaching - learning materials developed by some NGOs. Government should recognize elementary education as a fundamental right and take steps to eliminate child labour. A nodal agency should be formed to converge various activities for these children. Government, local authority, civil society and NGOs should work together. The ultimate goal should be mainstreaming of all children in the formal education system. UNESCO should strengthen national efforts to provide education for all by 2015 A.D. Government of India must increase the budget allocation for elementary education. Accountability of NGOs and regular monitoring of activities must be an integral component of Government funded educational programmes.

Key Words : 1.DESTITUTE CHILD 2.STREET CHILDREN EDUCATION
3.VOLUNTARY ORGANISATION STREET CHILDREN 4.STREET AND
WORKING CHILDREN 5.SCHOOL DROPOUT 6.OUT OF SCHOOL
CHILDREN 7.SUCCESS STORY 8.BEST PRACTICE.

EDUCATION

13. Nayar, Usha. (1999).

Planning for UPE of girls and women's empowerment : gender studies in DPEP. New Delhi : National Council of Educational Research and Training. 32 p.

Abstract : A study was conducted in 44 low female literacy districts of 8 states of India, namely Madhya Pradesh, Orissa, Haryana, Assam, Karnataka, Tamil Nadu, Maharashtra and Kerala, to identify areas of intervention for universalizing primary education among girls with focus on women's equality and empowerment. Interviews were conducted in 13013 households; with 2424 dropout girls; 4316 never enrolled girls; 792 teachers, 269 educational administrators and 416 community leaders in more than 400 villages and urban slums. Focus group discussions were also conducted with parents and community members. Study revealed that participation of women in educational administration is negligible in most districts. The provision of support services like Anganwadis and Balwadis were absent in sample villages of Madhya Pradesh and Orissa. Except for Tamil Nadu and Kerala, there was acute shortage of women teachers in rural areas. Linkages with other Departments like Women and Child, Social Welfare, etc. were not effective. Mahila Mandals and other women's groups were nearly absent in sample villages of Madhya Pradesh and Orissa, in other states, they were ineffective, at times functioning only on paper. Study found that parental motivation and education, followed by economic status of the household, were the key factors for continuance of girls in schools. The main reasons for girls dropping out of school were found to be poverty of the household, and gender based division of labour and resources. Lack of women teachers and separate schools for girls were among the most prominent factors for girls dropping out of schools in almost all the states. Poverty and social discrimination were the major hurdles faced by schedule caste and schedule tribe girls; while the restrictions on women and girls, and negative attitudes to girls' education were the prominent reasons for Muslim girls dropping out from schools. In the case of non-enrolled girls, domestic work and helping parents in their occupations, and being engaged in remunerative work, were found to be the chief reason in Tamil Nadu and Maharashtra. A combination of topographical and developmental factors, in addition to poverty and cultural factors, were also the main reasons for non-enrollment of girls. Programme interventions proposed for better primary education among girls include opening junior primary schools, open schools, residential schools; providing bicycles to girls for attending middle/high schools; adult education programmes for removal of parental illiteracy; condensed

courses of education of Central Social Welfare Board (CSWB), Open Schools and Balika Yojana; poverty removal and rural development programmes in low female literacy districts; separate toilets for girls in primary and middle schools; focus on training and upgrading local persons/ girls for teaching in remote areas; incentives like free books, stationery, uniforms, shoes, waiving off all extra tuition fees; and special schemes to be formulated to prepare women teachers from rural areas to teach in rural schools.

Key Words : 1.EDUCATION 2.GIRL CHILD EDUCATION
3.EMPOWERMENT WOMEN 4.EMPOWERMENT OF GIRL CHILD 5.DPEP
6.EDUCATION GIRL CHILD 7.SCHOOL DROPOUT 8.RETENTION
9.EDUCATION FOR ALL.

14. Women's Empowerment and Human Resource Development Centre of India, Thiruvananthapuram. (2001).
Functional efficiency of DPEP schools in Kerala. Thiruvanthapuram, Kerala : WEHRDCI. ~110 p.

Abstract : The study was conducted to assess the functional efficiency of DPEP schools in Kerala, the existing physical environment of the schools, and to assess the parental awareness and involvement in functioning of schools. Functional efficiency involves physical environment, students' activities, teachers' activities, availability of handbooks, learning activities, learners' involvement in the learning process, role of head teacher, and views of parents on DPEP and opinion of community. DPEP aims to reduce the learning burden of primary school children by developing comprehensive ability along with personality development of the learner. It also aims to build a learner friendly, learner centred and activity-oriented curriculum. In the new system, the function of education is to make the learner discover things by himself. Evaluation of the functional efficiency was carried out in 6 districts, namely Kasargod, Wayanad, Malappuram, Palakkad, Idukky and Thiruvananthapuram. 8 Block Resource Centres (BRC) were selected from 6 districts, and 5 schools were selected from each district, comprising a total of 30 schools. The study included 150 representatives of communities, 210 teachers, 30 head teachers, and also district project coordinators, programme officers, BRC functionaries, DIET facility, and other support service functionaries at state level. Questionnaires, field visits, informal discussions and focus group discussions were used to collect the data. Combined effort of learners, teachers, community and state support services, were required in primary education for the efficient functioning of the new system. Basic infrastructure facilities like furniture, toilet facilities, etc. were found to be

lacking in almost 50% schools. Under DPEP system, learners became very active, and a wider involvement of parents and community in the learning process and school activities was found. Pupils got an opportunity to express their abilities and special skills. Drawbacks of the new education system were low level of reading and writing ability of learners, slow learners not getting special attention, grading system followed in examinations, and the content of science and social studies text books was inadequate. It was recommended that physical environment and basic infrastructure facilities should be improved in order to improve classroom practices, and there was a need to improve the content and description of textbooks, giving more emphasis on reading and writing, and slow learners should be identified and given proper instructions. Study also included suggestions for educational reform, changes in examination system and evaluation method, encouragement in creative thinking and activities, de-linking of LP section from HS/HSS, and a check on the appointment of teachers to perform other duties like census operations, election work, etc. The whole DPEP system should be child centered, and training and awareness programmes should be organized for parents. The handbook for teachers should be made simple and practical, and slow learners should be provided with separate learning activities. In order to create awareness about DPEP, effective teachers training during holidays was suggested that could change the attitude of teachers towards the new system. Academic and administrative freedom to BRC, organized visits of media officers to BRC, collection of material from local sources, and encouraging democratic behaviour between school officials and higher authorities was recommended.

Key Words : 1.EDUCATION 2.DPEP KERALA 3.PRIMARY EDUCATION 4.SCHOOL ENVIRONMENT 5.FUNCTIONING OF SCHOOL 6.COMMUNITY INVOLVEMENT.

GROWTH AND DEVELOPMENT

15. Batheja, Ina. (2003).

Intimacy and self-disclosure : important dimensions of social relationship among urban youth. New Delhi : Lady Irwin College, Deptt. of Child Development. 62 p.

Abstract : The study was carried out to investigate the dimensions of self-disclosure and intimacy among urban college youth and their relationship with cross sex friends and siblings. A sample of 20 urban college youth, 10 males and 10 females, in the age group 18-21 years was taken. A sub-

sample of 15 youth, comprising the opposite sex friends and siblings of the sampled youth was also taken. Data was collected through semi-structured interviews. Convenience and snowballing sampling techniques were used. Results were obtained from 8 categories of assessment given by Hinde in 1979 namely, the content of interactions, diversity of interactions, quality of interactions, relative frequency of interactions, reciprocity and complementarity, intimacy, interpersonal perception and commitment. It was found that the respondents shared more activities with friends than siblings. With friends they utilised their time watching movies, talking, sharing notes and other study materials, discussion on various issues, etc. With siblings the respondents interacted only on weekends, so there was not enough scope to form emotional bonding through conversations or doing things together. Out of 10, 3 female respondents did not discuss much with their siblings, but with friends they discussed issues like education, career choice, philosophy of life, etc. About 80% respondents, both males and females said that they could only speak to their friends about sexuality. The other 20% were comfortable in sharing this issue with both siblings and friends. As far as family problems were concerned, about 6 female respondents wanted to share this problem with their siblings and not with their friends. Most of the males felt that discussions with younger sisters were a waste of time, whereas females felt that elder brothers adopted fatherly roles and younger ones were overprotective, so there was no need for conversation with siblings. Brothers perceived that their sisters would talk to their friends or parents for guidance. In terms of mutual involvement and understanding, all the respondents felt their relationships were more satisfactory with their opposite sex friends compared to their siblings. The degree of disclosure reciprocity was not as high with siblings as it was with their opposite sex friends, for all the respondents. About 80% males said that there was no intimate relationship with their sisters. Approximately 80% females felt that their friends were more reliable and faithful than siblings. About 80% female respondents said that they could understand their siblings' feelings, but never felt understood themselves. 100% male respondents reported that women were better listeners. Males felt that they respect and understand their friend's feelings, but they were not very close to siblings. It was found that with friends, the commitment was out of love, admiration and trust for each other, but with siblings it was like a responsibility. Some reasons for less disclosure with siblings were also given, such as, birth order time and opportunity available with siblings, shared experiences with siblings, difference of opinion, some major life events, threat of disclosure to parents, etc.

Key Words : 1.GROWTH AND DEVELOPMENT 2.RELATIONSHIPS
3.FAMILY RELATIONSHIPS 4.SIBLING RELATIONSHIPS 5.PEER
RELATIONSHIPS 6.INTIMACY 7.SELF DISCLOSURE 8.ADOLESCENTS.

16. Buck, Kathryn A and Ambrosion, Robert J. (2004).
Children with severe behavior problems : a survey of Texas Child
Care Centre's responses. *Early Childhood Education Journal*, 31(4) :
241-46.

Abstract : The study was designed to explore the issue of removal of children from Day Care Centres (DCCs) because of their behaviour problems. 34 Texas counties were covered in the sample. A brief survey and simple descriptive statistics were used to collect data. The data was divided into 2 categories – (i) DCCs with 50% or more children of colour (Group A), and (ii) DCCs with 50% Anglo Children (Group B). Research showed that poverty, unstable care giving, maternal depression, parenting stress and poor family relations were the major causes of children's behaviour problems. Results showed that 44% of Group B DCCs had been licensed for 10 or more years, which was a considerably longer time than Group A. 47% of response Group A children received subsidized care, whereas only 8% of response was received by Group B children. Response Group A reported higher percentage (17%) of children having behaviour problems than response Group B, where only 4% reported behaviour problems. Approximately, 33% of Group A DCCs and 60% of Group B DCCs did not have special procedures in place for working with children who exhibited problem behaviours. About 45% DCCs mentioned parental involvement as a major intervention in children's life. Nearly 50% of the entire sample of DCCs reported that in the past, they had to remove the child from the Centre because of behaviour problems. 85% respondents from both Groups requested that they require information on an intervention model for working with children who exhibited severe behaviour problems in a day care setting.

Key Words : 1.GROWTH AND DEVELOPMENT 2.BEHAVIOUR
PROBLEMS 3.DAY CARE CENTRES 4.CHILD CARE 5.SEVERE
BEHAVIOUR PROBLEMS.

17. Nair, M.K.C. Paul, Mini K. and John, Ramany. (2004).
Prevalence of depression among adolescents. *Indian Journal of
Pediatrics*, 71(6) : 523-24.

