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CONTENTS

RESEARCH STUDIES ON WOMEN & CHILDREN

CHILD DEVELOPMENT

1. Alim, Farzana. (2005).
Pattern of cognitive development in preschool children. Aligarh : Aligarh Muslim University, Home Science Department. 2 p.

Abstract : The present study attempts to find out the pattern of cognitive development and sex differences in acquisition of cognitive development among preschool children. The sample for the present investigation consisted of 100 preschool children (50 boys and 50 girls) from KG. To test the cognitive development of children, Pandey's Cognitive Development Test (1992) for preschoolers was used to test the cognitive pattern in 6 areas, namely conceptual skills, information, comprehension, visual perception, memory, and object vocabulary. The mean of conceptual skills was more (34.06) in boys as compared to girls (31.34). The mean of comprehension was more in girls (9.14) compared to that in boys (5.98). Moderately significant difference was observed between boys and girls. On the basis of the findings, it was concluded that boys and girls differed in comprehension and conceptual skills, whereas no significant difference was found in information, visual perception, memory and object vocabulary.

Key Words : 1.CHILD DEVELOPMENT 2.COGNITIVE DEVELOPMENT 3.COGNITIVE DEVELOPMENT IN PRESCHOOL CHILDREN 4.CONCEPTUAL SKILLS 5.PRESCHOOL CHILD.

CHILD LABOUR

2. Abrol, Usha. (2004).
Prevention of child labour in Andhra Pradesh : a report : ILO-IPEC-APSBP project. Bangalore : NIPCCD, Regional Centre Bangalore. 66 p.

Abstract : The study was conducted by NIPCCD Southern Regional Centre, Bangalore for the prevention of child labour and to identify the target group. An action plan was launched by NIPCCD. Four pilot areas were chosen in Andhra Pradesh covering in all 135 villages. 39 villages of Hindupur in Ananthpur district;

38 of Markapur from Prakasam district; 47 villages from Kuppam, Chittoor district; and 11 villages in Vishakhapatnam district were selected for the study. One NGO in each of the pilot areas was identified as an executive agency; namely Seva Mandir, RASS, ASSIST and TARA respectively. Information was collected with the help of an interview schedule, by community workers who were local persons. It was found that of the 21,822 families in the four pilot areas, 6,788 families had child labour (CLF), and 15,034 families did not have child labour (NCLF). 38,537 children below 14 years were identified in the survey and of these 15,755 belonged to CLF and 22,782 to NCLF. At the time of the survey, 5041 children were employed for wages. It was reported that 1673 children were neither working nor going to school. Another group of 2550 children were reported as 'never enrolled'. Around 5% children were educated up to Class 8. Only 18% of the children from CLFs had education up to Class 8 or 9, compared to 81% from NCL families. About 64% children were going to school and the remaining 36% were not attending any school. 10% of the children dropped out at some stage, and 50% children had dropped out during the last year. Around 43% of the children were engaged in agricultural, domestic or construction work. Around 25% of the children were idle at home. Training to Anganwadi Workers (AWW) and teaching learning materials was provided to them, and all efforts were made to put the children back, who had dropped out recently from the school. Early warning system in schools is an innovative school based strategy conceived to prevent dropout and promote retention. An alert community is the most efficient watchdog to prevent child labour, hence the Project aimed at mobilizing the community and building an environment to prevent child labour. Community can be mobilized through motivational meetings, door-to-door visits, Bal melas, child-to-child campaigns, rallies, Gram Sabha, Janmabhoomi programmes and audio-visuals. Inter- departmental coordination should also be promoted to prevent child labour. The entire processes of the Project were documented to provide hindsight on the operations. Print, photo and video documentation was undertaken, and the experiences gained in implementation of the action programme were recorded. A preventive model for elimination of child labour was field-tested and operationalised in the action programme undertaken. From field experiences, it could be surmised that the preventive model on child labour had encouraging results. The strategy of focusing interventions to a specific target group by a number of implementing agencies was effective. However, greater interface and networking is required.

Key Words : 1.CHILD LABOUR 2.CHILD LABOUR ANDHRA PRADESH 3.CHILD LABOUR ELIMINATION 4.ELIMINATION OF CHILD LABOUR 5.STRATEGY FOR ELIMINATION 6.ROLE OF ANGANWADI WORKER 7.PLAN OF ACTION 8.ILO PROJECT 9.IPEC PROJECT 10.EDUCATION CHILD LABOUR 11.BANGAARU BATA PROGRAMME 12.SUCCESS STORIES 13.OUT OF SCHOOL CHILDREN.

3. Diwedi, H.K. (2004).
Towards eradicating child labour : magnitude concern and strategy : labour and development. NOIDA : V.V. Giri National Labour Institute. 33 p.

Abstract : After 70 years, in which the international community viewed the child labour problem in purely market terms, the CRC has provided a human rights lens and dramatically altered the perspective. According to 55th Round of NSSO conducted in 1999-2000, child labour numbered 10.41 million (5.57 million males and 4.84 million females). Highest number of child labour were in Andhra Pradesh (17.89%) followed by Uttar Pradesh (13.14%), West Bengal (7.93%), Orissa (3.28%), Punjab (1.53%), Rajasthan (1.39%) and the least were in Delhi (0.67%). The main objectives of the project were to withdraw children, working in hazardous occupations in Murshidabad district, and rehabilitate them. The low rate of literacy and lack of employment opportunities forced both children and adults to roll bidis. 4,000 child labourers were engaged mostly in bidi industry, on lathe machines, and in brick kilns. They were 8 –14 years of age, and about 60% were girls. Out of 88,000 preliminary identified child labourers, 2000 were brought under 40 NCLP centers, which were located in Jangipur sub-division. In 2000-2001, 836 students were enrolled in Class II while 1164 were enrolled in Class III. Each student was paid a monthly stipend of Rs 100/- and a *tiffin (*meal) of Rs 2.50 per day. School hours were not less than 4 hours a day and books used were prescribed by National Literacy Mission (NLM). Vocational training, nutritional supplements at Rs 2.50 per student per day, stipend, and health check ups were the interventions implemented. The Ministry of Labour should collaborate closely with the Department of Education and Ministry of Health and Family Welfare to combat the problem of child labour. Convergence of child labour eradication programmes with the Mid-Day Meal Scheme, and programmes of other Departments need to be strengthened. Convergence has gender dimensions too. Teachers from the local community should be an important eligibility criterion for their appointment. Local climatic and cultural factors should be kept in mind for the standard menu for mid-day meals that are provided in schools. Involvement of Panchayati Raj Institutions (PRIs) in rural areas and local bodies in urban areas in decision making processes should be solicited. Many more micro level experiments would have to be made. Emphasis should be on retaining children in the education system.

Key Words : 1.CHILD LABOUR 2.ELIMINATION 3.ELIMINATION OF CHILD LABOUR 4.ERADICATION CHILD LABOUR 5.CHILD LABOUR STATISTICS.

4. Ghosh, Ruma. (2004).
Brick kiln workers : a study of migration, labour process and employment:. NOIDA : V.V. Giri National Labour Institute. 56 p.

Abstract : In 2001, a total of 12.5 million children were employed as child labourers. This study attempted to capture the labour process and employer-employee relationships in the brick kilns of NOIDA. There were 56% males and 43.66% females working in the kilns. Maximum number of migrants came from Uttar Pradesh (62.5%), West Bengal (29.3%), Chattisgarh (6.2%), and Rajasthan (1.0%). All the workers (99.8%) lived in kutcha houses (non permanent structures). All the workers were paid on piece rate basis, like the *pathera* (moulder) got Rs 120 per thousand bricks, and the *beldar* (stacker) got Rs 10 for arranging 1000 bricks in the kiln. It was a pittance as arranging 1000 bricks was not an easy task for *pathera.* Out of 400 respondents, 144 moulded 1000 bricks in more than 14 hours. Monthly income of 11.82% families ranged above Rs 4000 and 7.81% had income below Rs 1000 per month. About 14.34% children entered the work force between the ages of 5-8 years. 98.05% of the working population was illiterate. 54.98% of children in the age group 10-11 years contributed 10-20% to the family income; while 39.65% contributed less than 10% to the family income. A major concern of the brick kiln workers was the wage rate fixed for their work. Efforts should be made to improve the wages of workers in brick kilns, and provide them with social security in terms of jobs, health benefits, etc.

Key Words : 1. CHILD LABOUR 2.BRICK INDUSTRY 3.BRICK KILN 4.MIGRANT LABOUR.

5. Sekar, Helen R. (2004).
Child labour in urban informal sector : a study of ragpickers in NOIDA. NOIDA : V.V. Giri National Labour Institute.104 p.

Abstract : Child labour has been an important area of social concern, both nationally and internationally. The study was conducted in Noida city, and covered 836 households with a total population of 4315, comprising 2407 males and 1908 females. The percentage of ragpickers was higher in Hindu households (83%) compared to Muslims (17%). Only 0.74% migrant households had migrated to the city before 1980, while the remaining 99.26% migrated after 1980. More than 42% households were inter-district migrants, while the other State migrants were from Bihar (31%) and West Bengal (18.49%). 42.02% households had only one earning member whereas 38.40% households had two earning members. 3.10% of households did not have any adult earning member. Of the total households, 63.16% reported monthly income between Rs 1001 to 3000; 83% had income below Rs 1000; and 2.64% had monthly income between Rs 5001 to 7000.

Enrolment ratio of ragpickers in 1995-1996 was 90.8% in the age group 6-11years, and it came down to 55.7% in the age group 11-14 years. Among the sample population, only 28.32% were literate, male literacy being 35.1% and female literacy 19.82%. 80% females and 74% children were illiterate; of whom 74.44% were males and 74.58% were females. The reasons for dropping out of school were financial problems (42.52%), lack of interest (33.86%), sibling care (0.39%), etc. Among the children engaged in ragpicking, 0.32% children were below 4 years; 7.24% were in the age group 5-6 years; 14.38% were 7-8 years; 28% 9-10 years; 29.62% of 11-12 years; and 20.44% were 13-14 years. Children faced various problems such as police harassment, sexual abuse, uncertainty, exploitation by *kabariwalas* (junk dealers), illiteracy, poor housing, etc. 79.78% of the children expressed negative feelings for ragpicking. 20.22% expressed their liking for ragpicking as it was an easy way of making money. 78.91% became ragpickers due to parental poverty. 65.08% of children entered this occupation on their own, and 18.59% had been introduced by their mothers and fathers. 0.22% children spent up to 13 hours a day in ragpicking, 10.27% spent 6-8 hours per day, and nearly 50% spent 3-5 hours a day. Nearly 45.51% ragpickers collected glass, iron, paper and plastic, and 15.78% focused on collecting glass, iron and plastic. 41.41% ragpicking children earned Rs. 11-20 per day, 26.06% earned Rs. 21-30, and 8.42% children earned above Rs 50 per day. 83.14% earned to supplement the family income, and 16.86% ragpicked to sustain themselves. Mother was the significant member running the family, and 74.90% children gave the money they earned to their mothers. Only 41.84% of the ragpickers had footwear. 64.22% had regular meals twice a day, 34.27% thrice a day, and 1.51% had meals only once a day. 64.22% children suffered from respiratory problems, 53.19% from headaches and 41.51% reported skin problems. Exposure to alcohol, drugs and commercial sex led them to drug addiction and HIV/AIDS. General public should be made aware of the rights of children, and child rights should be ensured on a war footing. An effective and efficient solid waste management system is required to deal with the problem of child ragpickers.

Key Words : 1.CHILD LABOUR 2.RAGPICKER 3.INFORMAL SECTOR 4.UNORGANIZED LABOUR 4.NOIDA.

CHILD WELFARE

6. Haq : Centre for Child Rights, New Delhi. (2004).
What does the budget 2004-05 have for children ? New Delhi : Haq, 31 p.

Abstract : HAQ Centre for Child Rights undertook an analysis of the Union Budget from a child rights perspective. All programmes and schemes from various ministeries/departments which were meant for persons below the age of 18 years

were disaggregated. All the programmes and schemes were clubbed under four heads, namely Child Development, Child Health, Education (Elementary and Secondary Education) and Child Protection. Data analysis has been presented sector- wise. The Finance Bill 2004-05, presented by the Finance Minister, has allocated only 2.44% of its total budget estimates for children. Under Child Development, the largest allocation is for ICDS which addresses the needs of children in the 0-6 years age group. The allocation on Child Development Programmes and Schemes was only 0.42% and 17.3% of the total child budget. 16 crore children are below the age of 6 years, and of these 5 crore are below the poverty line. Their mortality rate, low weight and health status remains a cause for concern. Children 0-6 years have been left out of the 86th Amendment to the Constitution which makes education free and compulsory for all children 6-14 years. The falling sex ratio in the 0-6 age group has raised serious concerns about their right to survival. Creches for providing day care services are suffering drastic cuts. Not even 25% of the already inadequate health expenditure goes towards child health. There is a 68% increase in the allocation for strengthening programmes on Immunisation and Eradication of Polio in the current budget. More than 50% share of the allocation of the Education Ministry is for elementary education. Child Protection does not seem to be a priority for the Government as the share for Children in Difficult Circumstances is only 0.03%. The continued existence of child labour is a contradiction to the fundamental right to free and compulsory education. Elimination of child labour and ensuring that all working children are mainstreamed into school requires political as well as financial commitment. The budget estimates fell from 805.6 million in 2002-03 to 728.9 million in 2003-04. There is no allocation for street children, children of prostitutes, children growing up in conflict areas, and children infected and affected by HIV/AIDS.

Key Words : 1.CHILD WELFARE 2.BUDGET FOR CHILDREN 2005 3.GOVERNMENT EXPENDITURE 4.EXPENDITURE 5.BUDGET ALLOCATION FOR CHILDREN.

7. Khanna, Anoop. (2003).
Female infanticide in Rajasthan : history in practice. *Journal of Social Development*., 3(1) : 84-94.

Abstract : The study was conducted to know the factors associated with son preference and female infanticide. The study was carried out in 20 villages of Jaisalmer district of Rajasthan. Villages with a population of more than 1000 (Census 1991) were selected using systematic random sampling method. Data was collected through Focus Group Discussions (FGDs), from both, male and female members of the community, to study their attitudes towards male and female children, and cultural aspects of infanticide. The majority of respondents (41.7%) were 21-25 years and (37.5%) were 30 years of age. Nearly 94% women got

married in their teens, that is before 20 years of age. Information related to infant deaths revealed that out of 58 infants who died, around 57% were girls. Maximum infant deaths (88%) were found to be in families belonging to general castes (mostly Rajput). A majority (72.47%) of the infant deaths occurred within a week after birth and around 64% of those were females. Half of the infant deaths occurred due to illness, including diarrhoea, fever, and respiratory problems. Rest of the deaths were reported due to some other unknown reasons. It was observed that a majority of the women (74%) expressed deep sorrow on the death of their child. The major reasons for son preference among the women who desired a male child were lineage (35%), presence of girl child in the family (28%), 21% thought a girl was a burden to the family, and dowry (17%). About 75% women had heard about the practice of infanticide. The reason for infanticides, as told by the participants, had their roots in the medieval period of history, when muslin invaders attacked the western part of India. These Rajput clans fought with them and when they lost, the invaders took away their women along with their wealth and cattle. Rajputs felt very ashamed for the same. For maintaining their prestige and dignity they started killing their daughters at the time of birth. Among the Rajput communities, methods used for infanticide were *bhati, rawalot* and *sodhla.* The methods of infanticide were mothers of the girl infants throttled them just after their birth, put a sand sack on the face of girl infants, buried them alive in the sand, kept them hungry, and gave them a high dose of opium. The study indicated that the practice of infanticide is still prevalent in some pockets of Rajasthan. In such circumstances, the problem of infanticide could be addressed only through a multi dimensional approach, having effective strategies to address the issues of gender equity, community awareness against the killing of girls, means to address the needs of fertility regulation, and effective enforcement of the legislation.

Key Words : 1.CHILD WELFARE 2.FEMALE INFANTICIDE 3.SEX RATIO 4.INFANTICIDE 5.INFANT DEATHS 6.FERTILITY 7.RAJASTHAN.

8. Population Council, New Delhi. (2004).
Integrating adolescent livelihood activities within a reproductive health programme for urban slum dwellers in India. New Delhi : PC. 35 p.

Abstract : The study was conducted by Population Council, New Delhi, Cooperation for Assistance and Relief Everywhere (CARE) and Centre for Operations Research and Training (CORT). The study was conducted at Allahabad in Uttar Pradesh which is the most populous state in India. The Project was conducted in slum areas where CARE – India had been conducting reproductive health programmes. The study used a quasi-experimental pre- and post-test study design that compared the intervention group with a control group of adolescents. The baseline survey identified 2,452 households that had 4,292 eligible adolescents. About 80% adolescent boys and girls were residing in households

with access to piped water. At the baseline survey less than 4% of 14-19 year old girls and 1% boys reported being married. 89% of adolescent girls and 85% of adolescent boys interviewed at the baseline had lived in Allahabad their entire life. Self esteem and social skills of boys was higher than that of girls. Adolescent girls had a slightly more progressive outlook than their male peers. Boys had greater knowledge of reproductive health than girls. While imparting reproductive health education, some vocational courses and money saving techniques were also introduced. Adolescent girls' social skills index value at baseline before intervention was 10.5, and after intervention it became 12.0, whereas the self esteem of adolescents hardly differed. A sharp increase was noticed among girls membership in an organized group after integration of reproductive health programmes, vocational training and savings group formations. After integration the respondents became much more aware about the safe spaces where unmarried adolescents could go, and also slightly increased the acceptability of adolescent girls' physical mobility. Knowledge of reproductive health in all three groups increased from the baseline to the end line. The greatest change occurred among those who participated in the intervention. Around 83.7% of the girls who attended at least one vocational course reported that they used their skills after the project ended. In order to reduce deeply entrenched gender disparities and enhance girls' abilities to have a greater voice in decision making about their own lives, future interventions are required to devote more effort to developing group cohesion, and improving communication, negotiation and decision making skills.

Key Words : 1.CHILD WELFARE 2.ADOLESCENT LIVELIHOOD 3.ADOLESCENT GIRL 4.ADOLESCENT 5.GENDER EMPOWERMENT INDEX 6.SLUM DWELLER 7.ADOLESCENT HEALTH 8.REPRODUCTIVE HEALTH 9.VOCATIONAL TRAINING.

EDUCATION

9. India, Ministry of Human Resource Development, Dept of Elementary Education and Literacy, New Delhi. (2001).
Educating adolescent girls : opening windows. New Delhi : DEEAL, 2001. 80 p.

Abstract : Adolescents need specific attention, education and information. This study, conducted in 1999, was done to map the experiences in educating adolescent girls in five states namely Andhra Pradesh, Bihar, Delhi, Rajasthan and Uttar Pradesh. In Andhra Pradesh, six organizations were studied namely Mahita, Confederation of Voluntary Agencies (COVA), Ananda Bharthi, Deccan Development Society (DDS), MV Foundation (MVF), and Mahila Samatha (MS). They successfully launched and sustained a programme for girls education. COVA

and Mahita brought together girls for vocational training and literacy. MS and DDS focussed on empowering adolescent girls. There was a marked difference between the two sets of girls; MS and DDS girls showed more confidence and had greater self esteem than COVA and Mahita girls, where majority of them were Muslims. At Ananda Bharthi, girls were looked after with care and sensitivity. At MVF, girls were full of energy and confidence. In Bihar, four Mahila Shiksha Kendras (DIET, Maria Ashram, District Sheikhpura and Fakirana) were selected. At MSK a minimum of Class 5 education was attained and it ensured that there was no relapse into illiteracy. The Bihar Education Programme provided an easy way for girls to complete Class 5 and continue with Class 6 in Government schools. MSKs educational motivation programme showed girls, who lived in different and distressing circumstances, how to live together, be well groomed, keep the surroundings clean, and participate in extra curricular activities. MSK focused on building self esteem and self confidence of young women. Many women became *jagjagi* workers (heads of *jajjagi* centers). MSKs created an environment that was conducive for learning. In Rajasthan, to understand the necessary and sufficient conditions for girls enrolment and education, Balika Shikshan Vihars were organized between 1996 and 1999, and data was collected and analyzed. Focused discussions and interviews revealed enthusiasm and commitment of the girls, which was enhanced by perception of education as relevant, meaningful and empowering. Sensitivity of the programme played a role in ensuring enrolment and retention in the camps. The flexible curriculum and camp approach relieved girls from daily duties and helped them to learn faster. Social consciousness and gender sensitivity were generated. The retention of girls from varying social backgrounds in the camp was made possible and girls who passed Class VIII were working in most difficult areas under Lok Jumbish Programme. In Delhi, Katha and Ankur had implemented educational programmes for adolescent girls for over 10 years. Girls reached a high level of competence in life skills, became confident, assertive and in command of their lives. They understood societal constraints, patriarchy and sexuality through analysis of their own situation. They also acquired skills in computers, stitching, beauty therapy, read newspaper regularly, and were able to interact freely with boys in classes and workshops. Mahila Samakhya, a block-specific programme in Uttar Pradesh, operated in 10 districts. Major achievements of the programme were that it ensured regular attendance and built confidence among girls. Teachers noticed that girls aspirations changed and they became role models for others. All five studies focused on educational efforts outside the formal years of schooling. There is a need to acknowledge, support and nurture alternative visions of education, which could impact on the marginalized segments of society.