Abstract : The study was undertaken to find out prevalence and pattern of depression among school going, college going and school dropout students in Thiruvananthapuram district of Kerala. The sample consisted of 914 adolescents of whom 388 were school going girls, 430 school going boys,

80 college going girls and 16 school dropout girls. Questionnaires and Beck's Depression Inventory (BDI) technique was used. Results showed that severe depression was as high as 9.5% and extreme depression was 1.7% among school dropout girls. Among school going girls, severe and extreme depression was 2.6%, and 0.2% respectively. The percentage of severe and extreme depression was 1.4% and 0.2% respectively among school going boys. It was surprising that among college going girls depression ratio was nil. School dropout girls faced high, severe and extreme depression, hence they need to be specially targeted for future interventions. As these girls do not have opportunities for meaningful social interaction, they should be provided opportunities for the same. School going girls and boys should have access to group counselling facilities within schools. For needy children, individual counselling facilities should also be provided.

Key Words : 1.GROWTH AND DEVELOPMENT 2.DEPRESSION
ADOLESCENT 3.SCHOOL DROPOUTS 4.COUNSELLING 5.ADOLESCENT
6.ADOLESCENT COUNSELLING.

HEALTH

18. Bhatia, Vikas. et. al. (2004).
Immunization status in children. *Indian Journal of Pediatrics*, 71(4)
: 313-18.

Abstract : The study was conducted on a Pulse Polio Immunization (PPI) day to make a rapid assessment of the immunization status of children in Union Territory of Chandigarh. Study was conducted among 796 children in the age group of 12-23 months covering urban, rural and slum areas. A total of 40 Polio centres were randomly selected in proportion of area, i.e. 20 from urban, 16 from slums and 4 from rural areas. Staff, medical students and doctors from Government Medical College, Chandigarh, numbering about 200, was deployed in PPI campaign. Data was collected with the help of doctors and by interviewing mothers of the children in the specified age group. Children were considered fully immunized if a child was vaccinated against BCG, 3 doses of DPT and OPV and one dose of measles as recommended under Universal Immunization Programme (UIP). Evaluation study found that fully immunized children were 72.23%, partially immunized 22.99%, and unimmunized 4.64% in Chandigarh. 58.66% slum children were fully immunized. Overall coverage for different vaccines given under UIP was BCG 93.09%; DPT1/OPV1 93.97%;

DPT2/OPV2 90.57%; DPT3/OPV3 85.92%; and measles 76%. Coverage was almost similar for urban and rural areas but it was less in slums. Chandigarh being a modern city, it was expected that a high level of immunization coverage would be achieved. The major reasons for lower coverage in Chandigarh were lack of monitoring; poor health infrastructure in slums; immigration from low coverage states; lack of Information, Education and Communication (IEC); etc. It was recommended that efforts must be made for routine immunization programmes to reach the underprivileged population group and areas such as slums so that Universal coverage can be achieved at National Level.

Key Words : 1.HEALTH 2.IMMUNIZATION STATUS 3.DPT VACCINES
4.UNIVERSAL IMMUNIZATION PROGRAMME.

19. Bose, Ashish. et al. (2004).
Health situation in India : a glimpse of grim developmental realities at the grassroots. *Health for the Millions*, 30(1-2) : 4-32.

Abstract : Study analyzed the data generated by Census of India 2001 and the Rapid Household Survey, 1998-99, under the Reproductive and Child Health (RCH) programme of Government of India. District level analysis was done for States in India in 4 sections : health indicators, sex ratio (girls per 1000 boys in the age group of 0-6 years), electricity-road-water, and household assets. Objective of the study was to highlight the priority indicators, which deserve immediate attention. 5 sensitive indicators of health were chosen for analysis, namely, percent of pregnant women who did not receive full Antenatal Care (ANC), women who did not have facility for safe delivery, couples in the reproductive age group not using any family planning method, and female illiteracy percentage. Data showed that Purnia in Bihar; Garhwa and Pakur in Jharkhand; and Shrawasti in Uttar Pradesh are the four worst districts in India where more than 75% people are highly vulnerable. Himachal Pradesh, Punjab, Maharashtra, Andhra Pradesh and Tamil Nadu had moderately vulnerable districts. Health situation was best in Kerala. In Delhi, 5 out of 9 districts were moderately vulnerable and 4 were least vulnerable. Sharp decline in the child sex ratio (0-6 years) was noted in the Census of India 2001. Most of the districts of Punjab, Haryana, Himachal Pradesh, Gujarat and a few districts in other states were badly affected. Level of poverty was measured using No Household Assets Index (NHAI), which included radio, transistor, television, telephone, bicycle, scooter, motor cycle, moped, car, jeep and van. Percentage of rural households without any specified assets were found to be 53.2% in Andhra Pradesh, 51.3% in Bihar, 50.5% in Madhya

Pradesh, 50.2% in Gujarat, 13.3% in Punjab and 21.4% in Uttar Pradesh. Percentage of rural households with no bank accounts, including postal bank account, were recorded as 85% in Assam, 82.3% in Tamil Nadu, 81.4% in Bihar, 42.5% in Himachal Pradesh, and 43.9% in Uttaranchal. Study showed that there was widespread impoverishment of the masses in terms of health care, education, basic needs and income security. It was recommended that politicians must work towards improving the health situation of their constituencies. Instead of distant National goals, there should be goals like generating awareness so that not even a single case of maternal mortality takes place; 100% immunization of children in the age group of 0-6 years is achieved; no child marriages and adolescent pregnancies occur which lead to high infant mortality rate; drop out rates of boys and girls from schools should be checked; community should be involved to overcome pollution of soil, water and air in rural areas; proper drainage facilities should exist; food and nutrition security is achieved through better management of Public Distribution System (PDS) and efficient implementation of ICDS scheme; introduction of new and innovative schemes for skill formation and employment generation focusing on youth; fighting corruption at all levels through people's audit and right to information; and most important, Members of Parliament should clearly recognize the benefits of working on developmental issues, like growth, health, education, etc.

Key Words : 1. HEALTH 2.HEALTH INDEX 3.FEMALE FOETICIDE
4.HEALTH SERVICES 5.HEALTH SITUATION 6.RURAL AREA 7.SEX
RATIO 8.QUALITY OF LIFE 9.CHILD SEX RATIO 10.STANDARD OF
LIVING.

20. Chatterjee, Anirban and Fawzi, Wafaie W. (2004).
Effect of vitamins supplementation on HIV and AIDS. *NFI Bulletin.*,
25(2) : 6-8.

Abstract : The study looked into the role of maternal micronutrient status and supplementation in relation to mother-to-child transmission of Human Immunodeficiency Virus (HIV), and health outcomes in HIV infected mothers and their children. Countries that are affected the most by HIV epidemic are also facing the double burden of micronutrient deficiency. India has been identified as one of the countries having a very high number of HIV infected persons and reports put the number of HIV-infected in India at approximately 3.82 – 4.5 million in the year 2002. Currently 8 states in India have been categorized as high prevalence states based on the prevalence of more than 1% in antenatal settings. There is no

large-scale programme for provision of antiretroviral drugs for prevention of mother-to-child transmission of HIV in India. A study conducted in Africa revealed that supplementation with Vitamin B, C and E to HIV infected pregnant women had important benefits for mothers and children alike. These benefits included reduced mother-to-child transmission through breast-feeding in those who were nutritionally or immunologically compromised, and a positive effect on pregnancy outcomes and morbidity in children born to HIV positive women. It was found that women who had lower level of serum Vitamin A during pregnancy had a higher risk of transmitting HIV to their babies. Vitamin Supplementation is a low-cost intervention and one that can be easily integrated into existing service delivery programmes. Vitamin Supplementation may be of particular benefit in countries where antiretroviral drugs are not affordable. It was recommended that supplementation of pregnant and lactating women with these Vitamins should be encouraged. There is a need to study the role of vitamins in immune reconstitution and health outcomes even where antiretroviral drugs are available. Further studies are needed to understand the long-term benefits of Vitamin Supplementation in the presence of HIV infection.

Key Words : 1. HEALTH 2.AIDS 3.HIV/AIDS 4.VITAMIN SUPPLEMENTATION 5.MOTHER TO CHILD TRANSMISSION 6.AIDS INFECTED MOTHER.

21. Deb, Tuhin and Mishra, Rakshit. (2004).
Need assessment of adolescents with regard to population education. *Indian Journal of Population Education*, June (25) : 43-55.

Abstract : This study analyzed the counseling needs of adolescents, and the awareness about physical and emotional changes, reproductive health and HIV/AIDS. Two villages, namely Rajania and Chhamrachh, from Sidhi district of Deosar block, Madhya Pradesh were selected. From a sample of 350 households, 290 males and 60 female adolescents were taken. Out of the total sample, 174 were married and 176 were unmarried. Results showed that 221 respondents favoured three or more children in the family. 206 participants felt that a couple should keep having children till they get a male child. Approximately 200 respondents preferred boys to a girl child. Only 11 females did not prefer boys to girls. 202 participants believed that a larger number of members in the family increased the earnings of the family. 20% females felt that the wife was responsible for deciding the number of children, while 71 respondents felt that the couple

was responsible for deciding the size of the family, and 49 respondents felt that the husband only was responsible for it. Only 87 adolescents felt that a gap of 3 or more years was ideal, while 167 preferred spacing of a maximum of two years between two children. Condom seemed to be the most popular contraceptive. 49 respondents opted for contraceptive pills and 127 opted for other measures. Except 18 respondents, all were unaware about the sex determination test. 208 participants were against aborting the girl child, 60% females opposed this idea, and only 11 males supported girl child abortion. 194 adolescents had not heard about HIV/AIDS. Only 60% were aware of HIV/AIDS in the late adolescent age group. Radio was a leading source and TV was a distance source of information on HIV/AIDS. 5 respondents got information on HIV/AIDS from magazines and other periodicals. 221 respondents supported the idea of gender discrimination while 75% girls opposed it. 344 participants were not aware of the existence of cultural and youth clubs. 124 were aware of the existence of Self Help Groups. Strategies should be designed to educate mothers on adolescent needs. A process of sensitizing adolescents on gender discrimination is an urgent need of the hour. Adolescents are not aware of the ante- and pre-natal care services available, so special awareness programmes regarding medical care are required. Participation of adolescents in community activities should be promoted.

Key Words : 1. HEALTH 2.POPULATION EDUCATION 3.ADOLESCENT
4.ADOLESCENT NEEDS.

22. Kaushik, S. and Vemusi, Murali Dhar. (2003).

Components of unmet need in India : a study based on National Family Health Survey. *Demography India*, 32(1) : 61-78.

Abstract : Unmet need for family planning identifies the group of women who want to avoid or postpone childbearing but are not using contraception. The study was conducted to examine the extent and reasons for unmet need for family planning among women. A primary cause of unmet need for family planning was the desire of women to have additional children for security reasons. The most important reason for unmet need relate to deficiencies in the family planning programme itself. 19.8% women were not using contraception due to the fear of side effects, and this fear has not been overcome by the programme. Men in India believe that sterilization causes physical weakness, thereby making them unfit for hard physical labour. Women who are not using contraception often attribute social reasons like opposition of spouse or other family

members. Women do not use contraception as they believe they do not need due to infrequent sexual relation and they were “too old”. Women also describe the inconvenience of and dislike for contraceptives available under the family planning programme. The states which were demographically backward like Rajasthan, Uttar Pradesh, Bihar, Madhya Pradesh and Orissa had higher share of unmet need. This could be due to greater emphasis being placed on the family planning programme rather than the health programme. On the other hand, states where contraceptive usage was high, for example, Himachal and Punjab, had lower share of family planning programme and a higher share of the health component. The Government of India should give priority to the task of addressing the unmet need for contraception. The Family Welfare Programme needs to emphasize the IEC component providing proper counselling and guidance to married women. Programme performance can be improved by countering the rumours about side effects; introducing spacing methods that are readily and cheaply available; and increasing contraceptive usage among Muslim women, when opposition from religious leaders and husbands is taken care of. In Muslim populated areas, a special programme to remove these barriers needs to be introduced. Women can benefit from an expanded programme that includes men and influential persons. Women wanting more than two children should also be covered by family planning programme.