Key Words : 1.EDUCATION 2.GIRLS EDUCATION 3.ADOLESCENT GIRL 4.ELEMENTARY EDUCATION 5.FUNDAMENTAL RIGHT TO EDUCATION 6.MAHILA SHIKSHAN KENDRAS 7.MAHILA SAMAKHYA 8.BIHAR 9.LOK JUMBISH 10.RAJASTHAN 11.JANSHALA SCHOOL 12.OUT OF SCHOOL GIRLS

10. Kothari, V N. (2004).
Challenge of universalization of elementary education in India. *Journal of Educational Planning and Administration*, 18(3) : 85-94.

Abstract : The study was conducted by NIEPA to explain the elementary education scenario in India through the use of a variety of data sources such as Census, the NSS, NCERT and NFHS surveys. The overall development situation was assessed with respect to gender, age, rural-urban divide, expenditure groups, village amenities, and health status of children. India was classified in the medium human development category. Adult literacy rate was found to be extremely low in India 55.7% in 1998, youth literacy rate was 71%, and enrolment ratio in primary education (1997) was found to be 77.2%. To conclude, it was emphasized that we are far from attaining the goal of universal enrolment of children 6 to 14 years of age. It is even possible that under-nourishment, severe morbidity and physical disability are delaying their entry into school. For girls and for first generation learners school has to become more attractive. Unless we take adequate steps, we as a country are likely to remain stuck at 80%-85% enrolment rates, while most of the developing countries would be heading towards 100% enrolment.

Key Words : 1.EDUCATION 2.ELEMENTARY EDUCATION 3.UNIVERSALIZATION OF ELEMENTARY EDUCATION 4.LITERACY 5.YOUTH LITERACY RATE 6.PRIMARY EDUCATION 7.AGE AT ENROLMENT.

11. National Institute of Education Planning and Administration, New Delhi. (2004).
Elementary education in India - where do we stand ?: Analytical report 2003. New Delhi : NIEPA. 219 p.

Abstract : Indian education system is one of the largest systems in the world and collecting reliable data poses problems. District Information System for Education (DISE) 2001 was a software designed by NIEPA which was used to collect data from the grass roots, and standardize educational variables at the national level. It eliminated chances of data manipulation. Data was collected from 8,53,601 schools, from 461 districts across 18 states, where 87% schools were located in rural areas. 26.58% primary schools were located within 1 km from the Cluster Resource Centre (CRC) and 32.85% schools were located more than 5 km from CRC. Only 4.38% of the total number of schools were run by Tribal Welfare Department. In 1994, 53.50% new primary schools were opened in the state of Rajasthan, 26.7% in Andhra Pradesh, 17.90% in Madhya Pradesh and 24.7% in Uttar Pradesh. More than 80% primary schools in Karnataka, Maharashtra, Uttar Pradesh and Uttaranchal had permanent buildings. About 36% primary schools had

more than three teachers. 71.9% primary schools and 79.5% elementary schools had drinking water facility. About 91.0% primary schools in Uttar Pradesh had drinking water facility compared to 42.5% schools in Assam. In 2003, about 14% primary schools in Madhya Pradesh had a ramp in school which was also the highest in country. In Bihar, Uttar Pradesh and West Bengal, the average number of primary schools per upper primary school was five and more. Except Bihar and Jharkhand, in all other states, the share of girls enrolment at the primary level was above 45%. 461 districts indicated a Gender Parity Index (GPI) (2002-2003) of 0.89 in primary classes compared to 0.79 in case of enrolment in upper primary classes. Uttaranchal had the highest (0.98) GPI and Bihar, the lowest (0.742). At the primary level, the share of SC and ST enrolment to total enrolment was 21.8% and 9.6% respectively. More than 64% children transited from primary to upper primary level of education, with no difference in the rate between boys and girls. Repetition rate in terminal grades such as Grade V and Grade VIII was comparatively higher than the repetition rate in other primary and upper primary grades. About 3.16 million teachers were engaged in teaching in elementary schools. Kerala had the highest number of teachers (19.85%) and Bihar the lowest (2.55%). Para-teachers were better qualified than regular teachers. More than half of the para-teachers (56.02%) were graduates compared to regular teachers (51.44%) who were higher secondary and below. Despite all these significant achievements, inadequate utilization of data remains a major area of concern. Despite all significant achievements, DISE data may not necessarily be absolutely free from limitations, in view of its large scale operations.

Key Words : 1.EDUCATION 2.PRIMARY EDUCATION 3.DISTRICT INFORMATION SYSTEM FOR EDUCATION (DISE) 4.SCHOOLS 5.SCHOOLS INDICATORS 6.TEACHER INDICATORS 7.INDICATORS EDUCATION 8.STATE REPORT CARDS 9.GIRLS EDUCATION.

GROWTH AND DEVELOPMENT

12. Shanmugavelayutham, K and Amarnatha, A. (2004).
Private sector creches. Chennai : Tamil Nadu Forum for Creches and Child Care Services. 38 p.

Abstract : The present study evaluated creches run by the private sector; their physical infrastructure; working status of creche workers; their living conditions; and examined mother's opinion about the creches. The study was conducted in Dindigul district of Tamil Nadu, where agriculture is the main employment. 60 creche units were selected and a two-stage sampling procedure was followed. About 70% creche units were selected from each taluk, and 20 units from Dindigul taluk. Information was collected through observation and personal interviews of 300 mothers and 60 creche teachers. Data was collected in the months of August and

September 2003. The study showed that 60 percent of the creche centres had 15-25 children. Poverty and cramped living conditions, unsafe water, poor diet, lack of sanitation, and poor child care services made children vulnerable to infection and diseases. About 57% of the creches did not have first aid kits, and 44% were housed in 12X14 feet rooms, which did not conform to the average required floor area. Condition and availability of toilets was unsatisfactory, and sleeping facilities were also inadequate. 30% creche centres had no outdoor play space. Only 45% teachers were trained, and they were also facing problems such as adverse working conditions. In 35% creches, formal teaching method was followed. Longevity of creche units was more than 15 years. About 58% creche units were located in rural areas, 12% in urban slums and 30% in urban areas. No survey had been conducted in any creche centres. Around 75% creche centres functioned for 6-8 hours. About 55% centres were housed in buildings with brick walls with asbestos or tiled roof, and 18% were in huts with thatched roof and did not have basic sleeping facilities or educational materials. Only 55% creche teachers had undergone training in creche teaching courses. Only 27% mothers were involved with creche centres. 70% teachers were dissatisfied with their jobs. Most private creches were overcrowded, had an unhealthy environment for overall development of the child, and were manned by people with no special qualifications for the job. Family alone can no longer be expected to provide all inputs needed for holistic development of the child. The study recommended that strength of the creche should be decide by the number of adult caregivers, space, facilities available, and needs of the children. A first aid kit should also be available. Every creche should provide 20 square feet space per child, proper toilet, sleeping facility, outdoor space to play, proper equipment, etc. Various orientation programmes should be organized for parents and staff. Minimum standards should be fixed for creches by the Government and strict monitoring should be done.

Key Words : 1.GROWTH AND DEVELOPMENT 2.CRECHES 3.PRIVATE SECTOR CRECHES 4.ECCE 5.CRECHE MATERIAL 6.LIST OF CRECHE MATERIAL 7.CRECHE EQUIPMENT 8.FUNCTIONING OF CRECHES

HANDICAPPED

13. Broota, Sakshi et al. (2004).
Disabled people in India : the other side of the story : April 2003 to March 2004 : Shadow report. New Delhi : National Centre for Promotion of Employment of Disabled People. 53 p.

Abstract : The Annual reports of the Ministry of Social Justice and Empowerment and Office of the Chief Commissioner for Persons with Disabilities highlight the initiatives taken by them, but are often lacking in basic disability statistics, details of beneficiaries of various schemes and the reach of the schemes. The aim of the

report was to highlight the other side of the story. The report focused on the Disability Act, 1995 and its implementation. The Tenth Five Year Plan advocated the introduction of a 'Composite Plan for the Disabled' in the budget of all concerned Ministries/Departments. Though schemes are meant to reach all categories of disabled people, special focus is needed to include girls/women with disabilities, persons in rural/tribal/slum areas or in economically backward regions, and families living in regions affected by terrorism or natural calamities. Persons belonging to categories of neglected disabilities also need special attention. Aids and appliances are distributed to disabled persons mainly through camps organized by Red Cross Societies, National Institutes and ALIMCO. The Ministry supports voluntary organisations that provide services to disabled persons under the Deendayal Disabled Rehabilitation Scheme. The funds were observed to be concentrated into a few states having large populations. The monthly newsletter of National Human Rights Commission showed its negligible involvement in safeguarding the human rights of disabled people. The annual report of the Department of Education, Ministry of Human Resource Development (2003-2004) mentioned that the Integrated Education for Disabled Children (IEDC) Scheme operational in 129 districts in 9 states benefited more than 1,69,000 disabled children. None of the annual reports of various Government Ministries provided information on the number of disabled persons employed in the respective Ministries. There are only 17 Vocational Rehabilitation Centres (VRCs) run by the Government for disabled people. The schemes of National Handicapped Finance and Development Corporation had not reached disabled persons in 13 out of 35 States / Union Territories. Buses in the capital city remain inaccessible for disabled people till date. There are no amendments to The Disability Act, 1995. Many disabled people do not come under the purview of The Disability Act, 1995 due to which their voices remain completely unheard. There is an urgent need for policy initiatives to provide services, rehabilitation and remove barriers in the above mentioned areas, and strengthen the planning, implementation and monitoring mechanisms for the same.

Key Words : 1.HANDICAPPED 2.DISABLED PERSONS 3.EMPLOYMENT DISABLED 4.INCLUSIVE EDUCATION 5.EDUCATION DISABLED 6.SHADOW REPORT 7.GOVERNMENT INITIATIVES 8.GOVERNMENT INITIATIVES DISABLED 9.DISCRIMINATION AGAINST DISABLED.

14. Delhi, Deptt. of Economics and Statistics, Delhi. (2004).
Mentally and physically challenged persons in Delhi (based on N.S.S. 58th Round State Sample). Delhi : DES, 2004.~150 p.

Abstract : This report was brought out on the basis of a sample survey conducted in Delhi under the 58th NSS Round conducted from July 2002 to December 2002. The study was conducted to provide data and ascertain the incidence and

prevalence of disability and the socio-economic status of challenged persons. The coverage included both mental and physical disabilities; and assessed their causes, degree of disability, education attainment, economic status, aid/assistance taken from Government agencies, and other related issues. A stratified multi-stage sample design was adopted in this Round, covering Census villages in rural sectors, and NSSO Urban Frame Survey (UFS) blocks in the urban sector. The ultimate stage units were households in both the sectors. The total number of disabled persons in Delhi was estimated to be 102,427 on 1 October 2002, which constituted about 0.71% of the projected population on that day. Of these 4966 were in rural areas and 97461 in urban areas. Sex wise break up revealed that 65351 (63.80%) were males and 37076 (36.20%) were females. About 12.66% were in mentally challenged category; 7.13% were visually handicapped; 5.20% had communication disability; 68.3% locomotive and 6.64% were in the category of multiple disability. Delhi had a disability prevalence rate of 707 persons per 100000 persons as against 1755 persons at all India level. Around 13.35% of the total disabled were in the age group of 15-19 years, 11.16% in 20-24 years and 13.16% were in 60 years and above age group. Age group of 0-4 years accounted for only 2.89% of the total, while more than half of the disabled persons in Delhi were estimated to be in the age of 0-29 years. Scheduled Tribes constituted 3.47%, Scheduled Castes 25.58%, Other Backward Classes (OBC) 11.91%, and others accounted for 59.04%. Around 63.08% disabled were literate and 36.92% were illiterate. Around 9.84% were educated upto 10+2 level and 7.63% upto secondary level, 13.21% had cleared middle school, and 32.40% attained primary level of education. About 58.62% disabled persons could take care of themselves without any aid, 18.05% with aid, and 19.08% could not take care of themselves on their own. More than half the disabled persons were in the never married category. About 88.52% persons had not received assistance from any source and did not expect any either. 9.7% required assistance from Government agencies, and only 1.70% received and expected assistance from non-government sources/agencies.

Key Words : 1.HANDICAPPED 2.DISABLED PERSONS 3.DISABLED PERSONS DELHI 4.MENTAL DISABILITY 5.PHYSICAL DISABILITY 6.DELHI 7.NSS 58 ROUND 8.DISABILITY DELHI.

HEALTH

15. Centre for Communication and Development Studies, Pune. (2005).
Access denied : the cost of healthcare is spiralling. Pune: CCDS. 50 p.

Abstract : The study was conducted to assess the spending by Government on health care; spending by persons on health services; and to know how poor people

coped with health problems. It was found that India needed 7415 Community Health Centres (CHCs) per 100,000 population, but India had less than half the number of CHCs. The basic staff was not in position. Only 38% Primary Health Centres (PHCs) had the required medical personnel. As the primary health infrastructure was in shambles, the poor could not count on government health centres. Children died of snake bite for want of anti-venom vaccine, and women in labour were turned away from CHCs. These case studies were recorded at public hearings in different states in 2004 by the Jan Swasthya Abhiyan and by "Info Change Agenda" correspondents. Citizens were denied the basic human right to effective health care. At Mumbai's JJ hospital, 1000 HIV positive people were among the 4000 nationwide that were accessing the government's free Anti-Retroviral Therapy (ART) programme. There were around 2,50,000 other patients in India urgently in need of ARVs, who could neither access the programmes nor afford to buy the medicines. Nagaland has 500 doctors for 2 million people. Patients often travel to Assam for medical attention. Meghalaya has set up permanent accommodation in Vellore, Tamil Nadu for patients travelling there for treatment. A severe shortage of medical personnel and facilities is the major problem in the north east. In 2002 Manipur (14) and Kerala (10) had the lowest IMR in the country. Both Kerala and Manipur have better availability and a more equitable distribution of health services in comparison to the rest of the country. A survey of households in poverty showed that 85% of 134 households in two districts of Gujarat, and 74% of 335 households in three districts of Andhra Pradesh said that health expenses were the main reason for their economic decline. Public financing is critical for good health care and health outcomes. Yet in India, only 15% of the Rs 1,500 billion healthcare sector is publicly financed. As investment and expenditure in public sector is shrinking, the public health system is on the brink of collapse, and there has been a 30% decline in the use of public healthcare facilities. Less than 1% of our health budget is spent on mental health. Morbidity among women was higher than among men. But women were less likely to access health care for several reasons such as high cost, could not get time off from work, and low status within the family. There was gross under supply of drugs at public health facilities, forcing patients to buy over priced drugs from the profit driven private sector. A labourer earning Rs 60 a day would have to work more than two years to afford treatment for tuberculosis. The third amendment to the Indian Patents Act is likely to adversely affect the availability, accessibility and affordability of medicines. In the absence of a robust state funded health infrastructure providing free care, around 75% people prefer the private sector. However, the National Rural Health Mission (NRHM), launched in 2005, aims at strengthening rural hospitals for effective curative care and accountability.

Key Words : 1.HEALTH 2.COST OF HEALTH CARE 3.HEALTH CARE 4.HEALTH FOR ALL 5.HEALTH SYSTEM 6.POOR 7.PATENT 8.PATENTING HEALTH DRUGS 9.DRUGS 10.RIGHT TO HEALTH 11.NATIONAL HEALTH POLICY 12.PUBLIC SPENDING ON HEALTH.

16. CHETNA, Ahmedabad. (2004).
A process documentation of advocacy for mainstreaming : reproductive and sexual health education in Nehru Yuva Kendra. Ahmedabad : CHETNA. 32 p.

Abstract : The present study was conducted by CHETNA to know details about the Reproductive and Sexual Health Education (RSHE) in Nehru Yuva Kendra (NYK). Data was collected by interviewing 10 members of CHETNA team, 12 members of NYK team, Mehsana, 2 members of NSS Team, Bhavnagar and North Gujarat, etc. Secondary sources such as training reports and literature on adolescent reproductive and sexual health were also consulted. A total of 53 persons were interviewed, which included some adolescent boys and girls between 10-19 years. Focus Group Discussions were conducted in 10 villages for needs assessment. This pilot project initiated several processes, both at organizational and personal level. One of the most intangible gains was increase in the level of knowledge on RSH and enhanced level of self-confidence and esteem of peer educators. This was also the first time in the history of a village community where RSH was discussed so openly, with all members of the community namely parents, teachers, school principals, village leaders and youth, participating. The more tangible outcomes however were increased demand by the schools to orient their students. Different streams of non-formal agencies like NSS and Scouts and Guides also came forward to request for orientation training on RSH for their students. Some of the macro level suggestions are to make RSH a part and parcel of all programmes, irrespective of availability of funds. It was also suggested that RSHE should be mainstreamed. NYK should incorporate this issue in their regular and special programmes. The design of the training curriculum of RSHE should be supported by a Government Resolution and should be issued to all NYKs. A common platform for coordinating all activities of RSHE may be created in which NYK and CHETNA may take a lead. A permanent District/State/National Youth Centre may be created. It was suggested that CHETNA may set up a resource centre on RSHE. CHETNA needs to develop a gender and rights based perspective for all stakeholders involved in this issue. Strict monitoring should be done so that the quality of training imparted at any level does not get diluted. CHETNA and NYK should focus on married adolescent youth and school dropouts. A long term strategy regarding this issue should be carefully considered by all stakeholders on how best this information can percolate to the adolescents and youth in an enabling environment at the earliest. The community at large must be sensitized simultaneously on this issue with a gender and right based perspective.

Key Words : 1.HEALTH 2.ADOLESCENT HEALTH 3.ADVOCACY FOR MAINSTREAMING 4.REPRODUCTIVE HEALTH 5.SEXUAL HEALTH EDUCATION 6.CHETNA PROGRAMME 7.NEHRU YUVA KENDRA PROGRAMME 8.MODULE ON REPRODUCTIVE HEALTH 9.HEALTH EDUCATION.

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17. Kumar, B L. (2003).
Target free approach for family welfare in Gujarat : a review of policy and its implementation. Ahmedabad : Gujarat Institute of Development Research. 42 p.

Abstract : This study reviewed the process of change in the implementation of new family planning approach and its impact on the quality of health care and reproductive and child health services. In the present study, both quantitative and qualitative data were collected and analyzed from users and providers of health and family welfare services. Data was collected from two districts of Gujarat, namely Valsad and Bhavnagar. A total of 111 women from 8 Sub-Centers (SCs) participated in small focus group discussions comprising 4 to 9 women at a time. The Sample Registration System (SRS) estimated a decline in Crude Birth Rate (CBR) from 27.9 per 1000 population in 1991 to 25.4 in 1999. The Crude Death Rate also declined from 8.5 to 7.9. The total fertility rate declined from 2.99 to 2.72 in Gujarat between 1993 and 1999. All Primary Health Centres (PHCs) should have facilities like 4 to 6 bed in-patient ward, basic laboratory services, and a theatre for sterilization operations. Positions of male supervisors and block extension educators (BEE) were vacant at many PHCs. Out of 4 PHCs visited, only 1 had BEE and 2 had male supervisor in position. Average population served by several SCs in Valsad district, which is predominantly tribal, was higher than the mandated population figure of 300 per SC for a tribal area. Number of male workers was quite low compared to the mandatory ratio of one in each SC. All Family Health Workers (FHWs) had good work experience. Although SC buildings were divided at many places to provide accommodation, yet more than 50% FHWs did not stay in the SC villages. The location of SCs was inappropriate as reported by MOs. Some PHCs faced the menace of anti-social elements. SC registers were not updated regularly and they were hardly ever checked. The knowledge of terminal methods of family planning was nearly universal in Gujarat, but of spacing methods was less. Sub-Center level facilities for diagnosis and treatment of Reproductive Tract Infection (RTIs) and STDs were almost absent; nor were health workers properly trained to provide these services. Motivational and counseling skills of grass root level health workers need to be strengthened and improved. Health care infrastructure and support system should be improved qualitatively. Demographic goal can be achieved only by increasing access to quality services. So far as implementation of the programme was concerned, the first important steps had been taken in making a paradigm shift. The programme was moving in the right direction, though proper orientation and training of health workers were required.

Key Words : 1.HEALTH 2.FAMILY PLANNING 3.FAMILY WELFARE 4.TARGET FREE APPROACH 5.HEALTH SERVICES 6.FAMILY PLANNING SERVICES.

ICDS

18. NIPCCD, Regional Centre Lucknow, Lucknow. (2005).
Anganwadi workers training centres in Uttar Pradesh. Lucknow : NIPCCD-RCL, 2005. 53 p.

Abstract : A qualitative study of Anganwadi Workers Training Centres (AWTCs) in Uttar Pradesh was conducted under project UDISHA by National Institute of Public Cooperation and Child Development, Regional Centre, Lucknow. A total of six AWTCs comprised the sample of the study. The respondents included Head of the Organisations, Principals of AWTCs, Instructors and trainees. Data was collected through interview schedules and an observation checklist. There was wide variation in the training centres regarding infrastructure and experience of staff, their orientation to early childhood care and development, teaching methodologies, etc. Findings indicated that only two centres could provide adequate number of chairs and tables to trainees in the classrooms, and the rest had to sit on the floor on mats (*durries*). At the AWTC, Allahabad, the trainees were paid daily allowance in cash for meals, and this practice should be checked. Classrooms should be well ventilated and spacious enough to accommodate 35 trainees. A.V. aids and training equipment were also missing in these centres. In a majority of the centres, the educational qualifications of the instructors did not match with the subject they taught. Quality of training also suffered due to lack of specialist speakers. Findings indicated that very little material or no material was given to the trainees. Experiential learning, which is an important aspect of training provided through field visits and supervised practice, had been neglected due to lack of knowledge about this, in almost all centres. The root cause of these was late release of grants and the unrealistic budgetary provisions. There is a need to provide funds for a library in the budget. There is also need to develop a training module for the job training of AWWs in order send a uniform message to all the AWWs. Skill building training for Instructors of AWTCs may also be organized from time to time. Facilities like blackboard, projection of films, display of programme schedule, growth charts, posters, demonstration room, etc. should be available. Hostels should be located within the premises of the training centres. The trainees should share the same food, have food in a common place, and it may be prepared in a common kitchen with the cooperation and help of trainees. International agencies should put AWTCs on their mailing list so that whatever material is developed by these organizations could go directly to these training institutions.

Key Words : 1.ICDS 2.ANGANWADI WORKERS TRAINING CENTRES 3.AWTC 4.TRAINING IN ICDS 5.TRAINING OF MANPOWER IN ICDS. 6.TRAINING OF ANGANWADI WORKERS.

19. NIPCCD, Regional Centre Lucknow, Lucknow. (2005).
A Quick appraisal of AWTCs in Bihar. Lucknow : NIPCCD- RCL. 165 p.

Abstract : Recognizing that early childhood development constitutes the foundation of human development, ICDS was designed to promote holistic development of children under six years of age. ICDS team comprises Anganwadi Helpers (AWH), Anganwadi Workers (AWW), Supervisors and Child Development Project Officers (CDPO), Medical Officers (MO), Lady Health Visitor (LHVs) and female health workers. UDISHA is the nationwide training component of the World Bank launched in 1999 and implemented in all 28 States and 7 Union Territories. NIPCCD, Lucknow conducted an intensive overall assessment of Anganwadi Workers Training Centres (AWTCs) in Bihar. All AWTCs had hostel facilities, though the rooms were too small to accomodate the trainees, even on the floor. At Patna, the Centre had 5 bathrooms and 5 toilets but they were not in use due to lack of adequate water supply in them. Participants took bath at open wells very early in the morning. All centres had safe drinking water. Other facilities like kitchen were there in 3 centres; ventilation and lightning were appropriate in 7 out of 8 centres; teaching aids were there in all the 8 centres; 6 classrooms had *durries* (mats), and 2 had tables and benches. Books were there in all centres but the least were in Hajipur centre; newspapers were received in 4 centres, and medicine kit was not available even in one centre. Except one centre at Kadamkuan, all AWTCs followed the newly developed Induction Training Syllabus. Only one centre at Madhubani took the evaluation of performance of trainees in writing, while the rest took it verbally. To improve the quality of training, following organizations contributed to AWTCs like Parent Organisation of AWTC, NIPCCD, State Government, UNICEF and others. There were certain problems faced by AWTCs such as non-release of funds in time, inadequate training material, etc. The heads of organizations suggested that co-ordination with the State Government, timely release of funds and provision of electricity should be enhanced. In training sessions, lecture was the main method used for instruction. All AWTCs were located in good places with proper transportation and market facilities. BCCW was getting some funds from the ICDS Directorate for administrative expenditure. All AWWs were residing in the AWC villages, and the distance between AWC and their homes was around 5 metres-500 metres. AWTCs should have adequate physical infrastructure like hostel, kitchen, toilets, bathrooms, library, classrooms, office, etc. Every AWTC should rearrange training/communication materials available with them and keep them in a specified place with some space so that these are used by trainees and trainers. Skill training programs for Instructors of AWTCs on training methods, organization of preschool education activities, growth monitoring and mobilization of the community need to be organized.

Key Words : 1. ICDS 2.AWTC 3.ANGANWADI WORKERS TRAINING CENTRES 4.AWTC EVALUATION 5.EVALUATION OF AWTC 6.TRAINING OF ICDS FUNCTIONARIES 7.TRAINING OF ANGANWADI WORKERS.

LABOUR

20. Unni, Jeemol and Uma Rani. (2001).
Insecurities of informal workers in Gujarat, India. Ahmedabad : Gujarat Institute of Development Research. 85 p.

Abstract : The People's Security Survey was intended to help the construction of indices of socio-economic security. Generic questionnaire was developed by International Labour Organisation (ILO). About 44% male and 51% female headed households reported crisis due to social expenditure. 39% households reported crop failure as a major crisis. Maximum crisis was reported due to large debts incurred by 58.2% males and 63.1% females. About 16% households borrowed large debts from formal financial institutions. Vulnerable groups were those who approached money lenders (11%), and worst off were those who had to sell a part of their assets (3%) to tide over the crisis. The average income was lower of women workers (US $ 254) as compared to income of men (US $ 348). Across the status category, more piece rate workers and less salaried workers perceived themselves to be poor. Major insecurity faced by workers in the labour market was irregularity of work. Casual (44%) and piece rate workers (25%) were more insecure compared to all workers (24%). Work insecurity was less among salaried workers, only 4% did not get paid holidays, 14% did not get medical leave, and 31% did not get medical care, while 96% casual workers did not receive any of these entitlements. About 10% households of women respondents went hungry over the last twelve months, compared to 7.6% among male respondents. Food deprivation was relatively high in urban areas (14%) especially among women workers (18%). Across status category, higher proportion of piece rate home based (20%), self employed non agricultural (14%) and casual workers (13%) went hungry over the last 12 months. Regarding health security, about 19% households did not have access to public health care facilities, the figures being 25% in rural and 7% in urban areas. Self employed agricultural workers (27%) living in rural areas did not have access to health facilities. Casual workers were more illiterate (51%) and had more irregular work (44%), while 86% of the salaried workers were literate and only 1% had irregular work. Despite having a school in the neighbourhood, a significant proportion (24%) did not send their children to school. Children of school going age who were not going to school was comparatively high among women headed households (27%) and casual workers (31%). About 16% households did not own the house they lived in and were most insecure. Household insecurity was 28% in urban areas and 17% of households were living in non permanent houses. About 17% workers belonged to an organization of their interest at work, and this was higher among SEWA women workers (52%). A high proportion of workers utilized saving facilities (79%) and this was higher in rural areas (88%). About 66% workers in rural and urban areas had undertaken renovation of their houses, and 14% workers utilized the credit facility for housing,

especially in urban areas (24%). A conceptual frame work depicted two sources of insecurities faced by workers in the informal economy; one which arose through random shocks or crisis and hit households from time to time, and secondly structural features, which were more or less permanent. In this rapidly changing scenario, to provide social protection to them would mean huge costs, and any policy intervention in this sphere will have to address the issue of mobilizing resources. The role of civil society and member based organizations can not be ignored.

Key Words : 1.LABOUR 2.UNORGANISED LABOUR 3.INFORMAL WORKERS 4.UNORGANISED SECTOR 5.FOOD SECURITY 6.SOCIAL SECURITY 7.GUJARAT

NUTRITION

21. Child In Need Institute, Daulatpur, West Bengal. (2005).
Distribution of fortified candy in ICDS : a pilot project Howrah, West Bengal. Daulatpur, West Bengal : CINI. 44 p.

Abstract : Iron deficiency is a global nutritional problem affecting mainly infants, children, adolescent girls and women of child bearing age. The World Health Organization (WHO) estimated that about 40% of the world's population, more than 2 billion individuals suffer from anaemia. Vitamin A deficiency is also compromising the immune systems of approximately 40% to 60% of the developing world's under-fives, and leading to the deaths of approximately 1 million young children each year. In West Bengal, a pilot project baseline survey was conducted in Howrah and in 24 North Parganas to combat anaemia and Vitamin A deficiency (VAD) in three different target groups namely, pregnant and lactating women, preschool children and adolescent girls. Fortified candies were distributed in plain areas namely Howrah district and 24 North Parganas district in 1500 households. Fortified candies contained Vitamin A (1500 1U), Vitamin C (10mg), folic acid (50 mcg) and iron (7 mg). After 18 months, a resurvey was done in both intervention (Howrah district) and control areas (24 North Parganas). In the intervention district, an increase of 0.8 grams in mean haemoglobin resulted in 15.5% reduction in anaemia among preschool children. 79 adolescent girls, who comprised the sample, also showed an increase of 0.7 grams in mean haemoglobin and the prevalence of anaemia decreased by 10%. The mean haemoglobin in Howrah at baseline was 11.66 (SD 1.55) and at endline it was 11.53 (SD 1.72). There was no significant change in mean haemoglobin of pregnant and lactating women. About 64.7% respondents could read and write, 1.8% were graduates, 1.3% were post graduates, and 0.1% were Ph.D in Howrah, while in 24 North Parganas, 70% could read and write, and only 3% were graduates. About 60% respondents had not even

heard about Vitamin A. The reduction in prevalence of VAD noticed in all target groups was statistically significant. Less than 25% respondents knew that fruits and vegetables are good sources of Vitamin A. During pregnancy, 63% in Howrah and 68% in 24 North Parganas had taken iron supplements. More than 60% of the population, in both districts was using iodised salt. Another baseline survey was conducted in the hilly areas namely Sadar sub-division of Darjeeling covering 1510 households in August 2000, and in Kalimpong district in September 2000 covering 1509 households. Micronutrient fortified candy was given in the intervention district. The follow up study was done in intervention and control districts, 24 months following implementation of project intervention. The prevalence of anaemia decreased by 16.7% and 4.3% in Darjeeling and Kalimpong, and the respondents moved to non anaemic levels. The study has demonstrated significant reduction in anaemia prevalence among preschool children and adolescent girls. The attendance and regularity of attendance improved in all anganwadi centres. The cost of the candies was low and intervention was cost-effective. The cost was Rs 50 per child per year for providing 30% to 50% of the daily requirement of iron and Vitamin A. The Government can consider providing fortified candies to beneficiaries of ICDS programme and children covered under mid-day meal scheme as add on to the food distributed.

Key Words : 1.NUTRITION 2.FORTIFIED CANDY 3.FOOD FORTIFICATION 4.ICDS 5.NUTRITION 6.MICRONUTRIENT DEFICIENCY 7.HOWRAH 8.WEST BENGAL.

22. National Institute of Nutrition, Hyderabad. (1998).
Development of nutrition surveillance system in Andhra Pradesh. Hyderabad : NIN. ~75 p.

Abstract : The National Institute of Nutrition (NIN) undertook an operational research project, on the request of the Department of Women and Child Development (DWCD), to assess the feasibility of developing a nutrition surveillance system NSS, using ICDS infrastructure; to develop a training module for use by implementing departments of other states; and to develop computer software package to help ICDS officials in initiating action based on information generated from the modified progress reports. The present nutrition surveillance system (NSS) involving National Service Scheme (NSS) volunteers was based on Triple 'A' approach (assessment, analysis and action) at different levels, starting from the AWWs to the district and state level. The Triple 'A' approach comprises assessment of the problem, analysis of the causes of the problem, and implementation of resources, relevant and feasible. This was followed by reassessment. A team of NIN scientists also visited different projects to reorient AWWs and sector supervisors, and hold review meetings. The implementation of NSS was carried out throughout the State, making use of the administrative

infrastructure and with total involvement of the state government officials. A training module was also developed based on the experiences gained by the NSS in Andhra Pradesh. There were a total of 192 ICDS projects in the operations research study. These projects included 1334 sectors and 25,880 AWCs. The percentage of AWWs reporting on NSS formats in June 1996 was 77% and increased to 87.4% in March 1997. Only 46% of the sectors had regular supervisors in June 1996, which increased to 73.2% by March 97 because the post of District Programme Officer was sanctioned only in 21 of the 23 districts in the state. ICDS functionaries were able to identify the families and the areas at higher nutritional risk over a period of one year. More than 60% functionaries at the sector, project and district levels that were followed up submitted reports for 3 out of 4 quarters. Enrolment for surveillance was found to be as low as 30%. AWWs observed that there was no interaction with the mother regarding growth of the child. It was observed that at the beginning the correctness of reporting by AWWs was as low as 20% with regard to growth faltering, nutrition mapping, and reporting on nutrition deficiency signs. After repeated sessions of orientation and training, the quality of reports and reporting improved considerably. The coverage under Vitamin A supplementation was woefully low and negligible in some sectors. At the beginning of the study, very few AWWs recorded birth weights. This increased considerably during the last three months. As a part of the project, a 2 days workshop was organized at NIN, Hyderabad, to review various aspects of the operations research, and assess the feasibility of replication of a similar system in different states of the country. The attempts of NIN to involve NSS in the state of Andhra Pradesh for nutrition surveillance using ICDS infrastructure with the active involvement of DWCD, GOI, was considered to be successful. The group recommended that NSS should be extended to the other states. To improve the quality of data collection, a one day reorientation session should be conducted. Night blindness should be included as an indicator of Vitamin A deficiency. Nutrition and health education should receive more emphasis in the Training Module developed for nutrition surveillance system.

Key Words : 1.NUTRITION 2.NUTRITION SURVEILLANCE 3.ICDS 4.SURVEILLANCE IN ICDS 5.ICDS INFRASTRUCTURE 6.ROLE OF ICDS 7.ROLE OF ANGANWADI WORKER.

23. Nutrition Foundation of India, New Delhi. (2005).
Linear growth as an index of nutritional status / by C. Gopalan : NFI Bulletin, 26(2). New Delhi : NFI. 8 p.

Abstract : Environmental factors are major determinants of heights of populations. Differences in growth pattern among different ethnic groups should caution us against universal application of “International Standards” in growth and heights. The National Centre for Health Statistics (NCHS) data apparently

represent the peak levels of heights attained by populations of the USA. International Standards based on NCHS are applicable to Indian population segments of children and adolescents belonging to the affluent sections. International Standards derived from populations of developed countries may not be appropriate yardsticks against which to measure "under- nutrition" in population segments just emerging from poverty. According to the National Family Health Survey (NFHS) Report 1992 -93, 52% of India's under three year old children are "stunted", meaning that their lengths are below – 2 SD of International Standards (NCHS). These surveys largely pertain to poor rural populations and do not generally capture the upper middle class and the affluent sections. NCHS standard for under–threes, which is based largely on infants and children receiving artificial feeds (and not breast milk), may require revision. The WHO is coming out with such a revised standard based on the growth performance of breastfed infants of some selected countries including India. However even this revised standard will be based on data from the most affluent sections of the populations of these countries. The WHO standard may not be the appropriate yardstick for the assessment of stunting. It is important that developing countries identify local standards for the assessment of stunting of under-five year old children in their populations. The appropriate standard against which to estimate stunting could be derived from measurements on local populations belonging to the country's middle-class groups, who do not suffer from scarcity of basic necessities of food, clothing, shelter, and health care, and who enjoy good health and nutrition. The use of such a local standard could facilitate better targeting of nutritional intervention to really needy children. There are apparently two components involved in stunting – a post-natal component attributable to repeated infections and poor child care, and a pre-natal component caused by intra-uterine growth retardation (IUGR) arising from poor ante-natal care and poor maternal nutrition, which resulted in low birth weights. Reports indicated that 25% of children born in Government hospitals in India that cater to the poor segments of the population are of low birth weight (< 2.5 kg). The NNMB surveys show that stunting (height for age below -2 SD of International Standard) had declined from 78.6% in 1975-79 to 49.3% in 2000-01. Indian diets are low in n-3 fatty acids. Many inexpensive food sources of n-3 fatty acids are within the reach of the poor, and intake of food rich in n-3 fatty acids would help in prevention of low birth weight problem. Public health policy should ensure that children should have appropriate weights for their heights (normal BMI) and that they do not suffer from "wasting". The present wide disparities in linear growths between the affluent and the poor is a reflection of prevailing socio-economic inequalities and inadequate primary health care for the poor. The challenge before policy makers and public health professionals of developing countries is to narrow down these disparities through eradication of poverty, better ante-natal care, promotion of better child rearing practices, and better education and health care.

Key Words : 1. NUTRITION 2.RESEARCH NUTRITION 3.NUTRITIONAL STATUS 4.HEIGHT 5.STUNTING 6.FOOD SECURITY 7.CHILD NUTRITION. 8. STANDARDS 9. GROWTH STANDARDS.

24. Toteja, G.S. and Padam Singh. (2004).
Micronutrient profile of Indian population. New Delhi : Indian Council of Medical Research. 641 p.

Abstract : The study prepared a micronutrient profile of the Indian population based on published and unpublished data on the dietary intake of micronutrients. The study investigated implications for public health programmes. Target groups were children, adolescent girls and pregnant and lactating women. The study revealed that maximum research studies 256 were found on iron, followed by Vitamin A (219), and the least number of studies (15) were on folic acid. The prevalence of anaemia was highest in the eastern region (70.83%), and lowest in the southern region (65.06%). Overall prevalence of anaemia in infants (6-11 months) was 71.7%. Based on published data (1950-2002), the prevalence of anaemia among children less than 6 years was 75% in both northern and eastern regions, 62.0% in western and 60.0% in southern region. According to NFHS-II data, anaemia among adolescent girls was about 52%. It was observed that iron intake as compared to RDA was much lower for children, adolescent girls and pregnant women. Kerala and Tamil Nadu showed low prevalence of Vitamin A deficiency, while Bihar and Uttar Pradesh showed high prevalence of Vitamin A deficiency. No case of Bitot's spots was observed in Gujarat and Orissa, and the highest (3.0%) and lowest (0.1%) prevalence was found in Maharashtra and Kerala. Overall prevalence of goitre was found to be 21%. Based on NNMB and INP studies, mapping of Indian states by average intake of Vitamin C vis-à-vis RDA has been prepared. The intake of Vitamin C is adequate in most parts of country. More than 50% children and pregnant women were found to be deficient with respect to folic acid. Children under 2 years, who have relatively higher prevalence of anaemia, need to be targeted through appropriate interventions. There is need for a uniform common standardized methodology to eradicate Vitamin A deficiency. Consumers awareness about the use of iodized salt is also required to further reduce iodine deficiency disorders (IDD).