Key Words : 1.HEALTH 2.FAMILY PLANNING 3.CONTRACEPTION
4.UNMET NEED.

23. Kelishadi, Roya. et al. (2004).

Blood pressure in children of hypertensive and normotensive parents. *Indian Pediatrics*, 41(1) : 73-77.

Abstract : A study to compare the blood pressure (BP) of children aged 6-18 years, of 746 hypertensive and 2238 normotensive parents, was conducted in Iran. The sample was selected by multi-stage random sampling from schools in Isfahan city, Iran. Blood pressure (BP), weight and height of children were measured. It was found that mean systolic (SBP), diastolic (DBP), and Mean Arterial Blood Pressure (MABP) of children of hypertensive parents was significantly higher than controls, both in preadolescent and adolescent age groups. The SBP and DBP in children of hypertensive mothers was also found to be significantly higher than that of the control group. It was also noted that mean SBP and DBP of children was significantly higher when both parents were hypertensive as compared to only one parent being hypertensive. Using logistic

regression analysis, a significant association was found between child's blood pressure (SBP and DBP) and the age of parents, and the mean parental BMI. The study suggested that strategies for prevention of essential hypertension should start from childhood. Pediatricians must educate families and children about methods to prevent hypertension, and the BP of children of hypertensive parents should be monitored regularly.

Key Words : 1.HEALTH 2.BLOOD PRESSURE 3.CHILD HEALTH
4.HYPERTENSIVE PARENTS 5.STRESS 6.HYPERTENSION.

24. Khurana, S. et al. (2004).
Mental health status of runaway adolescents. *Indian Journal of Pediatrics*, 71(5) : 405-9.

Abstract : This cross-sectional study was conducted to assess the psychological problems amongst the runaway adolescent boys; and to determine the associated risk factors. 150 runaway adolescents aged 10-16 years staying at the Child Observation Home (COH), Delhi were taken for the sample. The duration of this study was one month i.e. from June to July 2001. Identification data, Hopelessness Scale for Children by Kazdin, Beck Depression Inventory, Psychological survey and Rutter - B2 technique was used for data analysis. According to Voluntary Health Association of India (VHAI), there are 47.22 million homeless and runaway adolescents roaming on the streets of our country, of whom 1,00,000 are in Delhi alone. Results showed that nearly 50% of the sample runaway children were from Bihar and U.P., 18.7% from Delhi, and rest were from other states of the country. 71.3% children lived with both parents, 15.3% had single parent family and 6.66% were with their stepparents, before running away from home. Physical abuse had been experienced by 38% children and sexual abuse by 14.6%. 42.9% children were abused by unknown people, 28.5% by family members, and a similar number by the relatives. 55.3% children reported substance abuse. 49.6% children reported tobacco intake, 0.67% reported ganja intake, and 2.66% reported glue sniffing. High degree of hopelessness was seen among 20.7% cases, 12.9% reported having suicidal thoughts, 12.9% had planned suicide at any point of time, and 3.2% children reported attempting suicide. Depression was seen among 8% children. Out of these depressed children, 25% had a history of suicidal thoughts, 16.6% planned suicide, and 8.3% had attempted suicide. Suicidal behaviours were present in 8% children. 4.7% children gave history of ever planning suicide; and 2% reported suicidal thoughts and attempts of suicide. 81% respondents exhibited anti-social behaviour, 7.8% were neurotic, and 10.5% remained

undifferentiated. Among children living with both parents, behaviour problems were observed in 71% cases, while 63.3% children belonging to single parent families, and 60% children belonging to families with stepparents, had behavioural problems respectively. Among non-abused children, 68.8% had behavioural problems; while among abused children 70.2% had behaviour problems. 22.8% abused children reported feelings of hopelessness, whereas among non-abused children only 19.4% had feelings of hopelessness. 8.8% abused children and 7.5% non-abused children felt depression, respectively. Suicidal behaviour was reported in 7.01% cases in the abused group as compared to 14.03% in the non-abused group. It was suggested that there is a need for broad based psychosocial intervention programmes to deal with runaway adolescents; and to improve the accessibility and availability of community mental health services for homeless children.

Key Words : 1. HEALTH 2.MENTAL HEALTH 3.RUNAWAY ADOLESCENTS 4.DEPRESSION 5.HOMELESS CHILDREN 6.STREET CHILDREN.

25. Mishra, Niladri Biharo. (2004).
Health problems of Juangs. *Vanyajati*, 52(2) : 10-13.

Abstract : The study was carried out to examine the health problems of Juang aborigine tribes of Keonjhar district of Orissa. A sample of 21,971 Juangs living in 147 villages with low literacy rate was taken, where male ratio was 14% and female ratio was 2% only. The main causes for their health problems were lack of cleanliness, unhygienic preparation of food, inadequate food habits, etc. It was found that their food pattern was never systematic and standardized. The meal and amount of food they eat depended on availability of food materials in different seasons. Their food consisted of green roots and tubers collected, besides honey, edible insects, flowers, fruits and eggs, jackfruit, mango and kendu, etc. Almost all the Juangs were below the poverty line, and the Government machinery had failed to improve their status. The houses were situated in a scattered manner on valley slopes. From July to April, the weather was severely cold, which affected them badly because they lived in thatched huts and had no woollen clothing. They suffered from cold for 6 months in a year. Males went hunting collectively during the non-agricultural period. While grazing goats, cows, etc. in the forest, there was uncertainty of food and drink that affected their health. After delivery, mothers never fed the baby on time but only when the baby cried. Women did not take regular baths, which was very unhygienic. At the time of cooking, sleeping, moving

around, Taila preparation, etc. they had to remain in smoke, which caused throat and chest problems. Juangs used to take 'Pika' which was made out of 'Saal leaf' and 'Tobacco', which was harmful to their health. In home deliveries without technical guidance, both mothers and children faced long-term health problems. Due to poverty, they preferred taking herbs available in the jungle and avoided taking medicines in most of the diseases. There were many blind beliefs prevailing in their society, which caused health problems. Juang habitations were far from Primary Health Centres, Community Health Centres and Hospitals so they could not avail the facility of free medicines and health check ups. Fever, Malaria, Tuberculosis, Bronchitis, Skin diseases and Stomach problems were common in their society. Once they got a disease, it lingered on for 2 to 3 months. It was suggested that special and specific health projects should be started to improve the health status of Juangs. The Gyana-Mandir system should be reintroduced to improve the health and educational status of Juangs, and promote healthy habits.

Key Words : 1. HEALTH 2. TRIBAL HEALTH 3. HEALTH TRIBALS
4. HEALTH PROBLEMS 5. JUANG TRIBE 6. FOOD INTAKE 7. FOOD
CONSUMPTION 8. HEALTH STATUS TRIBALS 9. ORISSA TRIBALS
10. TRIBE JUANG.

26. Sahoo, B.K. (2004).
Marriage and fertility behaviour of slum dwellers of Jabalpur City.
Indian Journal of Population Education, June (25) : 3-9.

Abstract : This article focussed on the fertility behaviour and characteristics among the slum dwellers in Jabalpur city. 3 slum areas, namely Thakargram, Gohalpur and Cherital, were selected as they covered nearly 14% of the total slum population of the city. Questions were addressed to females. Results showed that Thakargram district, where the respondents were Muslims, had on an average 4.67 children per women among those who got married before the age of 14 years; but in Cherital village, most of the respondents were Hindus, and had on an average 3.90 children per woman. It was proved that fertility performance of Muslim women was higher than Hindu women. The completed cumulative fertility in Thakargram, Gohalpur and Cherital were 7.5, 6.41 and 5.57 respectively. It showed that completed cumulative fertility in Thakargram slums was higher than Cherital slums. The average parity of all those women who got married before their fourteenth birthday, and had a marital duration of more than 20 years, was found to be 6.75 in Thakargram, 6.80 in Gohalpur and 6.50 in Cherital district. It was also

revealed that average parity of mothers who married after their 20th birthday and had a marital duration of more than 20 years, was found to be 6. in Thakargram, 6.50 in Gohalpur and 5.50 in Cherital village. It was indicated that if the age at marriage of women increased, then the birth rate declined. Special population education programmes should be started to make slum dwellers aware about the problems of early marriage. Government and Municipality should adopt slum clearance schemes without any delay. Slum dwellers should be given adequate post-operative care after they undergo sterilization. Voluntary organizations and other Non-government agencies are also addressing these issues of reproductive health, population control, and awareness generation.

Key Words : 1. HEALTH 2.FERTILITY 3.SLUM WOMEN 4.EARLY MARRIAGE

27. Sengupta, Sarthak Purnugla. (2004).
Bio-social determinants of fertility : a case study among Ao Nagas of Mokokchung district, Nagaland. *Vanyajati*, 52(2) : 16-20.

Abstract : The study was undertaken to investigate how a few biological and socio-cultural features like birth order, family type, mother's education, etc. are related to fertility and mortality among the Ao Nagas of Nagaland. A sample of 150 ever-married women was taken from Mokikchung district, Nagaland. In-depth interviews and other secondary sources were taken to collect data. Only those women were interviewed whose husbands were alive, and who had atleast one child. Results showed that mean conception and abortion was high among those women who experienced menarche at a young age. 58% women got married at 21 years of age. It was observed that those women who were married before 26 years, experienced high incidence of pregnancies and live births in comparison to those mothers who married at the age of 26 years or later. Miscarriage was high, 18.1% among women in the age group 44-48 years. In the age group 19-23 years, only 1.25% women reported the incidence of still birth, and in the age group 24-28 years, 1.44% women reported the same. Usually the incidence of stillbirth was found only in earlier pregnancies. The frequency of miscarriage was relatively higher from 4th birth order onwards, and in the 8th birth order, the frequency was as high as 26.92%. Respondents who lived in joint families reported higher incidence of embryonic wastage in comparison to those mothers who lived in nuclear families. Incidence of still birth was seen in women from nuclear families only. It was found that fertility level declines steadily with an increase in the educational level of the mothers. Among illiterate

mothers, abortion rate was 2.33% and in the literate category the abortion rate was 7.02%. Approximately, 7.02% mothers were educated up to primary level, 9.83% were educated up to middle school, and 4.31% were educated up to high school level. So it can be concluded that menarcheal age, mother's age at childbirth, and birth order played a major role in determining the fertility rate among the Ao Naga women.

Key Words : 1. HEALTH 2.FERTILITY 3.FERTILITY TRIBALS 4.TRIBAL FERTILITY 5.AO NAGA TRIBES 6.TRIBAL AO NAGAS.

28. Yadav, Kalika. (2004).

Impact of literacy and socio-economic status on population control.
Indian Journal of Population Education, (25) : 29-35.

Abstract : The study explored the relationship between literacy and socio-economic status and their impact on population control. A sample of 100 literate and 100 illiterate females from Shahpura district of Bhopal were taken. Field visits; observation and interviews were used to collect data. It was found that 98.4% respondents were Hindus and 1.5% Muslims, and 98.4% females were married. It was revealed that 54.5% females, both literate and illiterate, desired a son, even though, they had daughters. 65.1% females used some family planning method. 28.1% illiterates consulted local doctors for safe abortion, while 71.8% consulted Government hospitals. 22.2% illiterate women believed that the number of children in the family depended on God's grace. 2.6% literates were of the opinion that husband was solely responsible for deciding the number of children in a family, whereas 75% said that both husband and wife should be responsible for deciding the number of children. 75.5% literate respondents agreed that family planning and poverty alleviation were closely related. It was recommended that there is an urgent need to motivate and mobilize adults regarding over-population in the country. People should be motivated to adopt the 'One Family One Child' concept. It was suggested that special family planning camps for males and females should be organized at community level from time to time.