Key Words : 1.NUTRITION 2.MICRONUTRIENT DEFICIENCY 3.NUTRITIONAL STATUS 4.ADOLESCENT GIRL 5.NUTRITIONAL STATUS ADOLESCENT GIRL 6.ANAEMIA 7.VITAMIN A DEFICIENCY. 8.GOITRE

RURAL DEVELOPMENT

25. Majumdar, Bhaskar et al. (2004).
Sampoorna grameen rozgar yojana (food for work component) : a study of the state of Uttar Pradesh : final report. Allahabad : G.B. Pant Social Science Institute. 144 p.

Abstract : Sampoorna Grameen Rozgar Yojna (SGRY), with an outlay of Rs 10,000 crores, was launched on 25 September 2001. The primary objectives of

the programme were to ensure food security cum wage employment in rural areas, to create durable community, social and economic assets, and to develop infrastructure in rural areas. Both secondary and primary data were collected from both, unpublished documents and published data. The sample was drawn from four districts namely Chitrakoot, Pratapgarh, Deoria and Pilibhit. The literacy rate ranged between 31% and 43%, the male literacy rate ranged between 43-60% compared to a very low female literacy rate which ranged between 13% to 24%. During 2002-03, Chitrakoot and Deoria showed high utilization of allocation, lifting and availability of food grains. Pilibhit had the highest utilization of food grains (102% to 104%). Some basic facilities were available in villages of sample districts, in which 52.3% villages had Fair Price Shops (FPS), 56.7% sample villages had *pucca* (metalled) roads and 5.12% coverage of telecom facility. There was extremely low utilization of funds in Pratapgarh being 32.45% for 1st stream, and 40.01% for 2nd stream in 2002-03, while 100% utilization of funds was found in the other three districts (Chitrakoot, Pilibhit and Deoria). Utilization pattern of funds, food grains and mandays generated in block panchayat level works showed that Chitrakoot utilized the highest allocation of funds (42%), while Pratapgarh utilized only 17.14% of the allocated funds. Percentage of children below 14 years was 41.6%; the working population aged 15-60 years was 56.8%; and 1.6% were above 60 years. The percentage of married beneficiaries (83.4%) was much higher than unmarried beneficiaries (13.0%), especially in Chitrakoot (96.0%). 56.8 per cent workers believed that people were aware about the SGRY programme, whereas 39.4% workers believed that there was no awareness about the programme. 81.9% workers of Deoria believed that there was participation of local people in selection of beneficiaries. About 25% beneficiaries identified the main problems for ineffective implementation of the programme such as misappropriation in payment of wages. About 50% workers suggested that employment should be made available during the non-agricultural season. Other suggestions offered were ensuring the supply of clean drinking water, timely distribution of food grains, and ensuring more work opportunities. The State Government should ensure timely release of funds to the implementing agencies. The SGRY is a step in the right direction for productive upliftment of the rural people, if it is implemented on 'inclusive' development path.

Key Words : 1. RURAL DEVELOPMENT 2.FOOD FOR WORK 3.FOOD FOR WORK PROGRAMME 4.SAMPOORNA GRAMEEN ROZGAR YOJANA 5.EMPLOYMENT PROGRAMMES. 6.UTTAR PRADESH

26. Nair, Tara S. (2000).
Towards mainstreaming poor women in development : the DWCRA experience in Gujarat. Ahmedabad : Gujarat Institute of Development Research. 72 p.

Abstract : During the Sixth Five Year Plan period (1982-83), development of women and children in rural areas (DWCRA) was launched with the primary

objective of focusing attention on women of rural families, living below the poverty line. By the end of VIII Five Year Plan, the scheme had covered about 1.686 million poor women in rural areas. In Gujarat, DWCRA was launched in 1984 in two districts, Ahmedabad and Junagadh, and by VIII Plan period about Rs.74.1 million were spent in the State covering 61,000 poor women organized into 4300 groups. To assess the impact of DWCRA Programme in Gujarat, partially structured questionnaire and open discussions were held. 91.28% DWCRA members ventured out alone while grazing only, 14.33% women visited district head quarters alone; this showed that women derived as much confidence in the company of fellow women, as in the presence of their husbands or other male relatives. Women were most ignorant about legal matters that concerned the economic sphere – the market site. There was a clear distinction between social and economic domains. About 15% women thought that they participated in important decision making like purchase of assets and sale or borrowing money. About 66% women felt that they did not face any problems. About 33% NGO supported groups chose embroidery as an income generating activity. Only 1.89% women members of NGO supported groups could make it to local political institutions like Gram Sabha or Gram Panchayat. About 27% women knew about the existence of laws relating to divorce and maintenance and only 6% to 8% were aware of legal protection. Findings indicated that organizing women's collectives was a relevant strategy for empowering them, as poor women demonstrated a strong tendency to derive strength from being a member of the group. The intervention of NGOs had a positive impact on functional status of DWCRA groups. DWCRA's failure to make a mark on the development scene was due to problems in conceptualization, design and implementation. DWCRA needed to find a perfect fit between skills, resources, available technological options, markets and the chosen activity. Gramsevaks needed training about group mobilization and development. A system should be designed to record the feedback of women regarding functioning of groups and their role, Gramsevaks, animations and NGOs. The relevance and specific role of NGOs need to be debated more widely so that terms and areas of association between the state and private sectors would be clearer.

Key Words : 1.RURAL DEVELOPMENT 2.DWCRA 3.POOR WOMEN 4.RURAL WOMEN 5.MAINSTREAMING WOMEN 6.ROLE OF NGOS 7.ROLE OF VOLUNTARY ORGANIZATIONS 8.PROBLEMS OF RURAL WOMEN 9.INCOME GENERATION 10.SELF HELP GROUPS.

27. Sah, D C., Shah, Amita and Bird, Kate. (2003).
Chronic poverty in remote rural areas of south western Madhya Pradesh. Ahmedabad : Gujarat Institute of Development Research. 157 p.

Abstract : The study was conducted by Madhya Pradesh Institute of Social Science Research, Ujjain and Gujarat Institute of Development Research, Ahmedabad to study the chronically poor people in a remote area within a high

income-poverty region of South-Western Madhya Pradesh; the linkages of income poverty with other dimensions of poverty; how remoteness influences economic, political and social freedom; how different factors and processes lead to chronic multidimensional poverty in remote rural areas; and how the interaction between the state, civil society and community manifests in development. One backward district, Badwani, was selected from five districts of the region. This was selected on the basis of high incidence of poverty, lack of irrigation, slow urbanization and remoteness. Participatory methods like free interviews, case studies and group discussions were used to collect the data. Macro level findings have identified South-Western tribal belt of Madhya Pradesh to be one of the poorest regions in the country. About 90% people are chronically poor in this region; and 25% are intensely poor. All chronically poor are also severely poor households, and poverty in remote rural areas is closely related to landholdings. Agricultural income is only a part of their livelihood during a calamity, and poverty dynamics consists of a complex mix of processes, including migration. The intensity of migration seemed to have strong links for meeting current consumption. The experiences of democratic decentralization in tribal areas were mixed; it created a set of new leaders within, but the governance became intensely centralized. As expectations of the community remained unfulfilled, its participation in decision making slowly dwindled. The community also had no freedom in the process of planning the programmes it needed. The quantum of financial allocation was too thin to meet the demands of the community. In economically homogeneous and relatively remote rural areas, the social capital is much more vibrant.

Key Words : 1.RURAL DEVELOPMENT 2.POVERTY 3.CHRONIC POVERTY 4.RURAL AREAS 5.REMOTE AREAS 6.TRIBALS 7.TRIBAL DEVELOPMENT 8.AGRICULTURE 9.LIVELIHOOD.

SCHEDULED TRIBES

28. Kumar, B L. (2004).
Tribal education in Gujarat : an evaluation of educational incentives schemes. Ahmedabad : Gujarat Institute of Development Research. 46 p.

Abstract : This study attempts to provide a comprehensive review of the implementation of different educational incentive schemes in Gujarat and assess their usefulness, coverage and quality of benefits extended to the tribal children. A survey of 885 tribal households was done in 40 villages of four tribal districts of the state. It was found that literacy among tribals was low in all districts, and female literacy was depressingly low. The non-enrolment and dropout rates among tribal children were high. The major reasons reported for school dropouts among tribal

children included failure in the school, and lack of school facilities such as provision of drinking water, toilets, etc. Children's help in domestic work and looking after siblings were the other reasons for withdrawal of children from schools. The availability of teachers and classrooms was found to be poor. A majority of the schools in remote areas had only one teacher. 7 out of every 10 teachers were not staying in the village, but were commuting from nearby towns or villages. An evaluation of incentive schemes revealed that education was free for almost all tribal children. Though about 95% children received free books, only 56% school going children received cash scholarship, and three-fourths of them received less than Rs100 per annum. While 50% children reported receipt of school uniform, only half of them received two pairs of uniforms, and 5% received it in time. The study also found that the benefits of most of these schemes hardly reached the poorest of the poor among tribals, such as the landless and agricultural labourers. Since Ashram schools and hostel schemes have benefited only a small proportion of tribal children, their relevance needs rethinking, both, from the administrative and economic points of view. The study suggested revamping of several schemes. Proper planning is required and identification of the most deserving candidates should be done. The facilities and infrastructure of existing schools should be strengthened. In short, tribal areas need more and better schools.

Key Words : 1.SCHEDULED TRIBES 2.EDUCATION TRIBALS 3.TRIBAL EDUCATION 4.INCENTIVE SCHEME 5.TRIBAL CHILDREN 6.EDUCATION TRIBAL CHILDREN 7.ASHRAM SCHOOLS 8.INCENTIVE SCHEME FOR TRIBALS 9.HOSTELS FOR TRIBALS.

SOCIAL DEFENCE

29. Maheswari, P T Uma. (1993).
Impact of correctional programmes on female prisoners. Chennai : Madras Univ., Deptt. of Criminology. 346 p.

Abstract : The study was conducted on female prisoners released from the two prisons exclusively for women at Vellore and Madurai, Tamil Nadu. It also evaluated the various correctional programmes organized for women prisoners such as education, recreation and vocational training oriented towards their rehabilitation. It also investigated the problems faced by released female prisoners in getting employment; and assessed the correctional programmes in relation to recidivism. Interviews were conducted with 60 women prisoners and 60 prison officials. It was found that economic rehabilitation was minimal because of poor quality of programmes; prison management was not efficient; and re-uniting the prisoner with their family was the major problem faced by them. Female prisoners

and ex-offenders expressed the need to take up a job after release. There were several constraints in implementing vocational training programmes such as lack of infrastructure, raw material, and trained personnel. The effectiveness of the correctional programme, measured in terms of overall participation, attitudinal change of female ex-offenders as perceived by friends and neighbours, and its utility after release, is significantly related to their adjustment after release. A prison community should be organized to maximize the constructive, rehabilitative and therapeutic impact of the penal institution on inmates, by developing autonomy, responsibility and appropriate images of inmates. A shift system could be provided in work programmes so that equal opportunity is provided to all women prisoners to gain knowledge of all vocational programmes and make maximum use of them. Accreditation of vocational training programmes should be done. Education programme should be three pronged with focus on adult, social and moral education. Recreational programmes should have variety. Incentives should be increased so that female prisoners become self-sufficient and do not have to depend on their family members and friends for finances.

Key Words : 1.SOCIAL DEFENCE 2.WOMEN PRISONERS 3.REHABILITATION 4.CORRECTIONAL SERVICES 5.REHABILITATION WOMEN PRISONERS 6.TAMIL NADU

30. William, A. Thomas. (1994).
Women criminals in Tamil Nadu. Coimbatore : Bharathiar Univ., Deptt. of Sociology. 372 p.

Abstract : The study was conducted in Coimbatore jail to understand the socio economic background of female criminals; to measure the consequences of female criminality on individual, children, family and society; to assess the facilities provided in prison and impact of prison life; to study the future plans of respondents, perceived acceptance by family and society; and to suggest suitable preventive and rehabilitation programmes. Around 70.40% of respondents were below 40 years. A majority of the respondents were illiterates (66%), only 33.6% of them were literates, 8.8% had studied upto primary level, and 4.0% higher secondary and above levels, with mean years of schooling being 2.03 years. Around 50% of the respondents were married; 82% respondents were Hindus; 12% Christians and 6.40% were Muslims. Around 39% were occupied as agricultural manual workers, 16% were agriculturists, 12.80% were involved in trade, business, etc. Murder was committed mainly by women who were above 45 years. Women prisoners (74.51%) expressed that prison life helped to change their bad character and criminal attitude. Other respondents felt that prison life had given them a chance to correct themselves, and to understand family responsibilities. Women prisoners (120) were in a pathetic condition, housed in unhygienic accommodation,

and the facilities available were grossly inadequate. 67 respondents also reported that prison staff harassed them, and 23 respondents were harassed by co-inmates. Respondents (112) suggested that quality and quantity of food, cosmetics and dress supplied to them must be improved, and overcrowding should be avoided. Most prison departments have their own industries set up in prisons to make use of prison labour. The traditional trades are cloth weaving, tape weaving, *durrie* (mat) weaving, carpet weaving, carpentary, blacksmithy, soap making, etc. Training should be imparted keeping in mind the social and economic role of women in society. Majority of respondents were from families having 5 or more children, indicating overcrowding in their families. Their criminal conduct had an adverse effect on their children. 56% respondents felt that their families would accept them after release; only 21.60% felt that society would accept them. After their release women prisoners should be treated as individuals and as a part of society. Correctional, medical and mental health services can play a constructive part in the rehabilitation of prisoners right from the moment the prisoner is admitted in a penitentiary. Educating the public through mass media, and community programmes like small group discussions and critical incident programmes must be employed to prevent the occurrence of crime. Voluntary organizations can play an immensely important role in prevention of crime. Welfare services must be started when a woman criminal enters the prison system and again after she completes her sentence and settles in society. Training should be imparted only after identifying the training needs of women prisoners.

Key Words : 1.SOCIAL DEFENCE 2.WOMEN PRISONER 3.WOMEN CRIMINAL 4.REHABILITATION OF WOMEN PRISONER 5.SOCIAL WORK 6.SOCIAL WORKER 7.ROLE OF SOCIAL WORKER.

SOCIAL WELFARE

31. Indo-Dutch Programme on Alternative in Development, New Delhi. (2004). IDPAD newsletter, Jul-Dec 2(2). New Delhi : IDPAD. 62 p.

Abstract : The Government currently spends more than Rs. 2500 billion per year on food subsidy; still poor households get virtually nothing from this food security system. The main research issues to be investigated were reform of the Public Distribution System (PDS) and feasibility of an All-India Employment Guarantee act, gender aspects and political economy of the right to food. The National Programme of Nutritional Support for Primary Education that is the National Mid-Day Meal Scheme, was initiated in 1995. In 2001, the Court directed all State Governments to introduce cooked Mid-Day meals in all Government and aided primary schools. Implementation had been slow in Uttar Pradesh, Bihar, Assam

and West Bengal. Tamil Nadu, Andhra Pradesh, Gujarat and Kerala had strong commitment to mid-day meal, and spent Rs 2 per child per day on meeting the recurring cost of providing cooked meals. ICDS scheme has been in operation for over 25 years. Research on ICDS was initiated with field survey in six states of Chhattisgarh, Himachal Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh. The motivation of mothers to send their children to the anganwadi center (AWC) was very high in states like Tamil Nadu and Maharashtra and high in North Indian States and Uttar Pradesh. These mothers viewed the anganwadi worker as a person who helped them in their hour of need. Tamil Nadu and Maharashtra achieved high standards of child care through ICDS and at the other end, anganwadis in Uttar Pradesh were closed most of the time. In states like Karnataka and Tamil Nadu, every school was provided with a cook, a helper and even a 'nutritional meal organiser'. In contrast, in Uttar Pradesh, there was rampant corruption, and no significant impact of ICDS on the well being of children was observed. There should be an improvement in the nutritious content of food provided at anganwadis, and children under three should be given rations to take home. The building of anganwadi should be a well designed structure with all essential facilities like clean drinking water, storage facilities, basic furniture, cooking utensils, medical kits, charts, toys, etc. Special workers should be appointed for children under three years.

Key Words : 1.SOCIAL WELFARE 2.RESEARCH SOCIAL WELFARE 3.EMPLOYMENT 4.EMPLOYMENT SITUATION 5.WORKERS 6.WORK PARTICIPATION RATE 7.UNORGANIZED SECTOR 8.ORGANIZED SECTOR 9.MID DAY MEAL 10.ICDS 11.RIGHT TO FOOD.

32. Punjab, Chief Minister's Office, Chandigarh. (2004). Human Development Report 2004 Punjab. New Delhi : New Concept Information Systems. 238 p.

Abstract : The study assessed the human development situation in Punjab. It was found that Human Development Index (HDI) of Punjab was 0.537 in 2004. Literacy rate of males was higher (75.6%) than females (63.6%) in the year 2001, whereas enrolment of males (67%) in schools was lower than that of females (68.1%). Life expectancy of females was higher (71.4 years) than that of males (67.9 years) in the years 1992-96. There was a slight decline in the sex ratio from 882 in 1991 to 876 in 2001. Women on an average live 2.2 years more than men; this difference actually did not mean better quality of women's health, as females are biologically healthier, sturdier and outlive men on an average by 5 years. In rural areas female infant mortality was much higher than male infant mortality, whereas in urban areas it was equal. This is also true all over India. The death rate Punjab in the year 2002 was estimated by SRS at 7.1, 7.4 and 6.2 for all of Punjab, rural Punjab and urban

Punjab respectively. The death rate was substantially lower than that of the rest of India by 1.5 deaths per thousand in a year or 17% points. The Total Fertility Rate (TFR) of Punjab was 2.7 in 1997 and it is gradually decreasing with time. The outreach of health institutions was very good in Punjab. The average population covered by any medical institution was around 10,000 to 11,000 and in terms of access, the average radius served per institution was 2.68 km. There are six Sub-Health Centres (SHCs) under one Primary Health Centre (PHC). There has been a four fold increase in the number of PHCs servicing rural Punjab since 1980. Based on NFHS Survey 1998-99, the number of children who were moderately anaemic was very high and 74.8% children were found to suffer from some form of anaemia. Amongst women, 42% were detected as anaemic. The 55th Round of NSS held in 1995-96 found that among pregnant mothers, 60% in rural and 55% in urban areas were registered for prenatal care and the average number of visits to the medical service provider was 4.1 and 4.6 times respectively. The NFHS-II Survey conducted in 1998-99 found that 74% of pregnant women had received antenatal check ups. Data published in the annual report of the Department of Health and Family Welfare, Government of Punjab, for the year 1999-2000 showed that the targets of immunization had been met and even exceeded. Estimates from 52nd Round of National Sample Survey found that in rural Punjab in the late 1990s, 64% boys and 62% girls were registered for pediatric care in rural areas, and 52% boys and 55% girls were registered in urban areas. Thus it can be concluded that Punjab needs to invest in its human resources by ensuring basic needs such as good schools, effective primary health care and an environment that strengthens and sustains livelihood. The people of Punjab have demonstrated time and again their hardiness in the face of adversity and their capacity for hard work. These inherent qualities of the people should be harnessed so that Punjab can once again move forward on the path of development.

Key Words : 1.SOCIAL WELFARE 2.HUMAN DEVELOPMENT REPORT 2004 PUNJAB 3.HUMAN DEVELOPMENT REPORT PUNJAB 4.PUNJAB.

WOMEN LABOUR

33. Singh, D.P. (2005).
Women workers in the brick kiln industry of Haryana. *Indian Journal of Gender Studies*, 12(1) : 83-97.