Key Words : 1.HEALTH 2.POPULATION CONTROL 3.FAMILY PLANNING 4.LITERACY 5.IMPACT OF LITERACY 6.EDUCATION AND FERTILITY.

LABOUR

29. Unni, Jeemol and Uma Rani. (2001).
Social protection for informal workers: insecurities, instruments and institutional mechanisms. Ahmedabad : Gujarat Institute of Development Research. 51 p.

Abstract : The study defined social protection as having an income, food, health and shelter, and economic security. It assessed the needs of workers regarding social protection, and the institutional mechanisms required to address these needs. Findings indicate that the insecurities faced by workers are due to the structure of the household and the nature of work. Casual labourers and self-employed workers are the most insecure. World Bank advocated setting up of a corpus fund towards social safety net programmes for workers. The role of the State in the provision of social security has been diminishing but its basic responsibility towards certain minimum needs cannot be brushed aside such as improving food security at the household level. The household survey was conducted in urban Ahmedabad and in rural areas in five districts around Ahmedabad. The sample consisted of a total of 1236 workers, including 1030 women and 206 men. The sample of women included a sample of 119 women from Self-Employed Women's Association (SEWA). It was found that about 10% women in the households went hungry over the last twelve months, compared to 7.6% males. Food deprivation was very high in urban areas (14%), and more among women workers (18%). Households in rural areas and SEWA workers had more food security compared to the others. The six essential commodities supplied through PDS are rice, wheat, sugar, edible oils, kerosene and coal. The commodities were available through a network of 0.42 million fair price or ration shops in the country. Food subsidy of the Central Government was Rs.92,000 million in 1999-2000, 3.03% of the total Government expenditure (Planning Commission, 2000). Under the Targeted Public Distribution System (TPDS) each poor family is entitled to 20 kilograms of food grains per month at specially subsidized prices. In the survey in Gujarat it was found that 94% households purchased essential commodities from the PDS system and it contributed to food security of the poor. Institutional support towards meeting the housing needs of the poor has been inadequate. Education is also important for empowering children, and the literacy rate was found to be 59%, being 75% for males and 54% for females. To increase literacy, Government has started night schools and other schemes. About 17% households did not have access to public health care facilities, 26% in rural and 7% in urban areas. About 19% of the households did not avail of public health facility,

as either the treatment was not available, or the facility was too far. The Integrated Child Development Services Scheme (ICDS) 1975 provided supplementary food to children (0-6 years), pregnant and lactating mothers. The Mid-Day Meal Scheme is also being implemented in some states. According to National Sample Survey (1999-2000), 42% male and 33% female workers in urban areas were engaged in regular salaried jobs. Casual workers were the most insecure and vulnerable sections of the workforce. State efforts at upgrading skills of workers have been limited. One of the major problems of central welfare funds is the identification of correct beneficiaries. Also, needy categories like agricultural labourers, forest workers, etc. are left out of the ambit of welfare schemes. A number of private market and NGO initiatives for social protection have been identified and these need to be strengthened.

Key Words : 1.LABOUR 2.UNORGANISED LABOUR 3.SOCIAL SECURITY 4.FOOD SECURITY 5.HOUSING 6.UNORGANIZED SECTOR 7.SOCIAL SECURITY 8.UNORGANISED LABOUR.

NUTRITION

30. India. Ministry of Human Resource Development, Department of Women and Child Development, New Delhi. (1996).
Report of the Task force on micronutrients (Vitamin A and iron).
New Delhi : DWCD. 43 p.

Abstract : A Task Force was constituted on 5th September 1995 by Department of Women and Child Development (DWCD) to adopt a multi-dimensional and multi-sectoral approach to eliminate the problems of micronutrient malnutrition in all age groups. It gave suggestions for improving the delivery mechanism and increasing the coverage of risk groups, mass communication plans for media, and mechanisms for inter-sectoral coordination and monitoring. National programmes like ICDS and Child Survival and Safe Motherhood (CSSM) should be used to educate people about Vitamin A deficiency and other micronutrient deficiencies. Through appropriate nutrition training, supervision and monitoring, intake of Vitamin A and Beta Carotene rich foods by all should be encouraged. Adequate supply of fruits and vegetables rich in Beta Carotene, iron and Vitamin C should be ensured. Nutrition oriented horticultural activities, home gardening and social forestry programmes should be promoted at national and local level. There should be universal coverage of 9 months to

3-year-old children under the Vitamin A Prophylaxis Programme and proper treatment should be given to Vitamin A deficient (VAD) cases. Programmes for supply of safe drinking water, improved sanitation and immunization should be intensified. Selective fortification of foods for supplementary feeding of infants, pre-school children and school children should be done. High-risk areas and special groups should be identified and protected. To tackle the problem of Iron Deficiency Anaemia (IDA), supplementation of food with iron and folic acid (IFA) was suggested for vulnerable groups like pregnant and lactating women, infants, pre-school children, and adolescent girls. Double fortification of salt with both iron and iodine was also suggested. Nutrition education, consumption of iron rich food in the diet, and intake of iron tablets were recommended. The delivery mechanism of existing interventions should be improved, their coverage increased, and at risk groups accorded high priority. Contact points for immunization and supplementary feeding were suggested as best places for interpersonal nutrition counselling. Campaigns should be launched for changing the dietary behaviour using primary school network, literacy campaigns and panchayats. Linkages between ICDS and CSSM functionaries should be strengthened through joint training and supervision for improving the coverage. Infrastructure of schools and ICDS may be utilized for supply of Iron and Folic Acid (IFA) tablets to women and children. Haemoglobin testing of all pregnant women was viewed as an essential pre-requisite for prevention and control of anaemia. The existing Management Information System (MIS) in ICDS should be further strengthened for identifying low coverage areas, and causes of non-coverage, and used to initiate action to rectify the situation. Nutrition should be included in all graduate courses to create nutritional awareness among the population. Mass communication plan was suggested for Media as it has vast outreach. It was also recommended that Information, Education and Communication (IEC) on nutrition should be made an integral part of all developmental programmes. Target specific communication software needs to be developed. Communication should adopt media-mix approach, using electronic and print media, and should be reinforced through traditional and folk media. Nutrition issues should be incorporated in the formal and non-formal education system, especially for women.

Key Words : 1. NUTRITION 2.MICRONUTRIENT 3.MICRONUTRIENT DEFICIENCY 4.VITAMIN A DEFICIENCY (VAD) 5.IRON DEFICIENCY 6.ANAEMIA 7.TASK FORCE 8.TASK FORCE ON MICRONUTRIENT DEFICIENCY 9.WORKING GROUP REPORT 10.FOOD FORTIFICATION.

31. India. Ministry of Industry, Deptt. of Salt, New Delhi. (1999).
Evaluation of Universal Salt Iodisation in India. New Delhi : Deptt.
of Salt. 56 p.

Abstract : National Iodine Deficiency Disorders Control Programme (NIDDCP) was launched in 1992 in India with the support of UNICEF and Salt Department, Ministry of Industry to ensure universal iodization of edible salt and consumption of iodized salt by 100% of the population by the year 2000. The mid-term evaluation, conducted in 4 States, namely Gujarat, Himachal Pradesh, Madhya Pradesh and Sikkim, by Canadian International Development Agency (CIDA) in 1996, recommended taking immediate steps towards sustainability of Universal Salt Iodization (USI) programme in India. The study was carried out in 1997-98 by Institute of Health Management Research, Jaipur. The objective of the study was to review the production and distribution of iodized salt; requirement of iodized salt in various states; monitoring system at the production, distribution, supply, sale and consumption levels with respect to quantity and quality; consumption pattern of households in rural and urban areas; and the role of different departments, agencies, and institutions in the implementation of USI. Study covered 3 salt producing states, namely Gujarat, Rajasthan and Tamil Nadu; and 6 salt consuming states, namely Manipur, Karnataka, Bihar, Gujarat, Himachal Pradesh and Madhya Pradesh. A sample of 73 salt producing units was covered from Gujarat, Tamil Nadu and Rajasthan. Interviews were conducted with households; wholesalers; retailers; manufacturers; state and district level officials of various departments, namely Health, Salt, Food and Civil Supplies; PHCs; Anganwadis; and ICDS staff. Salt samples obtained from 450 households and 375 schools were tested using salt testing kits. Study revealed that continuous efforts of UNICEF helped in achieving remarkable success in USI programme by making good quality iodized salt available, and also consumed by everyone in the country. An overall increase of 47% in production of iodized salt was recorded during 1993-95. Capacity of iodized salt production reached 8.7 million tonnes against the requirement of 5.0 million tones. It was found that, on an average, each household purchased 2.1 kg of iodized salt per month. Nearly 62% household preferred powdered iodized salt, packed in polythene bags. 78% urban and 63% rural people were consuming iodized salt with iodine content of 15 ppm and above. Intensification of USI activities and ban notification of non-iodized salt by the Governments of various States and Union Territories of India resulted in increased consumption of iodized salt. Salt laboratories, particularly, mobile laboratories of the Salt Department strengthened the monitoring of quantity and quality of iodized salt at the production level. The district level monitoring information system (MIS) using salt testing kits was found to be functioning well in the states of

Himachal Pradesh, Manipur and Madhya Pradesh. Salt Department was successful in effectively coordinating with Railways in the distribution and supply of iodized salt, particularly in the distant areas of Bihar and Manipur. It was also found that there was high level of awareness among salt producers and traders regarding USI programme, local ban on sale of non-iodized salt, and awareness about the need and necessity for consuming iodized salt in the community. It was recommended that efforts should be made to improve distribution of salt through rail and road networks so that good quality salt reaches consumers in time, time gap between production and consumption is reduced, and producers need not incur additional expenses on storing salt for long durations. There is a need for effective and enhanced collaboration between the Salt Department and various agencies/departments at state level for the success and sustainability of USI programme. Computerized MIS should be developed and proper monitoring linkages should be established between Salt Department, Health Department, producers, distributors, etc. Information, Education and Communication (IEC) activities need to be intensified at all levels in the country, especially at the community level, and among retailers and distributors, for successful implementation of the programme. Serious and continued efforts are required to make the programme sustainable as IDD elimination depends on continuous and regular consumption of iodized salt.

Key Words : 1.NUTRITION 2.IODIZED SALT 3.IODINE DEFICIENCY
4.GOITRE 5.GOITRE PREVENTION 6.SALT IODISATION 7.FOOD
FORTIFICATION 8.UNIVERSAL SALT IODISATION PROGRAMME.

32. Nigam, A.K. (2003).

Determining grades of malnutrition in children : standard deviation classification and the alternative. *Demography India*, 32(1) : 137-55.

Abstract : To assess malnutrition, classifications like Gomez and Indian Association of Pediatricians (IAP) are now widely used to analyze and present data from NNMB surveys. These classifications are on the basis of cut-off points as percentage of median weight for age. The third classification is based on the cut-off points recommended by World Health Organization. According to these cut-off points, prevalence of moderate and severe levels of malnutrition is defined as the proportion of children below -2 sd of the median value of the National Centre for Health Statistics (NCHS) reference population. The use of sd/z – scores is not widespread mainly because z scores can be derived after relatively cumbersome calculations. The present study is an effort in removing this anomaly. The

study deals with NCHS standards for weight for age comparisons. The NCHS standards are given in the form of tables by single month of age and gender. The study revealed that cut-off points not only differ by age, but also by gender. Experts and researchers felt that in addition to monitoring weight, height should also be monitored. This has perhaps become more relevant with recent emphasis on stunting as an indicator of chronic malnutrition. Malnutrition could be monitored using both height – for – age and weight – for – height indicators. The average cut-off points for σ , 2σ and 3σ limits, both for boys and girls, are 96%, 92% and 88% of median respectively for height - for - age, and 91%, 81% and 72% for weight – for – height. The NNMB reporting of nutritional status of children is based on Gomez, IAP and standard deviation classifications using Harvard's and NCHS standards. In India, at the national level, ICDS also uses IAP classification for growth monitoring and identifying severely malnourished children below 6 years for supplementary food. However, international organizations and even National Family Health Surveys uniformly use NCHS standards and standard deviation classifications. A drawback of IAP classification is that it is not only arbitrary, but also underestimates severely malnourished children. The study showed that it should be 67% of median weight based upon standard deviation classification. This gap is matter of concern as it deprives a large number of severely malnourished children of the benefits of supplementary food. The study analyzed anthropometric data of 11271 children in Uttar Pradesh. These classifications are intricate for field functionaries are research workers, as they need development and usage of appropriate software for different indicators of nutritional status. Thus it is hoped that the procedure described in the study would encourage research workers to report nutritional status in terms of standard deviation classification.

Key Words : 1.NUTRITION 2.MALNUTRITION 3.NUTRITION
CLASSIFICATION 4.GRADES OF MALNUTRITION.

33. Ramachandran, Prema. (2004).

The Nutrition scene in India : time trends. *NFI Bulletin*, 25(2) : 1-5.

Abstract : The study showed that there has been considerable progress in India in all sectors related to nutrition in the last five decades, even though there are still some areas of concern. The Green Revolution ensured increase in food production, and as a result India moved from chronic shortages to an era of self-sufficiency, surplus and export in most of the food items. 8% of Indians do not get two square meals a day, and under nutrition takes its toll even today. Along with the steps to achieve

adequate production, initiatives were taken to reach foodstuffs of the right quality and quantity to the right places and persons at the right time, and at an affordable cost through Public Distribution System (PDS). The Food for Work Programme has addressed the needs of vulnerable out-of-work persons. The ICDS programme provides food supplementation to preschool children, pregnant and lactating women. The Mid-Day Meal Programme for improving the dietary intake of primary school children and reduction in the school drop out rates has been operationalised. National Programmes for tackling anaemia, iodine deficiency disorders and Vitamin A deficiency are being implemented. In spite of lacunae in quality and coverage, these programmes have resulted in substantial reduction in severe grades of under nutrition, especially among children. The 10th Five Year Plan (2002-2007) aimed at achieving substantial improvement in nutritional status within a short time. It was concluded that India could achieve the set goals of 10th Plan for reduction in under nutrition, fertility and mortality. It is possible if there is optimal use of available infrastructure and abundant human resources; there is convergence of services at the community level; at-risk population groups, households and individuals are screened and those with nutritional problems are identified; well targeted comprehensive interventions are implemented efficiently; and community based organizations and PRIs monitoring implementation ensure midcourse corrections. Vigorous efforts to protect and promote breast-feeding during the last three decades have resulted in universal breast-feeding in the country. However, efforts to communicate the importance of exclusive breast-feeding in the first six months of life and timely introduction of adequate quantity of energy dense complementary food after six months have not been as successful. Data from NFHS-II (National Family Health Survey) shows that even though breast-feeding is nearly universal, a substantial proportion of infants get breast milk substitutes from three months of age. On the other hand, nearly two-third of infants do not receive semi-solid supplements even as late as nine months. This is a major non-economic factor responsible for under nutrition in early childhood, and should be corrected through intensive nutrition education aimed at bringing about changes in infant feeding and caring practices. National Nutrition Monitoring Bureau's (NNMB) data indicated that over this period there has been a substantial decline in severe grades of under nutrition in children. This might be due to better access to health care, thus reducing the adverse impact of infection on nutritional status, and better access to contraception and consequent decline in under nutrition associated with high parity. However, the decline in mild and moderate under nutrition has been relatively slow. Screening for detection of under nutrition and management through appropriate health and nutrition interventions has not yet been operationalised as a part of the ICDS programme. The proportion of families where preschool children receive inadequate intake while adults have adequate intake has

nearly doubled. Data collected indicate that one of the major reasons for under nutrition in young children is faulty child feeding practices. Nutrition education to the family that young children have a very low stomach capacity and in order to ensure adequate dietary intake, it is important to feed them once every four hours or even more often, may go a long way in reducing the prevalence of under nutrition in young children. Data from NFHS-II showed the poorest in Kerala have under nutrition rates comparable to the richest in UP. Data from the NNMB repeat surveys showed that there has not been any substantial increase in the dietary intake of adolescents; though there has been some improvement in height, weight and Body Mass Index (BMI) between 1975-79 and 1995-97. Data from NNMB also showed that there has been some increase in obesity among adolescents, especially in the affluent groups both in urban and rural areas. However, the prevalence of micronutrient deficiencies continues to be high. Nutrition education programmes need to be undertaken on a large scale.

Key Words : 1.NUTRITION 2.NUTRITION SITUATION 3.NUTRITIONAL STATUS 4.UNDERNUTRITION 5.CHILD NUTRITION 6.NUTRITIONAL STATUS CHILDREN 7.NUTRITIONAL STATUS ADOLESCENTS.

34. Young, Elizabeth M. Fors, Stuart W and Hayes, David M. (2004). Associations between perceived parent behaviors and middle school student fruit and vegetable consumption. *Journal of Nutrition Education and Behavior*, 36(1) : 2-12.

Abstract : The study, approved by Institutional Review Board of the University of Georgia, USA, was carried out in 2001 in 2 northeast Georgia counties. The purpose of this analysis was to examine the middle school students' perceptions of selected parents behaviours directly explaining variations in fruits and vegetable consumption. A sample of 366 middle school students from 25 classes studying in 3 middle schools was taken. The students' age ranged from 12-16 years. Analysis was done according to Hierarchical Multiple Regression Technique. It was found that perceived parent modelling, perceived parent support, self-efficacy, and perceived fruit and vegetable availability were significant predictors of fruit and vegetable consumption. The relationship between perceived parent support and fruit and vegetable consumption was mediated by self-efficacy. It was suggested that nutrition educators might focus on improving home fruit and vegetable availability and student's self-efficacy, and parent support and modelling. The level of availability may indicate

where efforts should form for enhancing parents' behaviour. Findings showed that what parents eat in front of their child influenced and encouraged consumption patterns. Parents' involvement should play a role in nutrition interventions aimed at middle school students.

Key Words : 1. NUTRITION 2.FRUIT AND VEGETABLES
3.VEGETABLE CONSUMPTION 4.FRUIT CONSUMPTION 5.FOOD
INTAKE 6.PARENTS BEHAVIOR 7.SCHOOL CHILDREN.

SCHEDULED CASTES/SCHEDULED TRIBES

35. Joshi, Y. G and Verma, D.K. (2002).
Aspirations and achievements of scheduled castes and scheduled tribes in last five decades of independence : a study in Madhya Pradesh : institutional project report. Mhow, Madhya Pradesh: Dr. Babasaheb Ambedkar National Institute of Social Sciences. 85 p.

Abstract : The objective of the study was to evaluate the achievements of scheduled castes in post-independent India, as compared to the constitutional goal of bringing them at par with other sections of the society. Study was conducted in undivided Madhya Pradesh i.e. present day Madhya Pradesh and Chhattisgarh. Data was collected from 16 villages selected from 8 regional divisions, as per Census of India, and 5 urban blocks from Bhopal, Indore, Ujjain, Jabalpur and Bilaspur town. Results of the study are based on 525 scheduled caste (SC) sample households (400 rural, and 125 urban) covering a population of 3170 (2418 rural and 752 urban). For comparison, a sample of 315 households (240 rural, 75 urban) from other than SC population, residing in the same area, covering a population of 1959 (1537 rural, 422 urban) was included. Findings revealed that nearly 50 % of the houses in rural areas were semi-pucca (semi-permanent) in both the groups. About 94% of the SC households had acquired electric connections. A large number of SC girls were married below 15 years of age. Only 5% SC households reported purchase of agricultural land from OBCs during the last 5 years. In both rural and urban areas, the annual income of SC households was significantly lower than the non-SC population. Literacy level of both, male and female SC population in rural areas was 10 to 13 percent lower than other population. It was concluded that there had been a significant achievement in improvement of the overall conditions of the scheduled

castes in all spheres in the post independence period, but there still exists a wide gap between SCs and the other population. However, there is still a need to raise consciousness among dalits towards their rights, bringing improvement in their educational and economic status, and involving them in the political process.

Key Words : 1. SCHEDULED CASTES/SCHEDULED TRIBES
2.DEVELOPMENT OF SC/ST 3.ASPIRATIONS OF SC/ST 4.ATROCITIES
ON SC/ST 5.PROTECTION TO SC/ST 6.LEGAL MEASURES FOR
SC/ST.

36. Datar, Chhaya and Santosh Kumar. (2002).
Status of tribal women in Maharashtra: executive summary.
Mumbai : Tata Institute of Social Sciences. 74 p.

Abstract : The study was conducted in 360 revenue villages from 37 revenue blocks of 19 districts of Maharashtra having tribal population. The objective was to make a situational analysis of the tribal population especially tribal women in Maharashtra; to assess the accessibility of various services and facilities and their effect; to assess the level of participation of tribal women in decision making, and their awareness regarding various developmental schemes; to assess the effect of media and urbanisation on traditional tribal practices; and suggest measures to enhance the status of tribal women. Both qualitative and quantitative methods were used for data collection. In-depth interviews and group discussions were conducted with 3540 women respondents aged 18 to 40 years residing in 360 villages. It was found that tribal children could not avail school education, as inaccessible interior locations were not connected by proper roads. Ashramshala and Bastee school concept was found to be working very well, but teachers were not showing interest in teaching in these schools due to long distances they had to travel. Due to increase in bride price among the tribal community, the practice of early marriage and early pregnancy increased. 28% deaths of children, reported due to malnutrition, were in the income group below Rs.5000, whereas it was between 15-20% for the other income groups. The number of health care personnel providing health education or health care services was insufficient in tribal areas. Most of the staff frequently remained absent for many days. The study suggested that some incentive scheme should be worked out so that health staff carried out their work diligently. The period of posting also should not be more than three years, so that they

would not feel cut off from the rest of the world. It was found that 94.2% women respondents exercised their right to vote. 4.4% women reported to have contested for gram panchayat elections and 0.1% contested state level elections. Participation of women was found in Panchayat Samiti or Zilla Parishad elections, and also in some social and cultural groups such as Bhajani Mandals (17.2%). 27.1% women were aware of the Panchayati Raj Act, and 35.6% were aware about the provisions of reservation for women. Sarpanch acted as the main source of information for 13.3% women respondents. 55.5% women were aware of Gram Sabhas, 17.5% attended Gram Sabhas 25.7% were aware of Government schemes for tribals, and 10.8% derived benefit from the schemes. There are various schemes available under the Tribal Sub-plan, Central Government, Nucleus budget, and Tribal Development Corporation Schemes especially prepared for the tribals like IRDP, EGS, JRY, EAS, IC and WDS; schemes for seed distribution, establishment of nurseries and plantation of fruit trees; supply of milk cattle and dairy development training, poultry and fisheries; supply of equipment to farmers like electric/oil pumps, bullock carts, irrigation equipment; provision of grain banks; consumption loans; vocational training for carpentry, honey collection, bamboo or mat making, tailoring, etc.; other schemes benefiting students like supply of school dress and text books for students, supply of bicycle, coaching for examination, student scholarships and hostel facilities; Nav Sanjivani Scheme; Drishtidaan Scheme, etc. The study revealed that other than tailoring and training for formation of self-help groups, nothing much was available for women. Under EGS or JRY scheme women could be provided with common wasteland on lease basis for horticulture. Water harvesting, construction of small bunds and structures for conserving water should be encouraged, and they should be motivated to start cultivation of herbal plants. Tribals were found to be in a transitional phase, moving from traditional practices to the mainstream. This may lead to consequences such as adoption of dowry system in place of bride price, and the practice of female infanticide. It was recommended that an overall developmental strategy for tribals should be identified, based on soil and water conservation, wasteland development, multiple cropping, agro-forestry, horticulture, etc.