Abstract : The study was conducted to know the socio economic status of women workers in the brick industry of Haryana. It investigated the different economic activities adopted for survival; and explored various aspects relating to the family, migration, and women's working conditions. A sample of 410 women

workers were drawn using multi stage random sampling technique. Structured interview schedules were used, and employers and significant persons were interviewed to gather information. More than 87% women workers of brick kilns were found to be less than 45 years of age. The largest number of workers was from the neighbouring states namely Uttar Pradesh (32%), Bihar (29%), Haryana (22.68%) and Rajasthan (13.41%). For most of the women, it was the husband's decision to work in the kiln. The chief attraction was that money could be obtained in advance. Women workers in brick kilns were at the bottom of the hierarchy. Only a few of the respondents (6.34%) mentioned that women were either looked down upon or physically harassed. Almost 98.04% workers came to the brick kiln only for the season, that is, from October and November to May or June. Family size of workers varied from two to five members (67.56%), six to ten (24.15%), and eleven to fifteen (8.29%). In all the brick kilns of this area employers gave some money to workers for their day-to-day expenses on the 15th day of the month. This money was actually paid to the male workers, and women did not receive money for expenses separately. Most of the women said that their families were unable to save. Control and decision making usually rested with males. The lives of women working in brick kilns was exhausting and tough because of the double burden of working at home as well as at the work site. They hardly got any time for recreation or leisure activities. Although all of them contributed to the family's survival, it was disheartening to note that they did not receive any independent income and had to depend upon their men folk entirely.

Key Words : 1.WOMEN LABOUR 2.WOMEN WORKERS 3.BRICK KILN INDUSTRY 4.HARYANA.

34. Uma Rani and Unni, Jeemol. (2003).
Women, work and insecurities in India. Ahmedabad : Gujarat Institute of Development Research. 30 p.

Abstract : This study focused on poor informal workers and their insecurities and vulnerability. Globalization and flexibalization process has changed the structure of employment the world over. The study was conducted in Ahmedabad city. Of a total labor force of 1.5 million workers, over 75 percent about 1.15 million worked in the informal sector. Insecurities faced by women workers, both within and outside the home due to their dual responsibilities, were empirically analyzed. The decline in work force participation of women from 34.0% in 1983 to 29.9% in 1999-2000 could be due to discouraged worker effect. The work force participation in rural and urban areas of Ahmedabad district was higher (58.61%) compared to the national average. The percentage of female headed households was higher in urban areas (19.2%) compared to rural areas (9.4%). About 19% workers reported open unemployment and a higher proportion of women workers faced difficulty. Casual

workers reported 137 days of unemployment, and seasonal nature of agricultural activity had 134 days of unemployment, but self employed agricultural women had less open unemployment (91%). The quality of employment in their informal economy could be judged by the income earned. The annual individual income of women workers was Rs 12,912/-, and it was lower compared to men's annual income Rs 16,704/-. The literacy rate among male and female workers had wide disparity. The male literacy rate was 84.2% and female literacy rate was 38.2%. The percentage of school going children who were not going to school was comparatively higher among male headed household (24%) as compared to female headed households (17%). Overall, 10% households had children 6-14 years who assisted parents at work. About 50% self employed in rural areas and urban areas reported lack of access to capital to expand their business. About 10% household members of women respondents went hungry over the last 12 months, compared to 8% among male respondents. Female headed households faced greater food insecurity (16.9%) in both rural (12.8%) and urban (23.0%) areas. Regarding health insecurity, 12% to 15% of men and women reported deterioration in their health status over the last year. 48% workers felt that work had an adverse effect on their health. About 19% households did not have access to public health care facilities. Around 30.6% women did not receive any medical benefits. The analysis shows that women with their dual burden, low levels of education, skills and access to capital, found it difficult to cope with their responsibilities. The pressure of earning an income, along with the in house responsibility, affected their health. There is a need to reform the social security system to recognize the value of women's labor at home.

Key Words : 1.WOMEN LABOUR 2.UNORGANIZED SECTOR 3.UNORGANIZED LABOUR 4.INCOME 5.INSECURITY 6.FOOD INSECURITY 7.TEXTILE WORKER 8.AHMEDABAD 9.SEWA PROGRAMMES 10.FEMALE HEADED HOUSEHOLDS

WOMEN WELFARE

35. Agricultural Finance Corporation Ltd., New Delhi. (2000).
Swa-Shakti : report on baseline survey. New Delhi : AFC. 49 p.

Abstract : The Swa – Shakti (RWDEP) Project in Karnataka aims at promoting 1,200 Self Help Groups, in the four selected districts namely Kolar, Chitradurga, Tumkur and Bellary. The goal of SHG formation is to bring about social and economic advancement among poor women. The base-line survey was conducted in Kolar district during Jan-Mar 2000. The survey sample comprised women from 368 households selected from 16 project villages spread over 2 blocks of Kolar

district. The sample had 70.0% scheduled castes, 8.0% scheduled tribes and 22.0% general category. The sample comprised of landless women (53.0%), marginal farmers (45.0%), small farmers (3.0%) and others (1.0%). The average size of household was 4 in Gowribidanur block and 5 in Malur block, and the sex ratio was 967 females per 1000 males. Women headed households comprised 20.0% of the sample. 70.0% of both boys and girls were attending school. Of the remaining 30.0%, 23.0% were drop outs and 5.0% wage earners. Reasons stated for drop-outs varied from the need to work for a living, child not interested, parents not interested in children's education and child helping the mother / taking care of siblings. Literacy among the female members was 32.0%. Awareness about gender rights such as minimum wages act, equal wage for equal work, prohibition of bigamy, etc. was noticed among 4.0 to 6.0% of the members. 94.0% of the sample were aware of government development programmes. Regarding voting behaviour, 82.0% of the women stated that they could decide on their own, about 13.0% women said they were influenced by other household members especially husbands, and 5.0% of the respondents did not vote. Women faced problems like dowry, harassment by in-laws, desertion by husbands for not having children, and restrictions on their movement. Only 4.0% possessed some skill. Among female labour force, around 85.0% were employed. Both the sample blocks faced acute water shortage. Use of gas or bio-gas was totally absent among the sample households. Less than 1.0% of the sample households had sanitary toilets. Cough, cold and fever followed by T.B., diarrhoea, typhoid and skin disease were the common diseases in the villages. Major source of income of the households was from labour, wage labour and cultivation. The women respondent's share in the total annual family income was 29.0%. Women's say in decision – making was found to be minimum. In the sale and purchase of immovable or moveable assets, women were rarely consulted. Only 43.0% women were able to influence decision-making regarding spacing of children. In case of deciding their children's marriage, the opinion of only 63.0% women was considered. 64.0% households stated that they fell prey to money lenders during emergencies. There was low incidence of migration as there were ample job opportunities in the village.

Key Words : 1.WOMEN WELFARE 2.SWA-SHAKTI PROJECT 3.EMPOWERMENT WOMEN 4.RURAL WOMEN 5.SC/ST WOMEN 6.FEMALE HEADED HOUSEHOLDS 6.LITERACY RATE 7.BASELINE SURVEY 8.KOLAR 9.KARNATAKA.

36. De Souza, Shaila. (2005).
A Situational analysis of women and girls in Goa. New Delhi : National Commission for Women. 119 p.

Abstract : The study assessed the situation of women and girls in Goa. The most disturbing statistics for women was the declining sex ratio, which decreased from

1091 in 1900 to 960 in 2001. According to Census of India 2001, the total population of Goa was 1,343,998 comprising 6,87,248 males and 6,60,420 females. Density of population was found to be 364 per sq. km in 2001. Total literacy rate of Goa was found to be 82.32%. According to Educational Statistics 2001-2002, there were 1037 primary schools, 445 middle schools, and 361 secondary schools. Dropout rate decreased from 8.95% to 5.7% from 1997 to 2002. According to the Statistical Handbook , percentage of female workers to total workers in 2001 was 22.3%. The Infant Mortality Rate (IMR) for 2002 was 17 per 1000 live births. Planning Commission estimated the poverty ratio for the year 1999-2000 to be 4.4%, which was the second lowest in the country. Poverty ratio of Goa decreased from 44.26% in 1974 to 4.40% in 2000. According to NSS Report No. 455 (1999-2000) unemployed females per 1000 persons were 42 in rural and 69 in urban Goa respectively. According to the NFHS-II (1998-99), domestic violence was fairly common in Goa. Eighteen percent of ever-married women experienced beating or physical mistreatment since the age of 15 years. There were 18 reported rape cases in 1999 which increased to 31 in 2003. Cruelty to married women by husband or their relatives increased from 10 in 1999 to 22 in 2003. Number of cases registered under Immoral Traffic Prevention Act increased from 28 in 1996 to 30 in 2001. Supply of Vitamin A to pregnant women increased from 15,651 in 2000 to 40,235 in 2004. Goa has progressed ahead of other States with regard to the implementation of Children's Act 2003 and with provisions in the Common Civil Code which give women the right to inheritance. To keep up with the times and to ensure gender justice, awareness of the law, amendments to the law and its procedures is essential. Traditional health systems and practices, which are still popular among certain sections of women in Goa, need to be supported by the State Health System. The state health department should consider widening the data that is being generated by them to enumerate other services that have been included in the RCH programme, so that this can be used by policy analysts to further improve the programme.

Key Words : 1. WOMEN WELFARE 2.SITUATION OF WOMEN GOA 3.WORKING WOMEN 4.FEMALE WORK PARTICIPATION RATE 5.SELF HELP GROUPS 6.GENDER CRITIQUE 7.GENDER ISSUES 8.WOMEN AND LAW 9.LAW AND WOMEN 10.VIOLENCE AGAINST WOMEN 11.WOMEN'S HEALTH 12.POLITICAL PARTICIPATION OF WOMEN 13.LITERACY RATE 14.GOA.

37. Gopalan, Sarala. (2005).
A Situational analysis of women and girls in Kerala. New Delhi : National Commission for Women. 140 p.

Abstract : The study assessed the situation of women in Kerala. Kerala has a geographical area of 38,863 sq kms, 1.27% of the total area of India and holds 3.10% of India's population. In 2001 Census, Kerala recorded a population of 31.84 million (15.47 million males and 16.37 million females). In 2001, the Human

Development Index (HDI) was found to be 0.638 for Kerala against 0.472 for all India. Kerala was found to have the highest life expectancy, literacy and had lowest infant mortality, though per capita monthly expenditure was not the highest. Per capita net state domestic product of Kerala at constant prices in 2001-02 was Rs 19,803. There has been rapid and significant decline in birth rates in rural and urban areas. Infant Mortality Rate (IMR) in Kerala was strikingly lower (10 per thousand live births) than the all India rate of 63 (SRS 2002). Female Mortality Rate in 1997 was found to be 4.9 per 1,00,000 population based on Sample Registration System (SRS). Death rate in the state had touched a low of 6.0 in 1991 but has slightly risen since as it has a high proportion of population in the 65+ age group. Life expectancy was highest for males (70.4 years) and females (75.9 years) in 1992-96. Between 1970-75 and 1993-97 there was a gain in life expectancy by more than 11 years for all persons in the state. The effective age of marriage for girls in Kerala was 22 years against 19.5 years for all India. There has been spectacular decline in fertility rate in Kerala from level of 4.2 over the last three decades which amounts to crossing the replacement level of population to 1.8 in 1998. Female sterilization, that accounted for 66% of contraceptive use according to NFHS -I, now accounted for 76%. Female literacy rate increased from 31.41% in 1951 to 87.86% in 2001. In 2001-02, enrolment was down to 5.10 million from 5.91 million in 1992. Between 1991 and 2001, women's work participation rate declined from 15.8% to 15.4%, but that of men increased from 47.6% to 50.2%. According to the state survey, there were 1.72 million families which lived below the poverty line, and about one-fifth of these families belonged to SCs and STs. Atrocities committed against women in Kerala increased from 7306 in 1997 to 7568 in 2001. Although social indicators of Kerala depict a good picture, these indicators do not seem to add up to empowerment. Women are educated, frequently more than men, but are unemployed also more than men. Women lived longer than men. Poor quality of life makes life burdensome and prolongs the burden. Inspite of being more aware, they continued to be abused. This scenario should provide food for thought.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN KERALA 3.MATERNAL MORTALITY 4.MENTAL HEALTH 5.REPRODUCTIVE HEALTH 6.CHILD HEALTH 7.EDUCATION 8.EMPLOYMENT 9.POVERTY 10.POLITICAL PARTICIPATION OF WOMEN 11.PROPERTY RIGHTS 12.WOMEN'S DEVELOPMENT 13.VIOLENCE AGAINST WOMEN 14.KERALA.

38. Gupta, Namrata and Sharma, A K. (2003).
Gender inequality in the work environment at institutes of higher learning in science and technology in India. Kanpur : Indian Institute of Technology Kanpur, Dep of Humanities and Social Sciences. 20 p.

Abstract : The present study assessed whether gender equality existed in the working environment at institutes of higher learning in science and technology in

India. The study was conducted at Indian Institute of Technology, Delhi; IIT Kharagpur; Jadavpur University and University of Roorkee. Women faculty members of the above institutes were selected as the sample. Data was collected using triangulation, i.e. a combination of questionnaire, interview schedule, case studies and unobtrusive methods of observation. Findings showed that although rules of work were codified in the formal application of rules, about 40% respondents reported "subtle" or convert discrimination in favour of men. Some discriminatory practices, like not appointing women as faculty members in civil and mechanical engineering departments, were being followed until the 1990s. Women candidates who qualified the joint entrance exam for entry into UG programmes of IITs were not allowed to study mining, as Sections 46 (1) of the Mines Act 1952 did not permit women to work in mines. The institutes did not have any formal written rules that defined the method of assignment of research scholars to faculty members. Several respondents reported that colleagues were unable to accept a woman as equal. Lack of support facilities, such as insufficient separate toilets and their poor maintenance, security problems for women on the campus of some institutes, and the neglect of child care facility, also pointed to the failure of the system to recognize the special needs of women. Thus, there was a general feeling among women faculty members that the system was quite impervious to the needs of women. It was found that in science institutions the informal environment of work was influenced by a lack of critical mass of women, which led to a situation of tokenism. The Indian situation is complicated further due to social stereotypes that influenced the dynamics of informal interaction with colleagues, students and staff. About 75% respondents agreed that women were more noticeable. About 34% respondents felt that men colleagues often tended to form their own groups, isolating women scientists, and about 24% felt that this happened "sometimes". Around 10% respondents received indecent anonymous phone calls and e-mails. About 84% respondents agreed that they had fewer contacts because of the problems in interacting with men scientists, family constraints, lack of mobility, lack of time, and almost all agreed that contacts were quite important for success. Participation in informal activities by men was found to be higher than that of women. This study supported arguments that gender is one of the particularistic elements that has not been influenced on the universalistic scientific procedures and rewards. It is desirable that the solutions applied to non-western societies are suitably modified according to local conditions. Attaining a critical mass of women scientists might be more relevant because of the need for role models, and its general impact on the status of women. The need for mentoring and networking programmes and provision of child care facilities should be recognized.

Key Words : 1.WOMEN WELFARE 2.WOMEN SCIENTISTS 3.GENDER DISCRIMINATION SCIENTISTS 4.WORKING WOMEN 5.PATRIARCHY 6.WORK ENVIRONMENT 7.WORK SITUATION 8.SCIENCE AND TECHNOLOGY 9.GENDER BIAS. 10. SCIENTISTS.

39. Gupta, Namrata and Sharma, A K. (2003).
Partrifocal concerns in the lives of women in academic science : continuity of tradition and emerging challenges. Kanpur : Indian Institute of Technology Kanpur, Dept of Humanities and Social Sciences. 27 p.

Abstract : In the present study an attempt was made to explore the perceptions of society about women in science; to examine the social matrix of women scientists before and after marriage; and to assess the significance of patrifocal concerns in the lives of women scientists. Samples were selected from IIT Delhi, IIT Kharagpur, Jadhavpur University and University of Roorkee. Data was collected by using a combination of methods: a questionnaire, an interview schedule, case study and observation. The sample size of the study was 82 women scientists. About 73% respondents agreed that women cannot be successful in science or mathematics. About 74% women reported that women can do less science and engineering. A woman has less analytical ability than a man according to 71% respondents. About 61% women respondents agreed with the statement that "inability to solve a problem is ascribed to the quality of being a woman." A comparison between educational achievement of brothers and sisters of respondents indicated that more brothers than sisters were engineers, but sisters outnumber brothers in obtaining P.G. degrees, diplomas, etc. In most cases, the difference in age between husband and wife was found to be 3-6 years. About 92% of the women felt that they had a dual burden of employment and household work. The participation of women scientist in seminars and conferences was hampered by family constraints. Majority of respondents (66%) received some sort of help from their husband in household chores. Compared to colonial times, higher education for women has become much more acceptable, yet women in science particularly in engineering, is a rarity. Respondents represented a highly mobile group with respect to educational achievements. They were much more qualified than their parents, siblings and husbands. The spouses of one third of the respondents helped them in all activities, enabling research productivity among married women to be higher than among single women. The career of women scientists received a set back at certain ages due to family constraints. A dual burden and a high value attached to the traditional gender role pattern leaves only one option for women academic scientist in dealing with their multiple roles, i.e. placing their career second in order of priorities.

Key Words : 1.WOMEN WELFARE 2.WOMEN SCIENTISTS 3.SCIENTISTS 4.GENDER DISCRIMINATION 5.PATRIARCHY.

40. Gupta, Namrata. (2001).
Women academic scientists : a study of social and work environment of women academic scientists at institutes of higher learning in science and technology in India. Kanpur : Indian Institute of Technology Kanpur, Dept of Humanities and Social Sciences. 224 p.

Abstract : The present study was conducted to study the background of women academic scientists in selected institutes of higher learning and research; to explore the formal environment of work and its impact on women academic scientists; study the importance of and participation in informal activities, contacts and networking by women in academic study; the presence of gender related stress on women academic scientists; and the impact of multiple roles, on their career. Triangulation method was used to collecting quantitative and qualitative data. Four institutes, namely IIT Delhi, IIT Kharagpur, Jadavpur University and University of Roorkee were selected. The respondents belonged to science and engineering disciplines; and were mainly upper caste, middle class Hindus. The academic science career of 39% respondents began after marriage. In some cases, respondents had to settle for pure sciences or mathematics, and were discouraged from pursuing engineering disciplines, since engineering was not found 'suitable' for women. The pressure of a joint family and the burden of managing both home and career fell disproportionately on women. Women were discouraged by academic institutions from pursuing certain branches of engineering, such as mining and mechanical engineering. Visibility and contacts with those in important positions mattered a great deal. Women scientists suffered from lack of contacts and visibility due to lack of informal interactions. Gender related issues were raised in interview committees for appointments and promotions, directly or indirectly. Women were almost absent at the higher levels of administration in the institutes. Women faculty constituted only about 7% of the total faculty in science and engineering. Within institutes, the clerical staff, though courteous, were usually less willing to take orders from women than from men. Female students often chose women faculty as their advisors. Respondents agreed that marriage and motherhood was a woman's 'dharma', and women academic scientists considered success futile if career and family could not be balanced. An increase in the number of women faculty could help in improving the work environment. Moreover, quota systems in appointment and promotion may not be the best solution for attaining critical mass, since it may perpetuate differences and strengthen prejudices. Unless conscious efforts are made to raise the ratio of women in science and engineering, their proportion will continue to be low. Women faculty members could form groups to solve their mutual problems. There is a need to realize that women's experiences are dissimilar to men's experiences, even in institutes of higher learning and in professional sciences.

Key Words : 1.WOMEN WELFARE 2.WOMEN SCIENTISTS 3.SCIENTISTS 4.WORK ENVIRONMENT 5.SCIENCE AND TECHNOLOGY 6.GENDER DISCRIMINATION 7.DISCRIMINATION AGAINST WOMEN.

41. Gupta, Namrata and Sharma, Arun K. (2002).
Women academic scientists in India. Kanpur : Indian Institute of Technology Kanpur, Dept. of Humanities and Social Sciences.16 p.