Key Words : 1. SCHEDULED TRIBES 2. TRIBAL WOMEN 3. WOMEN LABOUR 4. DOMESTIC WORKERS 5. POLITICAL PARTICIPATION 6. EDUCATION POLICY 7. WOMEN HEALTH 8. WOMEN AND HEALTH 9. STATUS OF WOMEN 10. STATUS OF TRIBAL WOMEN

SOCIAL DEFENCE

37. Haq Centre for Child Rights, New Delhi. (2001).
Child trafficking in India. New Delhi : HCCR. 69p.

Abstract : This study, sponsored by Terres des Homas (Germany) India programme, investigates the extent, causes, manifestation and the interventions made on trafficking of children in India. It was based on news clippings, journals/ magazines brought out by NGOs, papers and reports prepared by NGOs and UN agencies, donor agencies or individuals on the basis of their experiences and research. It covers the sale and migration of children for purposes of child trafficking, namely sexual exploitation, illegal activities, child labour, entertainment and sports, adoption, and marriage. The incidence of child prostitution through abduction was estimated to be 40%. The percentage of Devadasis among Bombay prostitutes was 15-20%; in Nagpur, Delhi and Hyderabad it was 10% , in Pune it was 50%; and in the urban centers bordering Belgaum District (Kolhapur, Sangli, Satara, Miraj, etc.) it was up to 80%. About 5% of the children inducted in prostitution came into the profession after being raped, about 8% after incest; and about 10% child prostitutes were children of prostitutes. The study found that 61% of commercial sex workers in India belong to scheduled castes, scheduled tribes, and other backward classes. Intervention strategies included establishment of protective Homes for girls and women detained under Section 21 of ITPA. Currently there are 80 such homes, providing custodial care, education, vocational training and rehabilitation through arranged marriages; short stay homes and Juvenile homes under Juvenile Justice Act. More than 80 NGOs in 10 states of India work actively among sex workers, and lobby for their rights. The study highlighted some issues namely, child trafficking should be addressed separately from trafficking of adults; outlining the kind of co-ordination that needs to exist between the Government, media and police so that the victim is not further victimized; the legal framework to provide holistic protection to children etc. A consensus was required between countries to define Trafficking, clarify the legal framework, and undertake systematic research and develop guidelines for intervention to prevent trans-border trafficking. There is need to separate legislation for trafficking from prostitution laws; undertake a thorough review of the UN Convention (1949) on Trafficking; organize media sensitization workshops to bridge the 'hostile' gap between journalists and NGOs; organize child sensitization programmes for law enforcement agencies by Police Training Schools, and National Judicial Academy, with the assistance of NGOs. The study suggested some activities for protection of children in difficult circumstances namely, building linkages between existing child care institutions, communities and society for greater community participation;

interventions for street children and other children in difficult circumstances with active support of municipal bodies, Health Department, Education Department etc; and assisting voluntary organizations. The National Child labour Policy 1987 needs to be implemented more vigorously.

Key Words : 1.SOCIAL DEFENCE 2.TRAFFICKING 3.CHILD TRAFFICKING 4.TRAFFICKING OF WOMEN AND GIRLS 5.UN CONVENTION ON RIGHTS OF THE CHILD 6.UN CONVENTION ON TRAFFICKING 7.SALE OF CHILDREN 8.PAEDOPHILE

38. Prayas, Mumbai. (2001).

A Study of legal situation of women under trial prisoners at Mumbai Central Prison and Kalyan District Prison. Mumbai : TISS. 14 p.

Abstract : Prayas project has been implemented in Mumbai by Tata Institute of Social Sciences. It works in the field of criminal justice with the objective of rehabilitation of persons affected by crime or prostitution and their families. The main focus has been under trial prisoners and released prisoners. The specific objectives of the study were to find out the socio-economic and legal status of women under trial prisoners in Mumbai Central and Kalyan District Prison, to find out reasons for overcrowding of the Women's Sections, and to study the impact of languishing on their rehabilitation. Total number of women prisoners interviewed were 141. 48% of the women interviewed lacked social support outside to help them in their court proceedings. They lacked awareness about law and only 34% were literate. A sizeable section of the women (40%) did not have any legal documents to prove their place of residence like ration card, voter's card, etc. Most of these women were married (60%) and had children (73%) outside or with them inside 58.55% of the women did not have any fixed or stable source of income prior to their arrest. A majority of the women prisoners were inside prison for a period of 6 months or less. Only about 20% of them were in prison for more than one year. Only in 20% of the cases, bail had been sanctioned. Majority of the cases (78%) were non-bailable. 46% of the women interviewed complained of not being taken to court on their dates due to lack of police escorts. Findings indicated that if positive support systems are not available to women prisoners at the time of release from prison, it makes them vulnerable to the overtures of habitual offenders in prison, and lead to their further criminalization. It was seen that the major reason for overcrowding was that most women who were languishing for long periods had been arrested for serious crimes. The offences under which they had been charged were non-bailable. They had been granted bail but they were unable to go out due to their inability to arrange for suitable sureties, and lack of support from

their families. Due to lack of legal representation, they continue to languish in prison for periods longer than they should as under trial prisoners. One of the grave consequences of languishing in prison without proper trial is the neglect of children of women prisoners left outside. To improve the condition of the women prisoners, the study recommended: i) taking up women's cases on a priority basis in metropolitan and sessions courts; ii) considering their release on bail if a women's institution agrees to admit them; iii) strengthening the visits by women lawyers in prisons from the Legal Aid Board to write applications and guide women prisoners on legal matters; iv) appointment of lawyers from the Legal Aid Panel at the remand stage as well as during the trial stage; v) use of personal bond on a trial basis, in case of absence of proof of residence; vi) use of the Probation of Offender's Act and strengthening its implementation, specially in sessions triable matters.

Key Words : 1. SOCIAL DEFENCE 2.WOMEN PRISONER 3.UNDER TRIAL PRISONER 4.WOMEN UNDER TRIAL PRISONER 5.PROBLEMS OF WOMEN PRISONER 6.LEGAL SITUATION.

39. Tata Institute of Social Sciences, Mumbai. (1995).
A Study of initiative in the rescue and rehabilitation or amelioration of the situation of women and girls in prostitution in India : interim draft report of the first phase. Mumbai : TISS. 45 p.

Abstract : Prayas, a field action project of Tata Institute of Social Sciences, undertook a study to investigate interventions by Government and NGOs towards rescue and rehabilitation of sex workers. The exploratory study was conducted in Maharashtra, Gujarat, Uttar Pradesh, Delhi, West Bengal, Madhya Pradesh, Orissa, Andhra Pradesh, Kerala, Tamil Nadu, Karnataka and Goa. Information was gathered from male and female sex workers, eunuchs, sex workers of Nepali and Bangladeshi origin, informed persons in government and international agencies, academicians, media persons, legal experts, medical personnel, etc. Different initiatives have been identified in this study like initiatives towards self- help taken by women in prostitution, initiatives towards self-help taken by youth or menfolk of affected communities, initiatives taken by outsiders, specific government preventive, deterrent and remedial measures. Ashrams, temporary shelters, and homes were established for women and children in vulnerable situations. Socio-economic schemes were implemented and loans were sanctioned for small business, jobs and support for dying crafts. Media can draw attention of the public, NGOs and State to situation of prostitutes. Government and NGOs were concerned about the

prevalence of AIDS and other STDs among prostitutes. Protective and Juvenile Homes for prostitutes and children provided services like vocational and educational training, arranging marriages, and job placement. It was found that prostitution was not only demeaning, but also negatively affected the overall well being of the individuals involved, their children and families. Women and children in prostitution should be viewed primarily as citizens with equal rights, and enjoy these rights even if temporarily residing in shelters / residential institutions. Government policy should place equal emphasis on prevention, establishment of rights and rehabilitation. The trafficking network should be countered by an alternative inter-city, inter-state network, established jointly by the Government and NGOs to rescue and support women and children in crisis and prevent prostitution. Socio-economic schemes and projects should be jointly designed and implemented by Government and NGOs. It was recommended that the role and strategy of central and state administration to prevent prostitution should be as follows: i) to fight organized prostitution and rescue women and children trapped in it ; ii) to provide shelters / short stay homes in every district for women requiring shelter and protection ; iii) to ensure that women and girls in prostitution are helped to enter the mainstream of society by ensuring them their basic rights ; iv) to introduce socio- economic schemes for rehabilitation ; v) to extend recognition and maternal support to talented and skilled individuals and communities ; vi) creating a cadre of trained social workers at grass-roots level who should reach out to and assist women in prostitution and their families; vii) to extend financial and infra-structure support to local groups and NGOs working in the field. The following specific suggestions are addressed to both, Government and NGOs, i) the use of courts should continue to be made by persons working in Government or NGO sector, or from among women in prostitution; ii) legal aid, legal literacy and legal advice should be extended to women detained or arrested; iii) all women in prostitution and their adult children should be provided with voters identity cards and enabled to exercise their franchise; iv) Ration cards should be issued to all women and girls in prostitution; v) focus should be on establishing creches and conducting adult literacy and educational programmes in areas where prostitution is prevalent ; vi) part-time employment opportunities may be made available for women in red-light areas; vii) support of government agencies like police and NGOs in rehabilitation of women in prostitution is required.

Key Words : 1.SOCIAL DEFENCE 2.PROSTITUTION 3.REHABILITATION OF PROSTITUTE 4.RESCUE AND REHABILITATION 5.INTERVENTION 6.WOMEN'S ORGANISATIONS 7.REHABILITATIVE MEASURES 8.EFFECT OF INTERVENTION PROGRAMME 9.TISS PROJECT.

SOCIAL WELFARE

40. Parathasarathy, R and B.L. Kumar. (2002).
Met and unmet needs of quake affected population : interim findings.
Ahmedabad : Gujarat Institute of Development Research. ~30 p.

Abstract : The study assessed the relief and rehabilitation packages for the earthquake (6th January 2001) affected population in Gujarat. Two Talukas and a town namely, Patdi, Surendranagar district and Anjar, Kutchh district, and Gandhidham town were selected for the study. It was found that all 89 villages of Patdi Taluka were affected by the quake and 16 of them reported severe damages. Seventeen persons lost their lives and 139 persons were injured. In all 4422 houses were completely damaged, including 1520 pucca (permanent) and 2902 kutchha (semi-permanent) structures. The study estimated loss of both, partially and fully damaged houses, to be Rs.4230 lakhs. In Anjar, out of 75 villages, 68 reported loss of life and properties, 1215 persons died and 2062 persons suffered injuries. The earthquake also caused loss to village artisans in Bhuj, and affected 130 weavers, 1050 handicraft workers and 2000 other artisans. The study found that financial assistance given for damaged houses in Patdi taluka was Rs.1961.09 lakhs in the first instalment, and Rs.198.91 lakhs in the second instalment. Relief provided under agriculture and industries package in Patdi taluka was in the form of kits containing seeds, fertilizers, implements, pesticides, etc. and amounted to Rs.33.15 lakhs. Assistance provided for damage of pump houses was Rs.4.12 lakhs, and for irrigation equipments it was Rs.0.14 lakh. Assistance to salt workers having a plot of 10 acres was Rs.3.70 lakhs, and cash assistance given to shop/cabin owners was Rs.17.41 lakhs. In Gandhidham town more than 90% of the people whose houses were affected were disbursed an amount of Rs.1582 lakhs. In about 2.5% cases financial assistance was rejected. In Chandrani village of Anjar taluka, rebuilding of 143 houses was in progress and nearing completion. In Navagam village, 326 houses on a 28 acre plot were being constructed, and this project included community buildings, a Panchayat office, a seven room primary school, an anganwadi, a health centre, two community halls and two temples. The study suggested that the needs of disabled persons should be taken into account while constructing new houses. There was need to adopt a policy for the economic rehabilitation of orphans, aged widowers and their children and disabled. There should be transparency in Government functioning, co-

ordination between NGOs, people and the Government, and dissemination of information about relief and rehabilitation packages.

Key Words: 1.SOCIAL WELFARE 2.DISASTER RELIEF 3.EARTHQUAKE
4.RELIEF AND REHABILITATION 5.REHABILITATION 6.QUAKE
AFFECTED 7.RESCUE OPERATIONS 8.GUJARAT.

41. Tandon, Rajesh and Srivastava, S.S. (2002).
Invisible, yet widespread : the non-profit sector in India. New Delhi
: PRIA. 20 p.

Abstract : The study, begun in 1998, examined available secondary resources to estimate the size and scale of the Non-Profit Organizations sector (NPO) in India. Four states were taken from the four regions namely, West Bengal, Maharashtra, Delhi, Tamil Nadu and as a special case Meghalaya for in-depth survey. More than 1 lakh households were covered in the survey. It was found that more than half the NPOs were based in rural areas, and nearly half of them were unregistered. Percentage of registered NPOs was highest in Maharashtra (74%) and lowest in Tamil Nadu (47%). 26.5% NPOs were engaged in religious activities, 21.3% in community or social services, 20.4% in education, 18.0% in sports or culture, and 6.6% in health related activities. Nearly 20 million persons in India worked on paid or volunteer basis in NPOs, which constituted 3.4% of the total adult population. Volunteers constituted 85% of the workers in NPOs, while paid workers were only 15%. Nationwide, every 8th person from the non-agriculture workforce was working in NPOs. NPOs generated a total revenue of Rs.17922 crores in 1999-2000, and the revenue sources were self-generated (51%), grants (29%), donations (12.9%), and loans (7.1%). 40.7% of all households in India gave donations for charitable causes, 80.7% households in Delhi, 72.5% in Meghalaya, 66.6% in West Bengal and 25% in Maharashtra. Overall Indians gave Rs.4214 Crore per year to NPOs, and 42% of the income came from poor households. The study revealed that they do so as 78% want to give something back to society, 81% feel a moral obligation, and 66% feel that charity upholds their religious beliefs. The study recommended that associations and supporters of NPOs must work to create a coherent identity of NPOs in India; receive serious attention and strong support from policy makers, government officials and political leaders; strengthen the system of data collection about NPOs, which should be integrated into the work of Central Statistical Organization of the Government of India, and this information should emerge along with other statistics of India. The entire system of registration, reporting and record keeping in various

departments and agencies of central and state governments should be made more transparent to NPOs and the public.

Key Words : 1. SOCIAL WELFARE 2.VOLUNTARY ORGANIZATION
3.NGO 4.NON- PROFIT ORGANIZATION 5.ROLE OF VOLUNTARY ORGANIZATION.

42. UNICEF Orissa, Bhubaneswar. (2000).
Orissa supercyclone emergency information pack UNICEF.
Bhubaneswar : UNICEF. 35 p.

Abstract : Study gives an update of the devastating supercyclone of Orissa on 29th October 1999 and the rehabilitation efforts of UNICEF. 19 districts were affected, and the worst affected were Jagatsinghpur, Kendrapura, Puri, Khurda, Bhadrakh and Balasore. 13 million people were affected, including an estimated 3.3 million children. 1,500 children were orphaned with an undetermined number of children losing one parent, or becoming especially vulnerable due to the situation of their families. Over 17,000 schools were damaged or destroyed. Along with other NGOs and donors, UNICEF took immediate action to bring relief to the affected people of Orissa. The first UNICEF supply reached Orissa on 31st October, and it was able to mobilize additional resources that included 570 tonnes of food, medicine and emergency supplies worth more than US \$1.3 million. Supplies also included polythene and tarpauline sheets for temporary shelters, chloroquine phosphate tablets to treat malaria, high energy biscuits, blankets, jerry cans, bleaching powder and chlorine tablets for decontamination of water resources, oral dehydration salt and pre-packed survival kits for families. UNICEF helped to build over 500 latrines; 75% wells in Cuttack district alone were made usable within ten days; and over 68,000 tubewells were repaired, disinfected and restored within two weeks. UNICEF supported Orissa Government in restoring the cold chain and protection of vaccines. Vitamin A supplementation campaign, just prior to the Supercyclone, boosted children's resistance to disease and contributed to the prevention of epidemics. Volunteers, with UNICEF's support to identify and locate children at risk, conducted door-to-door surveys. Action was taken to develop 'Prevention of Child Labour Centres' to support children at risk from becoming child labour or being engaged in dangerous and exploitative conditions; and to provide accommodation, health care, education, vocational training and pastoral support to the children. Cases of trauma and psychosocial conditions referred for psychiatric help included children 12-18 years of age and elderly people. Community centres were set up to provide support for the elderly, destitute women and children living in impoverished families. Locally situated

Integrated Child Development Service (ICDS) workers assisted widows, women-headed households and destitute families to start small-scale income generating projects that included basket weaving, gardening and weaving.

Key Words : 1.SOCIAL WELFARE 2.CYCLONE 3.ORISSA 4.UNICEF EMERGENCY RELIEF 5.DISASTER RELIEF 6.CYCLONE ORISSA 7.SUPER CYCLONE 8.ORISSA SUPER CYCLONE.

WOMEN WELFARE

43. Joshi, Meenakshi. (2004).

Women's empowerment : experience from watershed project. *Social Welfare*, 51(4) : 32-37.

Abstract : This paper analyzed the impact of interventions on women in a project being implemented in Uttaranchal. The study covers rural areas of District Pauri, Nainital and Udham Singh Nagar. It was found that there were 496 SHGs linked with 6700 women. Construction of water harvesting tanks, irrigation channels, biogas and fodder plantation have reduced the drudgery of women to a certain extent. These interventions have resulted in women saving around two to three hours, which is utilized for awareness programmes, group activities, and Income Generating Activities (IGAs), Capacity Building Activities, and so on. Women in the project area now have greater awareness regarding their roles, responsibilities and rights. Women have generated group savings of about Rs.30 lakhs. The average group fund size is approximately Rs.6000/-. SHGs members have been earning between Rs.500-6000 since taking up various IGAs. Capacity building, support and involvement in economic activity has helped women to gain respect and self-confidence. The study also found increased role of "women as a group" in solving community problems by their 'shramdan'. Participation in Panchayati Raj institutions and their role in decision-making had also increased. Study suggests that the State could capitalize on project interventions in agriculture and horticulture by developing a brand name for Micro enterprise products of SHGs from Uttaranchal. These efforts need to be maintained and strengthened, and should aim at placing women at the center of project activities.

Key Words : 1. WOMEN WELFARE 2.EMPOWERMENT WOMEN 3.WOMEN EMPOWERMENT 4.SELF HELP GROUPS 5.INCOME WOMEN 6.MICRO ENTERPRISE 7.POLITICAL PARTICIPATION

44. Mitra, Nishi. (2000).

Domestic violence as a public issue: a review of responses. Mumbai : Tata Institute of Social Science, Unit for Women's Studies. 105 p.

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Abstract : The study was undertaken in 2000 with an objective, to assess patterns and trends of domestic violence in India and examine Government and Non-Governmental responses to domestic violence, so that appropriate measures can be identified. It covered 13 districts of Madhya Pradesh and 18 districts of Maharashtra. A cross-sectional survey was conducted, and unstructured interviews were used to gather information from government officials, representatives of NGOs, members of legal profession, etc. Results showed that from 1983, the Criminal Law Amendment Act and the enactment of Section 498A had special significance in dealing with violence against women in their homes. Police intervention was crucially important in determining the outcome of a case of domestic violence because flawed investigation weakens a women's case. Another problem was that battered women were unaware of their legal rights. Women's Police Stations and Police Counselling Cells had inadequate infrastructure and its staff lacked proper training and exposure. Women's Vigilance Committees were more active to protect the interests of women victims in some districts of Maharashtra, but judicial bodies were not successful in providing justice to battered women. Family courts ensured quick delivery of justice, and high recovery rates of maintenance for women. It was found that safe alternative shelter was an important requirement of women seeking escape from violence in homes. Vocational training of women in rehabilitation centres was restricted to traditional crafts like sewing, tailoring and knitting, but no systematic efforts were made to rehabilitate women economically. It was suggested that there is a need to modify and make some changes in economic and social rights granted to women by our Constitution. Strategies to create awareness about domestic violence should be more focussed, and society at large should be sensitised through information dissemination and training programmes. There is an urgent need to broaden the definition of domestic violence to include all forms of abuse namely, physical, mental, emotional, etc. It was recommended that different programmes for economic rehabilitation of women should be started. Measures like secondary schooling, autonomy in terms of access and control of resources, and delayed marriages can play an important role in decreasing women's sense of powerlessness and in protecting them from marital violence. These measures need to be strengthened.

Key Words : 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE
3.JUDICIAL SYSTEM 4.ENFORCEMENT MACHINERY 5.ROLE OF
NGOS 6.BEST PRACTICE 7.LEGAL PROBLEMS 8.VIOLENCE
AGAINST WOMEN 9.DOWRY DEATH.

45. Panda, Pradeep Kumar. (2003).
Rights based strategies in the prevention of domestic violence.
Thiruvananthapuram : Centre for Development Studies. 89 p.

Abstract : The study conducted in 2001 focussed on the extent of domestic violence against women in Kerala and measures to prevent it. It discussed the critical elements of human rights framework to reduce domestic violence. The study covered 500 households : 300 rural and 200 urban; comprising 502 women : 302 rural and 200 urban women, between 15-49 years of age. Female investigators collected information on the extent of violence prevalent and social support measures. The average age of women respondents was 33 years and the average duration of marriage was 12 years. 95% men and women were literates. Approximately 66% women were employed outside compared to 7% men. 35.7% women reported physical violence at least once in their married life, and 64.9% reported psychological harassment. Both, physical and psychological violence were higher in rural areas compared to urban areas. Of the 443 women in the survey, 29% women (127 women) experienced slapping, kicking, hitting or forced sex during the last 12 months. Half of the women (218 women) had been subjected to any one of the psychological abuses in the last 12 months. 36% (46 women) experienced four of these five behaviours, and 58% (74) experienced at least two of these behaviours. Dowry harassment was reported by 29.7% women: 38.7% in rural and 16.0% in urban areas respectively. Due to dowry related problems, 149 women were ill-treated. Of them, 46% were beaten, 46% threatened, 13% sent back to their natal homes, and 21% were treated like servants. The study suggests that 'right to housing' and 'right to property and inheritance' are most fundamental for prevention of domestic violence. Empowerment of women is the key to prevent gender-based violence. Social support networks, especially of the natal family, neighbours, NGOs, and Self Help Groups (SHGs), etc. can help in changing attitudes, and also help women acquire immovable assets. Given the pervasiveness and harmful impact of domestic violence, a national policy of zero tolerance for domestic violence is necessary.