Abstract : The objectives of this study were to analyse the experiences of women faculty members in institutes of science and technology, to understand the nature of the dual burden faced by women, and to study their coping strategies. Four institutes, namely the Indian Institute of Technology (IIT), Delhi; the Indian Institute of Technology (IIT), Kharagpur; Jadavpur University (JU); and the University of Roorkee (UOR) were covered. Data was collected using triangulation method, i.e. a combination of questionnaires, interviews, case studies and unobtrusive methods. Three major problems faced by women academic scientists were general male dominance in the work environment, feeling of isolation and experience of conflict between being a woman and a scientist. Patrifocal ideology prevails at the workplace and in the family. Women academics in the four institutes constituted only 7% of the total faculty. Mechanical Engineering branch did not have any women faculty members. Women's capabilities are doubted in the initial stage of their career. There were no women Deans in any institute, and the idea of a woman Director was almost unthinkable. Women faculty members were quite isolated in their work environment due to lack of informal interaction and networks. Women were expected to reconcile their gender role with their professional role. There was a dual burden on women due to family and work. Pregnancy and motherhood led to a break in their career. Findings indicated that single women, or divorced or widowed women did not necessarily perform better professionally. Though a majority of women had the support of their spouses, yet they had to shoulder a large share of domestic responsibilities. The strategies adopted by women academic scientists to cope with gender-related stress at work and dual burden included compromise with career, postponing research, and finding satisfaction through a re-definition of 'success'. This resulted in women being exhausted physically, emotionally and mentally. There is a need for women scientists to realize that their individual problems are in fact a product of the social and work environment. A concerted effort is required to analyse the experience of women scientists so that collective efforts can be made to solve their problems.

Key Words : 1.WOMEN WELFARE 2.WOMEN SCIENTISTS 3.SCIENTISTS 4.WORKING WOMEN.

42. Independent Commission for People's Rights and Development. (2003).
Demand survey for micro finance in Central Eastern India : a proposal. New Delhi : ICPRD. 38 p.

Abstract : The Independent Commission for People's Rights and Development (ICPRD), New Delhi has monitored various micro-finance – based schemes

implemented by NGOs, Central, and State Governments, involving 816 NGOs from 21 states of India spread over 100 districts. The SHG model needs variation and flexibility based on best practices such as the "Women's Credit Group model of the Working Women's Forum", Chennai. Currently SHGs are being mostly initiated merely for credit operation, ignoring the social change and empowerment aspect of women's credit groups. Economic empowerment is a first step towards the goal of equal participation of women in local communities, and to break socially oppressive traditional practices through women's credit groups. Several issues need to be taken into account in implementing micro credit programmes for poor women. The credit plus activities are vital links in transforming women into entities of empowerment rather than mere clients of micro finance interventions. There is a need to invest in human capital, for both, capacity building to run small credit groups, manage thrift and credit groups, deal with financial institutions, as well as gender/class oriented capacity building. Several micro finance institutions have been criticized for creaming of the poor, and failing to reach the poorest of the poor. It was often seen that apart from the roles of reproduction and home management, micro-credit programmes became the triple burden in poor women's lives. The micro-credit group or SHGs often became a vehicle for providing security. Not only were business opportunities learnt through SHGs, but also collective marketing, self-care health services, adult literacy classes, and awareness generation programmes were often taken up in the absence of state provided services. This is a part of the privatisation process or mechanisms devised by the poor, especially women, to develop and create basic services in the face of none. The emphasis on savings and loans rather than the group process was the weakest link. The poorest often dropped out due to the pressure to save, and often defaulted. Attention needs to the given to the group process and dynamics. It is therefore essential to develop micro finance agencies or institutions that have both, organized collective action as well as ensure high repayment, i.e. uphold the twin agenda of women's empowerment with financial viability. This requires special interventions that are tailor-made, and based on a grassroots approach to planning, along with a well-organized structure of layered credit groups, along with regular thrift training to workers.

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

43. Indian Institute of Public Administration, Chronic Poverty Research Centre, New Delhi . (2004).

    Chronic poverty and gendered patterns of intra household resource allocation : a preliminary enquiry. New Delhi : IIPA. 47 p.

Abstract : The research was conducted collaboratively by Indian Institute of Public Administration, Chronic Poverty Research Centre, and Institute of Social Studies Trust in 2001. The study investigated the factors influencing intra-

household discrimination; and to know the relative bargaining power of each member of the household. The study area constituted four slums of east Delhi namely Nehru Camp, Sonia Camp, Ravidas Camp and Rajiv Camp. Data was collected through case studies, interviews and focus group discussions (FGDs). Key informants, such as officials and community leaders, were interviewed. Both, qualitative and quantitative techniques were used to gather information, and a total of 201 households were included in the survey. The male members of households worked as fruit and vegetable vendors, plumbers, casual labour, auto drivers, etc. The women mostly worked as domestic helpers. Some were engaged in sorting of sap while others were construction workers/ labourers. Most of them were wage earners and had odd, irregular jobs. The household size varied between six to twelve members. Around 61.7% households had been using Targetted Public Distribution System (TPDS) card for more than 5 years. A higher proportion of adult women were illiterate than adult men, and a greater proportion of girls were not in school compared to boys. In 47% households, children ate first, while in 25% households, husbands ate first. In around 64% of the households it was the women who ate last. About 75% of those surveyed (men and women) thought that children had special needs, and about half thought that so did men. 65% men and 80% women felt that women had special needs during pregnancy. A greater number of girls had moderate and severe stunting as compared to boys. Both, male and female respondents in the study sites were more malnourished, as per CED (Chronic Energy Deficiency) levels than the average Delhites. It was believed that if all children attended school regularly, the burden faced by all children, especially girls would reduce. It was suggested that the PDS had played an important part in poverty alleviation. Government hospitals benefit many slum dwellers when they suffer from major illnesses. There is great need for more awareness and information regarding health and reproductive health, targeted both to men and women. Organized and collective action by the community, involving the young and women, should be an important step in trying to change the gender disparities prevalent in households.

Key Words : 1.WOMEN WELFARE 2.POVERTY 3.CHRONIC POVERTY 4.FEMALE HEADED HOUSEHOLDS 5.HOUSEHOLD INCOME 6.INCOME WOMEN 7.SLUM WOMEN 8.RESOURCE ALLOCATION 9.SLUMS 10.MALNUTRITION 11.FOOD 12.DISCRIMINATION IN FOOD 13.GENDER DISCRIMINATION 14.INTRA HOUSEHOLD RESOURCE ALLOCATION

44. Institute of Social Studies Trust, New Delhi. (2004).
Decent employment for women : learnings and recommendations from the pilot project. New Delhi : ISST. 40 p.

Abstract : International Labour Organization (ILO) funded a project to help poor women living in selected slum clusters in Bangalore and Delhi to acquire decent employment. From 2001 till 2004 a total of 1,600 women had been trained, 300

women in Bangalore and 780 women in Delhi, and 456 were under training. Informal work, gender and poverty generally overlap. According to 2001 Census, the population of Delhi was 13.8 million and the net migration was 1.6 million compared to 0.6 million during 1961-71. In Delhi, though 87% males and 75% females were literate, literacy in slums was much lower. According to 2001 Census, Bangalore is the fourth most populous city in India with a population of 6.52 million. Slum population varies between 20-25% of the city's total population. The literacy rates in Bangalore were 88.36% for males and 78.98% for females. The mean monthly income in slums in Bangalore was found to be Rs. 1325 in 1992, and over 70% people lacked toilets facilities. In the intervention projects, community based activities were conducted and literary classes conducted for the target groups. Many organizations in Delhi and Bangalore volunteered to help these women. In Bangalore, Parinati was working with tribal and non-tribals in Bandipur. Karnataka Kolageri Nivasigala Samyukta Sangatane (KKNSS) raises awareness and mobilizes slum dwellers, especially women. In Delhi, Disha operates in both rural and urban areas, and assists in setting up Self Help Groups (SHGs); Jan Shikshan Sansthan Prayas is working with slum communities in Jahangirpuri; Bhartiya Parivardhan Sansthan works in East Delhi and their activities include family planning, counseling, awareness on HIV/AIDS and health and legal awareness; and Prerna has designed programmes for growth and development of the marginalized sections of society. Major challenges of this project have been to devise a model which is both flexible and practical. The Project has helped in increasing the earnings of women. Counseling and placements have been a major area of thrust. Non-traditional trades such as bakery, soft toy making, etc. have been initiated in the training programme in both cities. In Delhi, women opted for employment in traditional trades. Periodic skill upgradation should be considered. Training duration requires re-focusing as it was insufficient to develop skills. There is need for coordination and networking between ILO and partner NGOs to provide additional inputs in training for non-traditional trades, such as machine knitting and transformer assembly, etc.

Key Words : 1.WOMEN WELFARE 2.INCOME GENERATION ACTIVITIES 3.EMPLOYMENT WOMEN 4.ISST PROJECT 5.INCOME GENERATION PROJECTS.

45. Matter, Swasti, Fernandez, Grace and Verghese, Shaiby. (2004).
On the threshold of informalization : women call centre workers in India. New Delhi : Institute of Social Studies Trust. 20 p.

Abstract : This study provided a perspective of out sourcing services from the point of view of the South, and from the women involved. It evaluated and assessed the benefits and threats that offshore outsourcing of Information

Technology Enabled Services (ITES) jobs brought to women in the south; the informalization of employment that these new jobs implied; the possibilities of extending the benefits of these jobs to under-privileged women of the south; and the roles that policy makers can play. A number of these new jobs were exported to low wage countries as the average annual wage of an employee in a call centre in the U.K was £ 12,500, while that of an Indian was £ 1,200 (BBC, 2003). Prospects for women workers looked good in this sector. After recruitment, employees were provided with training for a period of 80 days on language, accent and the culture of different countries, and about their work product. There were adequate breaks, and parents were reassured that though their daughters might be working unconventional hours, including night shifts, but they were doing a perfectly safe, decent and socially accepted job. A serious problem in the export-oriented segment of the business was that employees had to pretend to be European or American. According to McKinsey, IT enabled services can generate substantial revenue and employment for India over the next four years. Cheaper labour cost was only one reason for choosing India as a place to relocate services. 160,000 men and women were on the payroll of Indian call centres; and approximately 45% of them were women. Despite stress, women employees appreciated the benefits of this job. Call centre jobs might disappear as technology keeps changing and it might be supported by fast data communication linkages. Skills and expertise acquired through call centre jobs could also be used to promote self-employment. Benefits that globalization has bought is likely to bring issues of education and life chances among poor or under privileged women and men of India. In India, it is the lack of literacy, particularly in English which acts as the real obstacle and prevents children from slums being connected to the networked world. Institute of Social Studies Trust (ISST) opened an institute for slum children and computers were supplied by the Habitat Learning Centre. But children in slums were not able to fully utilize the facility due to poor literacy and lack of knowledge of English. Policy makers need to raise the general level of literacy and take gender disparity into account while formulating measures which deal with the benefits and costs of ITES jobs.

Key Words : 1.WOMEN WELFARE 2.CALL CENTRE 3.BPO COMPANY 4.WORKING WOMEN 5.OUT SOURCING 6.CALL CENTRE WORKER.

46. National Commission for Women, New Delhi. (1998).
Report on scheduled caste women in agriculture. New Delhi : NCW. 110 p.

Abstract : The status of women in a complex society like India is not uniform. Scheduled Caste (SC) women, who constitute a sizeable proportion of India's population, were subjected to gender bias and indignities arising out of the age old tradition of untouchability. As per 1991 Census, SC female population of 66.29 million represented 16.43% of the country's total female population. The number of

SC females per 1000 SC males in 1991 Census was 922. From 1971 to 1984 the female age at marriage among SC population increased by 1.4 years in rural areas and by 1.1 years in urban areas. According to 1991 Census, only 23.29% of SC females were literate, as against 52.21% general literacy rate in the country. In 1991, SC female work force employed in the primary sector was highest as agricultural labourers (66.52%), and the secondary sector had 3% SC female workers as self-employed artisans and those who owned enterprises. In the tertiary sector, SC women were engaged in conservancy services and on salaried jobs like peon, etc. SC women constituted 20.68% of the total female workers, and among agricultural labourers, 31.10% were SC women. The work participation rate (WPR) among SC females (25.98%) was less than that of ST females (44.76%), and higher than that of non SC/ST females which was 18.97%. Andhra Pradesh had the highest WPR (46.71%) and Punjab had the lowest WPR (5.40%). About 33% landless labourers in India belonged to scheduled castes, 49.07% of main workers among SC were agricultural labourers, and 66.52% were women agricultural labourers. SC women agricultural labourers who worked in fields of high caste landlords were exposed to all sorts of humiliation and abuse, including sexual harassment. This economic dependence of SC households on agriculture, under the age old under concepts of Artha, Dharma, Kama and Moksha, has over the centuries created a divide between those who own lands and those who do not own lands. In rural areas, it was always the SC women agricultural workers who were at the receiving end. Concern about the plight of SC female agricultural labourers should start at the highest policy making levels, and concerted action should be taken to protect them. Development and related problems with regard to SC female workers should not be considered in isolation, but should include the household as a whole. There is a need to involve the voluntary sector in their welfare, and more information based action is required to improve the situation of SC agricultural workers including women labourers.

Key Words : 1.WOMEN WELFARE 2.SCHEDULED CASTE WOMEN IN AGRICULTURE 3.SCHEDULED CASTE WOMEN 4.WOMEN IN AGRICULTURE 5.EMPLOYMENT SCHEDULED CASTE WOMEN 6.EMPOWERMENT SCHEDULED CASTE WOMEN 7.AGRICULTURE AND WOMEN.

47. National Commission for Women, New Delhi. (2002).
Search for a vision statement on women's empowerment vis–a-vis legislation and judicial decision. New Delhi : NCW. 190 p.

Abstract : Indian Trust for Innovation and Social Change studied a large number of judicial decisions of Supreme and various High Courts; examined the legal provisions available for women; conducted personal interviews with a number of legal experts and other eminent persons; and organized a brainstorming meet to

look at policy issues and future plans that could best enhance the role of women's contribution towards sustainable development in the country. It also investigated the challenges that policy makers and the judiciary face on how to improve the status of women. The study examined the merits and demerits of the existing provisions of law and other policies. Enforcement and awareness are not quite there in our society. Women belonging to deprived and poorer sections of Indian society, irrespective of their social strata or region, are by themselves, in no position to solve tough problems. More than 400 million women of this country hardly have social, economic, legal or political attributes of any strength. Even though during the period 1994-96 and1999-2001, many legal judgments have been studied, they only constituted a minor input in the determination of feeble or dominant trends that characterized women's empowerment. Evidence based judicial dispensation did not provide stimulus for envisionment. They were mostly indicative of the continuation of a trend on how societal aberrations should be corrected in upholding the scale of justice. The core of women's empowerment demands detailed scrutiny of Government policies and implementation or non-implementation of developmental plans. By the same token, whether new laws affecting women are really ensuring gender justice has to be judged, by how many millions are aware of the existence of these laws and how many are still ignorant of the same. Our socio-economic reforms and their impact need to be studied in depth. Achieving gender equality does involve a process of active social changes and cannot be automatically connected to economic growth in a given region.

Key Words : 1.WOMEN WELFARE 2.JUSTICE SYSTEM 3.EMPOWERMENT WOMEN 4.WOMEN EMPOWERMENT 5.WOMEN AND LAW 6.GENDER JUSTICE 7.JUDICIAL SYSTEM 8.ENFORCEMENT MACHINERY 9.SUPREME COURT JUDGMENTS 10.LANDMARK JUDGMENTS 11.COURT JUDGMENTS 12.UN DECLARATION 13.FEMALE FOETICIDE 14.INFANTICIDE 15.SEX RATIO 16.UN CONVENTION 17.PNDT ACT 18.LOK ADALATS 19.CHILD MARRIAGE ACT 20.DISCRIMINATION AGAINST WOMEN 21.LEGISLATION FOR WOMEN.

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48. Nayar, Usha. (2005).
A Situational analysis of women in the state of Uttar Pradesh. New Delhi : National Commission for Women. 190 p.

Abstract : The status of women in Uttar Pradesh has seen many highs and lows. High population growth rates are constraining development efforts. The population of the state has tripled from 63.2 million in 1951 to 166.1 million in 2001, males being 87.6 million and females being 78.6 million. The poverty ratio has come down from 47.07% in 1983 to 31.5% in 1999-2000. Around one-fourth of India's poor live in Uttar Pradesh. Per capita income in 2001-02 was much lower at Rs 9749 than the National Per Capita Income of Rs 17736. The Decadal Growth rate during 1991-2001 has increased to 25.8 as compared to 25.6 during 1981-1991. Uttar

Pradesh ranked 31 on overall literacy in 2001. The literacy rate of the state was 57.36%, being 70.23% for males and 42.98% for females. None of the 70 districts had rural female literacy above 50%. The better off districts were Ghaziabad (40.27%), Mainpuri (40.45%), Etawah (44.47%), Auraiya (46.50%), Kanpur Dehat (43.99%) and Kanpur Nagar (47.26%). The literacy rate in Uttar Pradesh has gone up from 12.02% in 1951 to 57.4% in 2001. The illiterate population in 2001 was 57.81 million, of whom 21.31milion were males and 36.50 million were females. The Gross Enrolment ratio for Classes I-V in 2002 was 80.93% for boys and 49.36% for girls. Among SC children this ratio was 91.62% for boys and 52.64% for girls. The State Urban Development Agency (SUDA), Uttar Pradesh has provided training to 35,052 urban poor for self employment. In 2000, 18,920 crimes against women were registered, 31.8% were dowry deaths, 13.2% were cruelty by husband and relatives, 18.3% were cases of kidnapping and abduction, 28.7% were cases of sexual harassment and eve teasing, and 309 cases of rape were reported of girls below 16 years of age. Female life expectancy at birth improved from 48.5 years in 1981-85 to 64.09 years in 2001-06. Maternal Mortality Rate (MMR) was 707 per 1,00,000 live births, which was the highest in the country. The mean age at marriage of girls has gone up from 17.27 years in 1991 to 19.5 years in 2001. Percentage of girls married below 18 years of age ranged from 6% in Kanpur to 35% in Lucknow. Drinking water was available to 45.8% households within their premises, 44.1% had water source nearby, and 10.1% had to fetch water from a distance. Toilet facilities were available to 33.15% households. In 2001 the work participation rate (WPR) for men was 47.26% compared to 16.28% among women. The NGOs set up in these districts were fairly active, but they lacked necessary administrative strength. To reduce MMR, anti-natal coverage should be increased. Couples should be encouraged more to use modern contraceptives or spacing methods of their choice. There is a need to reframe the approach to women's development in accordance with the human rights framework. Prevention of cross border trafficking requires top priority. The State Commission for Women should work for survival and protection of women in a proactive and more professional way.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN UTTAR PRADESH 3.EMPOWERMENT OF WOMEN 4.VIOLENCE AGAINST WOMEN 5.CRIME AGAINST WOMEN UTTAR PRADESH 6.EDUCATION UTTAR PRADESH 7.UTTAR PRADESH.

49. Patel, Amrita M. and Hans, Asha. (2005).
A Situational analysis of women and girls in Jharkhand. New Delhi : National Commission for Women. 139 p.

Abstract : A situational analysis of women and girls in Jharkhand was undertaken. According to Census of India 2001, the total population of Jharkhand was 26.9 million, males being 13.8 million and females being 13.4 million. The rural population was 77.75% and urban population was 22.25%. The sex ratio of

Jharkhand was 941 females per 1000 males. Literacy rate was 54.13%, being 67.94% among males and 39.38% among females. In rural areas the literacy rate was 30.33% and in urban areas it was 70.71%. Children aged 0-6 years constituted 17.82% of the population. The Infant Mortality Rate (IMR) was 68.4 during 2001-2002. Maternal Mortality Rate (MMR) was 400 per 100,000 live births. Thirty eight percent women in Jharkhand were already married when they were between 15 -19 years of age. Total fertility rate was 2.76%. According to NFHS II report, 43.1% tribal women did not receive any antenatal check up, 38.7% did not receive tetanus toxoid injections, 90.2% tribal pregnant women delivered at home, and 65.7% of all deliveries were attended by Dais. Total percentage of workers was 37.64, the female work participation being lower (26.40%) than that of males (48.21%). The Family Welfare Programme in India aims to promote contraceptive use among couples. Only 28% of married women were currently using some method of contraception, compared with 48% at the national level. Contraception prevalence was higher in urban areas (40%) than in rural areas (25%). The average duration of using spacing methods was 14 months and private facilities were the source of obtaining these for 44% of the women, while 26% availed these from the shops. 77% of the women reported spacing of 2-3 years to be ideal, while 6% mentioned more than 3 years. About 6% of the illiterate women and 27% women educated above middle level were using contraceptives. As recommended by the Government of India, that breastfeeding should begin immediately after childbirth, in Jharkhand 56% children under four months of age were exclusively breastfed and only 26% children aged 6-9 months received the recommended combination of breast milk and solid/mushy foods. Based on International Standards, 54% of the children under 3 years of age were underweight, 49% were stunted and 25% were wasted. Women were also under nourished, 73% women had some degree of anaemia, compared with 60% in Bihar. The spread of HIV/AIDS is a major concern in India, but nearly 85% women had not heard of AIDS. The main sources of information about AIDS were TV (83%) and radio (49%). The poverty ratio in the year 1987-88 was 50.03% which increased to 69.83% in 1997-98. Atrocities on women in Jharkhand like rape cases, increased from 553 in 2000 to 679 in 2002. Dowry deaths also increased from 187 in 2000 to 235 in 2002. Domestic violence decreased from 396 in 2000 to 298 in 2002. Many Government and Non Government Organizations (NGOs) were working for the welfare of women in the state, but the path to gender equity in Jharkhand is still a long and ardous journey. Gender sensitization of the functionaries of different departments seems to be the first step in realizing these goals. An appropriate intervention in this direction is likely to prove rewarding.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN JHARKHAND 3.SITUATION OF WOMEN 4.GIRL CHILD 5.GIRL CHILD JHARKHAND 6.SELF HELP GROUPS 7.JANSHALA SCHOOLS 8.ANTENATAL CARE 9.PROPERTY RIGHTS OF WOMEN 10.VIOLENCE AGAINST WOMEN 11.CRIME AGAINST WOMEN 12.WITCHES 13.TRAFFICKING 14.GIRL CHILD EDUCATION 15.JHARKHAND.

50. Patel, Amrita M. and Hans, Asha. (2005).
A Situational analysis of women and girls in Orissa. New Delhi : National Commission for Women. 125 p.

Abstract : A situational analysis of women and girls in Orissa was undertaken. As per 2001 Census, the population of Orissa was 36.7 million, males being 18.61 million and females being 18.01 million. Population density increased from 203 in 1991 to 236 in 2001. Orissa had 51,349 villages and the number of towns increased from 124 in 1991 to 138 in 2001. A total of 62 tribes resided in Orissa and SCs and STs were 14.22 million comprising 38.74% of the total population of Orissa. Child population aged 0-6 years was 5.18 million and females numbered 2.52 million. The female child population 0-6 years as percentage to total population decreased from 16.85% in 1991 to 13.95% in 2001. Sex ratio of Orissa (972) was better than the national figures (933). Life expectancy for females was 61 years and for males it was 62 years during 1996-2001. The crude birth rate decreased from 33.1 in 1981 to 23.1 in 2002. The crude death rate was 13.1 in 1981 and 9.8 in 2002. Maternal Mortality Rate (MMR) went up from 361 in 1997 to 367 in 1998, while the MMR of India declined from 408 to 407 in 1998. Infant Mortality Rate (IMR) has steadily declined from 135 in 1981 to 87 in 2002. The gender difference of IMR portrayed a positive picture for the female child, being 94.5 for males as compared to 84.3 for females. According to National Family Health Survey (NFHS), 44.1% male children were fully immunized compared to 43.3% female children. According to Multi Indicator Cluster Survey (MICS), in 2000, female full immunized coverage (FIC) was 42.2% and for males it was 49.1%, while it was 38.5% for males and 37.3% for females in 1999. The total literacy rate has increased from 49.09% in 1991 to 63.61% in 2001. Female literacy rate increased from 35% to 51% between 1991 and 2001. The rural and urban female literacy rates were 47.22% and 72.68% respectively in 2001. The drop out rate decreased over the last two decades, as in 1981 it was 63.3% while in 1999 it was 47.90%. Poverty ratio for rural and urban areas was 48.01% and 42.83% during 1999-2000. The number of females registered with different employment exchanges in the state was 20,487 as against 1,30,586 persons. There were clear signs of rise in crime against women in public and domestic spheres. Number of rape cases increased from 207 in 1989 to 816 in 1999. Women who were employed in the agricultural sector were treated as non workers and their work at home was also ignored. There were not many opportunities for educated and professionally qualified women for employment. Social transformation, gender equity and an enabling environment is required so that women of Orissa can realize their full potential and contribute their mite to the development of the state. Social, cultural, psychological and economic condition of women in Orissa is not up to the desired level.

Government should take initiatives at the state level to improve the overall situation of women.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN ORISSA 3.SITUATION OF WOMEN 4.SELF HELP GROUPS 5.TRIBAL WOMEN 6.ANTENATAL CARE 7.CRIME AGAINST WOMEN 8.TRAFFICKING OF WOMEN AND GIRLS 9.FAMILY COURTS 10.UNWED MOTHERS ORISSA.

51. Poonacha, Veena. (2005).
A Situational analysis of women and girls in Maharashtra. New Delhi : National Commission for Women. 223 p.

Abstract : The study assessed the situation of women and girls in Maharashtra. As per 2001 Census, the population of Maharshtra was 96.1 million, of whom 50.4 million were males and 46.5 million were females. Maharashtra is the third largest state of India in terms of area (308,000 sq. km) and second in terms of population. By September 2002, the population had crossed 100 million mark. Life expectancy for males and females was 63 and 65.4 years respectively. 42.4% of the State's population lived in urban areas and 57.6% in rural areas. Females per thousand males declined from 934 in 1991 to 922 in 2001, while sex ratio in the age group 0-6 years declined from 946 in 1991 to 917 in 2001. Among the major states of India, Maharashtra ranked second with respect to literacy (77.3%) after Kerala (90.9%). Enrolment in higher secondary schools increased by 9.2% in 2002-2003. In 2000-2001, the drop out rates for boys and girls declined by 15% and 19% respectively from 53% and 63% in 1980-1981. To promote girls education, the State Government launched Ahilyabai Holkar Scheme from 1996-1997. Infant Mortality Rate (IMR) decreased from 105 in 1991 to 48 in 2002. The mean age at marriage for females was 17.6 years in 1971 which increased to 19.8 years in 1999 (NFHS II). As per the 55th Round of National Sample Survey (NSS) (July 1999- June 2000), 25.02% of the population was below the poverty line, the incidence of poverty being 26.81% in urban areas and 23.72%, in rural areas. Only 1-2% women aged 35 years participated in decision making compared with 25% women in the age group 15-19 years. 18% of the women in Maharashtra had experienced violence since the early age of 15 years and of the women who experienced violence 92% have been beaten by their husbands. Urban women (17%) were slightly less likely than rural women (19%) to have experienced violence. Women from nuclear families experienced more violence than women from non-nuclear families. The number of rape victims in 2002 was 1277; abduction cases increased from 662 in 2000 to 782 in 2002; dowry deaths recorded were 242; sexual harassment increased from 930 in 2000 to 1349 in 2002; while domestic violence decreased from 6768 in 2000 to 5065 in 2002. Mahrashtra Protection of Women Bill 2001 was passed which defined violence and abuse. Many organizations like

NABARD, SIDBI, UTI, Mutual Funds, Mumbai Port Trust, etc. have worked for the protection of women's rights. The Maharashtra Government has taken up several special schemes for the empowerment of women and girls, such as rehabilitation of devdasis, financial aid to widows and victimized women for self-employment programme, scheme for marriage of daughters of destitutes and widows, Savitribai Phule multipurpose women's centre, Kamadenu Yojana to provide employment to home based women workers, insurance scheme for women, provision of cycles for school going girls, educational and play material for balwadis, providing uniform to school girls and sarees to poor women, providing household articles to needy women, etc. In 2001-2002, there were 2055 primary schools, 856 secondary schools and 256 higher secondary institutions exclusively for girls. Gender gaps, however, still exist in health, education, equality and work participation. The current downsizing of the economy has led to reduced State spending on the social security sector.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN MAHARASHTRA 3.MAHARASHTRA SOCIO ECONOMIC PROFILE 4.HEALTH STATUS OF WOMEN MAHARASHTRA 5.WOMEN PRISONERS 6.ECONOMIC EMPOWERMENT OF WOMEN 7.NGOS 8.VIOLENCE AGAINST WOMEN 9.EDUCATION WOMEN 10.GUIDELINES ON SEXUAL HARASSMENT AT WORKPLACE 11.MAHARASHTRA

52. Rajput, Pam. (2005).
A Situational analysis of women and girls in Haryana. New Delhi : National Commission for Women. 118 p.

Abstract : The study assessed the situation of women and girls in Haryana. The total population of Haryana in 2001 was 21.083 million, comprising 11.36 million males and 9.78 million females. Sex ratio has shown a continuous declined in India from 972 females per thousand males in 1901 to 933 in 2001 for all ages, and in Haryana it declined from 865 in 1991 to 861 in 2001. Highest improvement was visible in Jind with the sex ratio rising from 838 in 1991 to 853 in 2001. Sex ratio in the 0-6 years age group in Haryana was 820 in 2001, and it was highest in Gurgaon (863) and lowest in Kurukshetra (770). The percentage of people who wanted more sons than daughters were 42.2% in rural areas and 25.9% in urban areas. The life expectancy of males was 64.64 years and that of females was 69.30 years. The mean age of marriage has risen from 17.7 years in 1971 to 18.9 years in 1991. Female literacy rate in Haryana increased from 40.5% in 1991 to 55.8% in 2001, and male literacy increased from 69.1% in 1991 to 78.5% in 2001. The gross drop out rate from Classes I-X in 2000-2001 was 31.37% for boys and 42.65% for girls. Total fertility rate declined from 3.99 in 1990-1992 to 3.42 in 1997. About 55.5% pregnant women were anaemic in 1998-99 (NFHS II). In 1998, Maternal

Mortality Rate (MMR) was 103 per 100,000 live births in Haryana compared to 408 per 100,000 live births in India. 36.9% women availed medical help from the private medical sector while 12.2% availed help from the public medical sector. The Work Participation Rate of males was 50.5% and of females was 27.3% in 2001. In Haryana 3.4% women were not involved in any decision making. According to WHO, 16.52% of women all over the world experienced violence in intimate relations. In Haryana, the rate of total crimes against women compared to all cognizable crimes was 16.1% as against the all India rate of 14%. The largest percentage of women were beaten by husbands (10.8%), followed by other relatives. Government has started many programmes for women like Swarn Jayanti Gram Swarozgar Yojana (SGSY), Sampurna Grameen Rozgar Yojana (SGRY), ICDS, Kishori Shakti Yojana, etc. Education Policy for the State of Haryana was adopted in 2000. At the moment, women continued to be discriminated against over the entire life cycle, be it in the field of sex ratio, education, health, work participation, decision making or simple everyday routine. The traditional household bias and focus on women's traditional roles in matters of policy making needs to be changed, and their concerns and issues should be integrated into mainstream policies.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN HARYANA 3.WOMEN'S EDUCATION 4.EDUCATION WOMEN 5.WOMEN AND DECISION MAKING 6.POLICY FOR WOMEN 7.GOVERNMENT INITIATIVES 8.SITUATIONAL ANALYSIS OF WOMEN IN HARYANA 9.HARYANA.

53. Rajput, Pam. (2005).
A Situational analysis of women and girls in Punjab. New Delhi : National Commission for Women. 104 p.

Abstract : A study was conducted in Punjab to assess the status of women and girls. Human Development Index increased from 0.411 in 1981 to 0.537 in 2001. Punjab has a total population of 24,289,296, of whom 12,963,362 (53.27%) were males and 11,325,934 (46.63%) were females. The sex ratio in Punjab increased from 832 in 1901 to 874 in 2001. Sex ratio in 0-6 years age group were found to be highest in Moga (819) and Firozpur (819), and lowest in Patiala (770) and FG Sahib (754). Infant Mortality Rate in Punjab was 51, IMR of males was 38 and of females was 66 (SRS 2002). Life expectancy of females was 71.4 years while that of males was 68.4 years. Female literacy rate increased from 24.65% in 1971 to 63.55% in 2001. Low enrolment of girls was compounded by higher dropout rates. Corresponding to the decline in birth rates, fertility rates too have come down from 5.2 in 1971 to 2.7 in 1997. The decline was slightly higher in rural areas (2.6) compared to urban areas (2.2). About 41.4% women suffered from anaemia (NFHS II); 28.4% were mildly anaemic, 12.3% had moderate anaemia, and 0.7% were

severely anaemic. Work Participation Rate of females increased from 5.5% in 1961 to 19.1% in 2001. Women's representation in the Lok Sabha from Punjab revealed a few disturbing features. Firstly, the number of women contestants was very low, not exceeding 8 until 1996, when surprisingly 16 women contested the elections. Secondly, the number of women winners was insignificant. Only two women contestants (12.5%) emerged successful in 1996. Incidence of crime against women was 2295 (National Crime Records Bureau 2002), and reported dowry death cases were 166 in 2002. On the whole, Punjab continues to be steeped in a patriarchal ethos, which binds women, and keeps them confined like birds in a cage. Fifty years after independence, Punjabi women continue to bear the burden of womanhood; deprived not only of access to basic facilities but even the very basic right to be born. Thus, Punjabi women continue to be shackled by their womanhood, and their situation remains one of the bleakest faced by women anywhere in India. Gender sensitization campaigns need to be launched for both, men and women. The need for family courts in Punjab was emphasized.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN PUNJAB 3.WOMEN IN DECISION MAKING 4.VIOLENCE AGAINST WOMEN 5.GOVERNMENT PROGRAMMES AND POLICIES 6.STATUS OF WOMEN IN PUNJAB 7.EDUCATION WOMEN 8.WOMEN'S EDUCATION 9.WOMEN'S HEALTH 10.EMPLOYMENT WOMEN 11.PUNJAB

54. Royce, Saramma. (2005).
'Stress' experienced by homemakers with young children. *The Journal of Social Work*, 51 : 7-9.

Abstract : The study was conducted in Kerala to explore stress situations experienced in the management of young children; to understand the stress symptoms encountered by homemakers; to find out the impact of stress, and strategies adopted to cope with stress situations. Purposive sampling method was used to select 100 homemakers, 50 gainfully employed and 50 full time homemakers, aged 26-35 years, all having two young children less than 6 years, with one child alone going to school. Direct personal interview method was followed using interview schedules as a tool. The ill health of children was the cause of increased stress for 82% homemakers on an average. The delay of children to return home from school was also felt to be highly stressful. The 'run' below 'job' responsibilities caused higher stress to 84% of the gainfully employed homemakers, followed by not keeping pace with deadlines enforced by officers (80%). Feeling sad, confused state of mind, anxiety, anger, inability to decide and loneliness were seen as major psychological symptoms. When homemakers were under stress they had bouts of crying silently, or scolding their children, etc. Listening to music was the best option for relaxation. Most stressful factors which

affected homemakers were family problems and quarreling with parents/parents in-law and spouse. It was recommended that the organization can initiate auxiliary arrangements for working women with young children to have residential arrangements, baby care centers, etc. Home help schemes to care for children or bed - ridden elderly, as well the system of baby sitting can be encouraged. Guidance and counselling centers and religious organizations may extend professional help for identifying and controlling general stress situation. Better interpersonal relationships, strengthening of family ties, and reorienting human values can strengthen families and society in leading a more peaceful life.

Key Words : 1.WOMEN WELFARE 2.STRESS 3.STRESS AMONG WOMEN 4.WOMEN WITH YOUNG CHILDREN 4.HOUSE WIFE 5.HOME MAKER 6.MOTHER 7.STRESS OF MOTHER 8.WORKING MOTHER.

55. Sahoo, Alka. (2001).
Women in policing in India : a sociological study of their status and role in a changing urban society. Meerut : Chaudhuary Charan Singh Univ., Deptt. of Sociology. 436 p.

Abstract : Sex discrimination still persists in the police force and status of women is not very high. The study tried to fill this information gap and scale the status, role and role conflict of police women in Delhi. In 1972, Ms Kiran Bedi joined the IPS and after her, 103 women had been recruited till 1997. In 1991, Delhi's population had gone up to 9,420,644 with density of 6,352 per sq km. Anti Eve-Teasing Squad established in 1978, generally caught 14-15 eve-teasers in nearly 3 hours. In 1992, out of total 1381 women police, 0.15% were DCP, 0.22% were ACSP, 2.17% were Inspector, 6.01% were Sub-Inspector, 11.88% were technical staff, and only 0.94% were stenographers. Out of a total strength of 40,066 executive staff in Delhi Police (DP), only 2.42% were women while 97.58% were men, which indicated gender discrimination. Stratified random sampling procedure was used to select 138 police women, who constituted 10% of the universe. 46.38% were in the age group 30-34 years and 5.08% were in the age group 35-39 years. More than 56.53% of the police women were married, 36.96% were unmarried, and 3.62% were widows. 33% women had husbands in policing professions, 20.99% had their own business, and 18.52% husbands were in police profession. 11.11% were educated upto secondary and higher secondary, 44.45% were graduates, and 33.33% were post graduates. 86.23% police women were Hindus, 5.80% each were Sikhs and Christians, and Muslims and Jains were 1.45% and 0.72% respectively. 74.79% Hindus belonged to upper castes and the rest were from other castes. Monthly income of 6.52% police women in Delhi was upto Rs 2,500, 24.65% police women earned between Rs 5001-7500, and 15.94% police women earned between Rs 7501-10,000. 57.3% of the police women joined DP out of choice and attraction,

42.7% were compelled to join. 79.41% of the Head Constables (HCs) faced no problems, but 14.71% faced problems during training under male police instructors. 66.67% inspectors felt that the general public's attitude was indifferent and 33.33% felt that it was not so good. As their work kept them busy, 34.78% police women did not take decisions regarding food requirements at home, 52.18% took clothing requirement decisions jointly. Savings and investments were an area of joint decisions made by 48.55% women, while 14.49% took independent decisions. 38.41% women found policing a very satisfactory career, 36.23% found policing not so satisfactory, 14.49% found it extremely satisfactory, and 10.87% found it unsatisfactory. Only 32.60% had plans to continue in policing until their retirement. Police women lost feminine traits due to their profession such as shyness, politeness, sensitivity, tenderness, etc. and developed boyish temperament (8%). Being a part of the police force, they became bolder. More studies on women in professions are the need of the hour. Since DP is a very big force divided in 9 ranks, it would be worthwhile to study units and districts separately to have a detailed and clear picture. Women in Delhi Police need a better working environment and basic amenities, and regular workshops and meetings to hear their problems would help a lot.

Key Words : 1.WOMEN WELFARE 2.POLICE WOMEN 3.WORKING WOMEN 4.CONSTRAINTS WORKING WOMEN 5.MALE DOMINATED PROFESSION.

56. Sharma, Archana. (2005).
A Situational analysis of women and girls in Assam. New Delhi : National Commission for Women. 168 p.