Key Words : 1. WOMEN WELFARE 2. DOMESTIC VIOLENCE
3. DEVELOPMENT KERALA 4. EMPOWERMENT WOMEN KERALA
5. STATUS OF WOMEN KERALA 6. FAMILY VIOLENCE 7. STRATEGY
FOR PREVENTION 8. RIGHTS OF WOMEN 9. RIGHTS APPROACH.

46. Ravinder Kaur. (2004).

Across-region marriages : poverty, female migration and the sex ratio. *Economic and Political Weekly*, 39(25) : 2595-2603.

Abstract : The study examined the impact of the low sex ratio on marriage practices and analysed the unusual response to the shortage of marriageable girls in North India. The study investigated two distinct sets of networks, one between Haryana and Assam and the other between West Bengal/Bihar and Uttar Pradesh. The study of two villages of Sonapat district in Haryana and Etah district in UP revealed the occurrences of such marriages in almost every caste. From the sample of 13 across-region marriages, 2 were with Brahmins, 2 with Jats, 3 with Dhimar, 2 with Kumhaars, 1 with Anahir, 2 with Telis and 1 with a Gadariya. The study revealed that poverty in the bride's community and the adverse sex ratio among the bridegroom's community were main factors responsible for bringing about such cross-regional, cross-cultural marriages. Women faced greater burden of adjustment having been dislocated from their local and cultural background. Marriages divert women of their sources of social security, and their cultural moorings. Women were forced to embrace their husband's culture such as purdah practices, loss of mobility and freedom, loss of social safety networks, loss of cultural practices. Local women faced greater violence as compared to outside women. Cross-region marriages were made acceptable by adverse social conditions of poverty, dowry and low sex ratio. The long term unintended consequences of such marriages, which perforce broke cultural norms and barriers, could be shifts in dowry payments, a turn around in the adverse sex ratio, and a blurring of distinctions of caste, region and language. Low sex ratio may raise the value of local women due to their scarcity and they would be married to the best men in their own community. It is also possible that this would lead to dowry-less marriages, with men marrying poor women of their own community. There is need to research the wide variety of emerging social patterns due to cross-region marriages.

Key Words : 1.WOMEN WELFARE 2.MARRIAGE 3.ACROSS REGION MARRIAGE 4.FEMALE MIGRATION 5.SEX RATIO 6.POVERTY.

47. Sahu, F.M. and Rath, Sangeeta. (2003).

Self efficacy and wellbeing in working and non-working women : the moderating role of involvement. *Psychology and Developing Societies*. 15(2) : 187-200.

Abstract : The purpose of the present investigation was to examine the perceived self-efficacy of working and non-working women in the context of

involvement with work and family environment. It examined the association between self-efficacy and well-being. The study divided the women into four groups, working and non-working, and involved and less involved. The study covered a total of 240 women, 120 working and 120 non-working, from urban areas of Orissa. The non-working women were categorized into involved and less involved sub-groups on the basis of the median split of their scores on family involvement. However, working women were categorized into similar sub-groups on the basis of combined scores of their family and work involvements. The present study indicated that involved women showed much higher level of self-efficacy than less involved women. It was revealed that there is a strong association between self-efficacy and well-being. Self-efficacious women believed that they could take actions to solve problems instrumentally. They felt more committed to their decision. Efficient women set higher goals and commitment to these goals becomes firmer. A strong sense of personal efficacy was related to better health, higher achievement, control and more social integration. The study offers some implications in the form of possible intervention. Since non-working women lagged behind working women with respect to self-efficacy, so some productive source of self-efficacy, other than work, can be generated for non-working women. Non-working women could be counselled to undertake productive leisure activities, meaningful social services and other such activity can be identified, so that their self-efficacy and feeling of mental well-being can improve.

Key Words : 1. WOMEN WELFARE 2.WORKING WOMEN 3.NON-WORKING WOMEN 4.SELF-EFFICACY 5.EMPOWERMENT WOMEN
6.SELF ESTEEM.

48. Sarada Devi, M and Rayalu, T.R. (2003).
Determinants of empowerment of working and non-working women.
Psycho Lingua, 33(2) : 118-22.

Abstract : The study was carried out in Hyderabad and Secunderabad to find out the determinants for the empowerment of working and non-working women. A sample of 75 working and 75 non-working women, from large middle class colonies were taken. Interview schedules and empowerment scale was used to collect the data. Results showed that the stronger determinants of power of working women were education, spousal occupation, spousal income, natal family support and favourable intrinsic personality traits of spouse. It was also found that the factors for

empowerment of non-working women were house type (own or rented), spousal income, natal family support, in-laws family support, etc. For both groups - working and non-working women, the variables were age, education, form of house, size of family, spousal education and his income, etc. So it can be concluded that the result of this study reflected on patriarchal ideologies of women in present day society.

Key Words : 1.WOMEN WELFARE 2.WORKING WOMEN
3.EMPOWERMENT OF WOMEN 4.NON WORKING WOMEN.

49. Singh Sengupta, Sunita. (2003).
Women leadership in organisations : socio-cultural determinants.
Kolkata : Indian Institute of Management Calcutta. 254 p.

Abstract : Study examined the socio-cultural determinants of the low representation of women in top managerial positions in Asian Organizations, and also studied the issues from individual and organizational perspective. 129 male and 71 female managers working in South-East Asian Countries participated in the study, of whom 32 were from Sri Lanka, 20 each from Nepal and Bangladesh, 15 from Korea, and 113 from India. Efforts were made to get responses from a wide range of organizations ranging from IT Consultancy, Financial Consultancy, Banking and hard-core manufacturing. Data was collected using structured interviews and questionnaires. Findings revealed that both male and female respondents perceived that societal culture has an important bearing on our thought processes and nature. Managers reported organizational culture to be favourable to men. Male respondents believed more in hierarchial relationships, which support the notion that Asian Societies are hierarchial in nature, and affects interpersonal relationships of people. In Asian Society, men are perceived to be assertive and commanding, whereas women are expected to comply, obey and be submissive and docile. Males and females perceive themselves to have different roles in the social space. Men were expected to maintain external contacts, whereas women were expected to fulfil their family responsibilities. Women gave quarter importance to self-actualisation, and men to happiness as values they wanted to realize in their workplace. Women managers reported family to be central in their lives, whereas male managers mentioned it was work. Often it was women who sacrificed promotions for family commitments. It was revealed that male managers from nuclear families participated in household chores, and seemed to believe in hierarchial relationships. They perceived international

companies should recruit women managers for overseas assignments, while women managers felt that women were often offered such assignments. It was concluded that if effective work-life policies are adopted, which support dual-earner couples, employers would get benefited in turn. In the Asian context, maternal leave is the only effective work-life policy widely in use. Study indicated that economic expansion that generates a tight labour market could get women managers more job opportunities. Varied societal and workplace policies can support the integration of family and work activities, and can constitute varying levels of family-friendly employment. Enterprises, institutions and Government should take steps to ensure that employees are aware of their rights and related legal requirements. Clearly defined job descriptions should be established, free of gender bias. An objective system of job evaluation and a well-structured management performance appraisal system should be in place to monitor progress. Women should be given more opportunities for strategic assignments and job rotation to improve their promotion prospects. Recognition of best practices through awards can act as an important incentive in promoting women.

Key Words : 1. WOMEN WELFARE 2.MANAGERS 3.WOMEN MANAGERS 4.WOMEN IN MANAGERIAL POSITION 5.WORKING WOMEN 6.LEADERSHIP 7.CASE STUDY 8.DISCRIMINATION AGAINST WOMEN 9.MANAGEMENT.

50. Society for Operations Research and Training, Baroda. (2000).
A Study on domestic violence in rural Gujarat. Baroda : SORT.
39 p.

Abstract : This explorative study was conducted in Savli Taluka of Vadodara district in 2000, to study the perceptions of the community members on domestic violence; and to assess the views of community members regarding the extent of prevalence of domestic violence. A sample of 291 ever-married men and women, in the age group 18 years and above was taken. Focus group discussions, in-depth interviews and surveys were also conducted. Results showed that 95% respondents were Hindus and 5% were Muslims. 66% couples did not have privacy at night. They shared their room with their children or other members of the family. 23% respondents regularly visited temple/mosque and watched T.V. 64% husbands smoked and 9% consumed alcohol regularly. 66% females perceived the prevalence of verbal harassment occurring in the community as high as 90% and 65% males considered it as low as 20% or less. It was

found that 88% males and 99% females mentioned wife as the main victim of domestic violence, whereas 77% males and 40% females felt that husbands were also victims of domestic violence. 96% males reported wife as the perpetrator of violence, while 73% females reported husband as the perpetrator. 87% males and 30% females reported slapping and beating with hands, kicking, punching and attacking to be the common forms of physical harassment. 79% males and 72% females reported mental torture also. 84% males and 74% females gave reasons for domestic violence like not preparing food on time, assigned task not being done by the wife on time, etc. 70% females and 53% males said that the husband's habit of smoking, drinking and gambling were the major causes for domestic violence. 68% males and 35% females felt that it was justified to scold the wife if the husband suspected her of being unfaithful; whereas 58% females and 46% males felt that it was justified to scold the wife if she did not cook the food properly. 81% males reported that women cried and sat in a corner of the house in case of physical harassment. 13% females mentioned that the victims died or committed suicide. It was suggested that there is need to set up some organisations to help women when the need arises. The formation of women's support groups is also essential to provide timely and continued support to women.

Key Words : 1. WOMEN WELFARE 2. DOMESTIC VIOLENCE.

51. Srivastava, Alka. (2004).
Self help groups and civil society : a preliminary study. New Delhi :
Indian Social Institute. 144 p.

Abstract : The objectives of the study were to analyze the functioning of SHGs and their role in different areas concerning women like health, education, local politics, gender sensitization and economic empowerment. It covered 613 SHGs of 12 districts in 4 states, namely Bihar, UP, MP and Chhattisgarh. From each district, 50 SHGs, 250 women members and 20 facilitators were taken. It was found that 25% of the groups earned income through agriculture, 13% groups played a role in the political sphere; 27% in Chhattisgarh and 19% in Bihar. In Bihar 17% and in Chhattisgarh more than 50% of the groups were involved in development/welfare activities. About 25% of the groups worked on gender related issues; in Bihar and MP, about 20% SHGs played a role in civil society. Around 10% of the groups were involved in solving problems, which arose due to government malfunctioning. The participation of women in decision-making regarding girls' education, marriage, etc, increased from 7% to 25%. 62% SHGs

played a role in promoting health activities and 75% SHGs promoted education. On the issues of *purdah pratha* (veiling), child marriage, child labour, sex discrimination, almost 50% groups reported unchanged behaviour, while 33% reported little change and 10% reported 'lots of change'. The study recommended that all NGOs working for women and SHGs should form a common platform to work for women's upliftment. Meetings and workshops should be organized by Government agencies at the state level, if not possible at the district level. Women members of SHGs should take the responsibility of self-production and self-marketing, so that they gain confidence and learn by doing.

Key Words : 1.WOMEN WELFARE 2.SELF HELP GROUPS
3.EMPOWERMENT WOMEN 4.MICRO CREDIT 5.CREDIT FOR
WOMEN.

LIST OF JOURNALS

1. Child Maltreatment
2. Demography India
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4. Economic and Political Weekly
5. Health for the Millions
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9. Journal of Educational Planning and Administration
10. Journal of Nutrition Education and Behavior
11. NFI Bulletin.
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