Abstract : The study was undertaken to assess the situation of women and girls in Assam. The Assam economy represents a unique example of poverty amidst plenty. Inspite of being richly endowed with natural resources, the state lags behind the rest of India in many aspects. According to Census of India 2001, the state's population was 26.6 million, comprising 13,787,799 males and 12,850,608 females. About 70% of the total population depended on agriculture. The state produces about 15.6% of the world's tea and 55% of India's tea. In 1999-2000, Planning Commission estimated that 26.10% people were living below the poverty line in India and in Assam 36.09% people were living below the poverty line. As per National Sample Survey Organization (NSSO) 58th Round figures, the food availability status in rural Assam was the lowest among all states, with only 943 households per thousand getting enough food throughout the year. Female headed households in Assam were 12.1% (NFHS-II). In 2001, the sex ratio in Assam was 932 against the all India average of 933. In 1991, the child sex ratio for Assam was 975, which decreased to 964 in 2001. The death rate in Assam was 10.2 in 1993

but decreased to 9.5 in 2001. SRS data for 1998-2001 confirmed that birth rates in rural Assam continued to be higher than the corresponding all India rates, whereas for urban areas, it was the reverse. The total, rural, and urban Infant Mortality Rate (IMR) of Assam was 70, 73, 38 in 2002 compared to the all India figures of 63, 69, and 40 respectively. According to NFHS-II, the neonatal and post natal mortality rates in Assam were 44.6 and 24.9 respectively. In 2001, the male female gap in literacy was only 15.9% against the national average of 21.70%. Female work participation rate (FWPR) was 20.7% in 2001 compared to 21.6% in 1991. In 2000, Assam had only 10 lady IAS compared to 216 male IAS officers. In 1997, there were 1113 cases of kidnapping, 717 rapes, 686 molestations, 775 cruelty by husbands, 22 dowry deaths and 10 immoral trafficking cases, which increased respectively to 1229, 884, 754, 1560, 62 and 20 in 2002. There were 197 ICDS projects operational in Assam including 89 newly created projects. Social sector received around 35-40% of the total planned expenditure of the state. Women had very low representation in decision-making bodies, and did not even have complete freedom in household decision making. In many insurgency-affected areas, women were victims of different forms of crime. Very little effort has been made to address the problems of these women in difficult situations. To address all these problems in their true perspective, a State Policy Action Plan for empowerment of women of Assam is urgently required.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN ASSAM 3.SITUATION OF WOMEN 4.SELF HELP GROUPS 5.TRIBAL WOMEN 6.WOMEN IN DECISION MAKING 7.POLITICAL PARTICIPATION OF WOMEN 8.CRIME AGAINST WOMEN 9.WOMEN EMPOWERMENT 10.EMPOWERMENT WOMEN 11.WOMEN'S DEVELOPMENT PROGRAMME 12.BUDGETARY SUPPORT FOR WOMEN 13.ASSAM.

57. Singh, Naresh. (2004).
Income generation and poverty alleviation through micro-finance : a comparative study of approaches to micro- finance delivery systems in Bangladesh and India. NOIDA : V.V. Giri National Labour Institute. 34 p.

Abstract : Poverty and unemployment are major problems in South Asia. The total population of Bangladesh was 133.4 million in 2001 and the rural population was 99.3 million. Infant Mortality Rate (IMR) was very high, 71.66 deaths per 1000 live births. Life expectancy was 61.16 years. Muslim population constituted the majority (88.3%) followed by Hindus (10.5%). Literacy in the age group 15 years and above was 38.1% (male 49.4%, female 26.1%). In India, the total population was 1.028 billion in 2001. The IMR was 61.47 deaths per 1000 live births. Life expectancy at birth was 63.23 years. Population mainly consisted of Hindus (81.3%), Muslims (12%), Christians (2.3%), and Sikhs (1.9%). After Independence,

six commercial banks were nationalised and were encouraged to provide loans in rural areas. During 1959-1977, emphasis was laid on democratic decentralization approach, in which Balwantrai Mehta Committee was appointed. 14 major commercial banks were nationalized in July 1969. To improve the condition of the poor, a rural Credit Survey Committee was formed in 1951. Micro-finance is the provision of thrift, savings, credit and other financial services and products. Grameen Bank in Bangladesh was established to provide credit to the rural poor, especially poor women. Grameen Bank model in Bangladesh, is based on the participation of members as share holders of the bank. Association for Social Advancement (ASA) in Bangladesh is one of the largest indigenous NGOs which was established in 1978. The approach of promoting Micro Finance Institutions (MFIs) was based on the premise that Anarde Foundation India AFIs provide bulk lending, soft loans and grants to NGOs, which can act as MFIs and lend to poor people, SHGs, Federations, and smaller NGOs. NABARD Programme in India is based on the linkages of groups with banks for credit and support. Micro-Enterprise Development (MED) approach has emerged as an important strategy for economic development, and LEAD, an NGO working in Tamil Nadu, India since 1987, has emerged as a leading micro finance service delivery organizations in India. Friends of Women World Banking India (FWWBI) established in 1982 in Ahmedabad, initiated a project on Integrated Social Security Project. The total enrolment figure as on 31 March 2002 was 85,552 with five partner organizations. The details are life insurance for members (50,820), life insurance for spouse (18,462), live stock (5507), and health (54). Micro-finance reduces poverty by increasing per capita income among programme participants and their families. Therefore it can be concluded that micro-finance has made an impact on the life of people, strengthened the capabilities of poor people to start income generating activities or micro enterprises. Bangladesh and India, both being poor countries, the entire development strategy should be pro-poor development through micro-finance with the active support of Governments.

Key Words : 1. WOMEN WELFARE 2.MICRO FINANCE 3.MICRO CREDIT 4.CREDIT FOR WOMEN.

58. Sri Padmavati Mahila Visvavidyalayam, Dept of Women's Studies, Tirupati. (2004). Desertion of married women by non resident Indians (NRIs) in Andhra Pradesh : draft report. Tirupati : SPMV-DWS. 87 p.

Abstract : The present study was conducted by the Department of Women's Studies, Sri Padmavati Mahila Visvavidyalayam, Tirupati. The aim was to identify the factors leading to the desertion of women by NRIs; to analyze the legal aspects regarding relief and rehabilitation needs of deserted women, in terms of psychological counseling, economic support, legal aid, social support, medical aid,

etc; to suggest suitable immigration policies to curb such fraudulent marriages and the dowry system; gender sensitization; to suggest legal measures for protection of married women and role of parents. Married women of Andhra Pradesh who were deserted by NRIs constituted the sample of the study. Data was collected by purposive sampling procedure from Family Courts in Hyderabad, Vijaywada and Guntur Civil Court, which represented the coastal Andhra region. An interview schedule, mailed questionnaire and case study methods were employed. Most women got married above the legal age of marriage. More than 75% males married after 25 years, while 23% of them married when they were between 21-25 years. More than 80% women had below one month gap between the betrothal and marriage. About 60% of them were Hindus, followed by 28% Muslims and 12% Christians. Around 80% respondents reported that their parents were the persons who took the decisions regarding marriage. Around 60% of them said that they saw their spouse only once when they came to see the girls. About 87% of them reported that there was no mediation between them before desertion. Nearly 33% of the respondents reported that they did not have any knowledge about the procedures to be followed for their visit and stay abroad. Some of the recommendations were to get speedy judgment in cases filed for maintenance and divorce; to get back the dowry given; promotion of self employment among women; provision of Legal Aid Cells in all district headquarters; establishment of rehabilitation centers abroad; better communication and collaboration between legal systems in India and USA; and education among the community regarding H4 dependent visas.

Key Words : 1.WOMEN WELFARE 2.DESERTED WOMEN 3.NRI 4.NON RESIDENT INDIANS 5.CASE STUDIES 6.ATROCITIES ON WOMEN 7.WIFE BATTERING 8.DESERTED MARRIED WOMEN 9.DESERTED WOMEN 10.WIFE ABUSE.

59. Srinivasan, Padma and Lee, Gary, R. (2004).
Dowry system in Northern India : women's attitudes and social change.
Journal of Marriage and Family, 66(5) : 1108-17.

Abstract : The study was conducted to know the attitudes toward dowry system among married women in the Northern province of Bihar, where dowry has strong roots in tradition. Data for this study were obtained from the National Family Health Survey conducted in 1992-1993. A total of 5949 married women below 50 years were interviewed. Systematic multi stage stratified method ensured representativeness within the state. The analysis was restricted to 85.5% women of the sample who had given birth, and 96.8% of these women who still had children living in the home. Over one-third (35.5%) married women in this sample approved of dowry, indicating that the custom was widely unpopular. This was interesting as

the sample consisted largely of women with very traditional characteristics: rural residents (78%); illiterates (75%), Hindus (84%), the unemployed 74%, and those who spoke Hindi (85%). Relatively small proportions of these women listened to the radio (17%) or watched television (28%) as frequently as once a week. Those who disapproved of dowry were more likely to be urban (26.6% vs. 14.8%), educated (13.1% vs. 4.2% with high school education or more), and Muslim (15.5% vs. 12.0%). They were also more likely to watch television (20.8% vs. 9.1%), listen to radio (31.1% vs. 23.6%) at least once a week, and the average number of daughters they had was 1.3 compared to 1.2 daughters for those approved of dowry. Those who disapproved were also slightly less likely to be involved in consanguineous marriages (5.8% vs. 7.5%). A higher proportion of women who did unpaid work approved of dowry (17.7%) compared to those who did paid work (11.8%). Caste was found to be unrelated to approval of dowry. It was concluded that Indian dowry system should not be viewed simply as a traditional practice that would eventually be eliminated by the process of social change, but rather as an important component of a marriage system that is changing in response to a progressively more materialistic culture.

Key Words : 1.WOMEN WELFARE 2.DOWRY SYSTEM 3.SOCIAL CHANGE OF WOMEN 4.LITERACY RATE 5.DOWRY 6.POPULATION AND DEVELOPMENT 7.AIDS 8.MARITAL PROBLEMS 9.DYNAMICS OF MARRIAGE.

60. Sundar, Sumithra. (1991).
Wife abuse : a study of the influencing factors and its consequences. Chennai : Madras Univ., Deptt. of Psychology. 208 p.

Abstract : The study conducted in Madras, aimed to identify the various forms of wife abuse; various factors associated with wife abuse; and the consequences of wife abuse on the family. Sample size was 280 and data was collected through interviews. The respondents were between 20 to 58 years. The study found that various forms of violence such as scolding, slapping, pushing, etc. were widely prevalent (above 90%). As the age of husband increased, wife abuse decreased; education of the wife was not related to wife abuse. As the number of years the wife lived with her husband increased, abuse decreased. The study also found that as the number of children in the family increased, wife abuse decreased. The study recommended that appropriate prevention and awareness efforts should be initiated and continued. Wide publicity campaigns should be undertaken in which mass media can play a vital role. It was suggested that to combat wife abuse, preventive education programmes should be organized for young men and women of marriageable age. The content of these education programmes for girls should include training in family life education, behaviour and social skills. Boys and girls

can also be given moral and sex education. It should involve group discussions and role plays depicting moral dilemma at various stages of growth. It is proposed that organizations such as victim service centres may be started. Victim service centres should train the victims reporting to them in assertive behaviour, family management and social skills. Victim centres may adopt income generation programmes. It was suggested that integrated projects should be developed to identify such affected children at school and help them to come out of their traumatic experience. The research findings point to society's inadequate response to wife abuse and calls for an integrated policy formulation at the national and local level, as also coordinated implementation of such policies to combat the problem of wife abuse, and to enhance the quality of life among people.

Key Words : 1.WOMEN WELFARE 2.WIFE ABUSE 3.WIFE BATTERING 4.VIOLENCE AGAINST WOMEN 5.DOMESTIC VIOLENCE 6.FAMILY VIOLENCE.

61. Tinnari, Third World Centre for Comparative Studies, New Delhi. (2003). Orissa women : struggle for dignified existence. New Ddelhi : Tinnari. 36 p.

Abstract : The study assessed the life situation of women in Orissa. Total population of Orissa was 36,804,660 as per Census 2001 comprising 18,660,570 males and 18,144,090 females. Orissa had the highest IMR of 87 per one thousand live births in 2002, in the country. The maternal mortality rate (MMR) was 367 in 1998. The sex ratio in Orissa has come down from 1037 in 1901 to 972 in 2001. The sex ratio in the age group 0-6 years for the state as a whole declined from 967 in 1991 to 950 in 2001. Certain urban areas were emerging as the 'epi-centres' of female deficit due to availability of female foeticide service providers. Orissa has a large presence of ST and SC populations amongst whom gender discrimination does not exist very prominently. Women in Orissa tend to marry relatively late. There is one trained dai for 743 persons (per 1.3 villlages). 34% households in Orissa had electricity and 9% had piped drinking water. Exposure to media is low in Orissa. Almost half (48%) of the women in Orissa are undernourished. About 28% married women in Orissa had some reproductive health problem but 75% had not sought any advice or treatment. Only 33.5% births were attended by a health professional (NFHS II, 1998-99). Mothers of 80% of the children born received at least one antenatal check-up and mothers of 47% children received at least three antenatal check-ups. Fertility continues to decline in Orissa. 98% women knew at least one modern family planning method. Women who had one or more sons were more likely to use contraception than women who had only daughters. 61% women had never heard of AIDS. In Orissa, 89% women were involved in decision making, but usually husbands and male family members influenced the decisions. Female literacy rate had increased from 25.14% in 1981

to 50.97% in 2001, and girls had made substantial progress in school and higher education. There are still 12855 habitations/villages not served by any primary education facility within 1 km.distance. Female work participation rate in Orissa was 24.62%, 27.10% in rural areas and 9.76% in urban areas. 29% of the women had experienced domestic violence. Results suggest a need to expand reproductive health services and information programmes that encourage women to discuss their problems with a health care provider. All the Central Government schemes are largely aimed at the poorer half of the population, and are not managed very professionally. Poor women have no bargaining power and are not literate enough to handle the intricacies of planning and budgeting. Most options under the Central schemes of Central Social Welfare Board (CSWB), such as Socio Economic Programme (SEP) and Support to Training and Employment Programme (STEP), are limited to traditional stereotyped courses. Awareness about all programmes and schemes meant for women's development was very low. Legal awareness was limited to educated urban women. Gender role perception was more egalitarian among the ST/SC groups in the tribal belt.

Key Words : 1. WOMEN WELFARE 2.SITUATION OF WOMEN ORISSA 3.GIRLS EDUCATION.

62. Tinnari, Third World Centre for Comparative Studies, New Delhi. (2004). Women's development in India : comparative analysis of policy and performance. New Delhi: Tinnari. 41 p.

Abstract : The present study was conducted by TINNARI to assess the status of women in India. Six states namely Madhya Pradesh, Maharashtra, Mizoram, Orissa, Tamil Nadu and Uttar Pradesh were selected for field visits. At the state and district level an attempt was made to interact with senior officers in the concerned departments with regard to the position of different programmes and schemes for women's development. At the ground level, interviews, informal discussions and focus group discussions were carried out with women and men to ascertain the general problems faced by them, their level of awareness about the programmes and schemes, and the policy and laws that exist for advancing the interests of women. Three of the states had their own state policies, namely Maharashtra, M.P., and Tamil Nadu. Mizoram, Orissa and U.P. continued to work within the framework of the National Policy for Empowerment of Women (NPEW) 2001. The most commonly operational central schemes for women and girls were Swayamsidha; Swa Shakti, Support to Training and Employment Programme for Women (STEP); Swawlamban, Distance Education for Women's Development and Empowerment; ICDS, Kishori Shakti Yojana for Adolescent Girls, Balika Samriddhi Yojana, Hostels for Working Women, Swadhar for women in difficult circumstances, Short Stay Homes for women in distress, Protection Homes for girls rescued from

prostitution, Mahila Mandals, Socio-Economic Programme, Production Units, Agro based units, Self Employment Schemes, Awareness Generation Camps, Condensed Courses of Education for Women aged 15+ to pass matric/secondary/middle and primary level exams and the scheme of Vocational Training for Women, Creches for Children of Working/Ailing Mothers, and Sarva Shiksha Abhiyan. There is a need to move to more participatory formulation of policies and programmes/schemes in consultation with the concerned states. The foremost action required is the implementation of the National Policy for Empowerment for Women 2001 in letter and spirit. Awareness about all the programmes and schemes meant for women's development needs to be widely propagated. There is a need for separate Ministry for Women's Development and Empowerment. Schemes like Kishori Shakti Yojana and Balika Samriddhi Yojana need to be universalized. Professionalisation of social sector management is the crying need of the hour. Sufficient time should be given to organizations for implementation of programmes and schemes. The State Commissions for women are mostly under staffed and need to be strengthened, on the same lines as National Commission for Women (NCW).

Key Words : 1. WOMEN WELFARE 2.SITUATION OF WOMEN 3.SITUATION OF WOMEN 2004 4.STATUS OF WOMEN 5.SEX RATIO 6.GENDER DISCRIMINATION 7.PROGRAMMES FOR WOMEN 8.PROGRAMMES OF DWCD 9.GOVERNMENT INITIATIVES 10.POLICY FOR WOMEN 11.WOMEN'S HEALTH 12.HUMAN DEVELOPMENT 13.INDICATORS HUMAN DEVELOPMENT 14.MADHYA PRADESH 15.MAHARASHTRA 16.MIZORAM 17.ORISSA 18.TAMIL NADU 19.UTTAR PRADESH.

63. Vedant, Suchitra. (1993).
A Sociological study of violence against women. Mysore : Mysore Univ., Deptt. of Sociology. 313 p.

Abstract : The present study, conducted in Mysore district of Karnataka, identified different forms of violence against women and their extent; the agencies perpetuating the violence; the impact of violence on the victim; and the action taken by law enforcement authorities to deal with the problem. The study, covering 250 cases of violence against women, found that women of all ages were vulnerable to violence, however, the majority (82%) of them were found to be below 30 years of age. The age at which women were most vulnerable to violence was around 25 years. Around 76.4% victims were married. The study showed that violence in rural areas was higher than in urban areas. Women with low education attainments were more susceptible to violence than those with higher education. Women who were unemployed or those who were employed in unskilled occupation faced more violence than women in skilled employment. About 47% of the victims of violence

had no income, 50.4% had a monthly income of Rs 300/- or less, and 2.4% earned between Rs 500/- to 2000 per month. All the victims included in this study faced physical violence in some form or the other. Around 59% of the cases of marital cruelty were because of dowry, followed by 41% cases of husband's addiction to alcohol. 87% of intra family violence occurred in arranged marriages. Around 87% of rape victims had been victimized by persons who were familiar to them. The most common reaction of victims to violence was to cry. Most rape victims were not sure as to how they had to react because, often the assailants were persons known to them. More studies analysing different aspects of violence against women need to be undertaken. Surveys that assess the actual extent of the problem need to be undertaken. Priority must be given to education of women. Programmes to spread awareness about violence, and knowledge about methods fighting violence need to be undertaken.

Key Words : 1.WOMEN WELFARE 2.VIOLENCE AGAINST WOMEN 3.CRIME AGAINST WOMEN 4.FAMILY VIOLENCE 5.DOMESTIC VIOLENCE 6.MARITAL RAPE 6.WIFE ABUSE 7.WIFE BATTERING.

64. Verma, Sudhir. (2005).
A Situational analysis of women and girls in Rajasthan. New Delhi : National Commission for Women. 223 p.

Abstract : Rajasthan is the largest state in India after Chattisgarh with a population of 56.5 million in 2001. The State has 5.5% of the country's population, but only 1% of its water resources. There was an increase in literacy rate from 38.55% in 1991 to 61.03% in 2001, with male literacy being 76.46% and female literacy being 44.34%. 49% of women in the age group 15-19 years were already married, of whom 57% were rural girls and 27% were urban girls. Some women became mothers of 3 children by 19 years of age. 14% second births occurred within 18 months of the previous birth, and 30% second births occurred within 24 months. Infant Mortality Rate (IMR), which was 108 in 1985, declined to 78 in 2002. The number of hospitals in urban areas were 205, and in rural areas there were only 14 hospitals. 49% of the women were anaemic, and anaemia was highest (53.9%) in the age group of 15-19 years. Only 20% deliveries took place in health facilities, 66.6% at women's homes, and 10% at parents' homes. There were 57,781 cases of full blown AIDS, and 15,219 women were infected. Female Work Participation (FWP) rates were higher in Chittorgarh (46.32%), Jalore (46.24%), Dungarpur (45.02%), Bikaner (27.48%) and lowest in Kota (19.14%). Rural Poverty Alleviation programmes being implemented in Rajasthan were Swarn Jayanti Gram Swarozgar Yojana (SGSY) started in 1999, Indira Avaas Yojana started in 1985, etc. The number of dowry deaths increased from 349 in 1996 to 399 in 2002, rape cases decreased from 1062 in 1996 to 1051 in 2002, eve teasing increased

drastically from 44 in 1996 to 2730 in 2002, and abduction/kidnapping decreased from 2485 in 1996 to 2022 in 2002. A total of 49145 Self Help Groups (SHGs) were functioning in Rajasthan by January 2003. Women above 35 years of age were more enthusiastic to vote than the younger generation. 2891 girls above 17 years of age were involved in the sex trade, and 1197 girls aged 10-16 years were working. The fundamental objectives of the State Plan of Action for Children were to improve child health, maternal health, nutrition, education, safe water supply, environmental sanitation, HIV/AIDS control and provide services for disabled children. Rajasthan State Commission for Women was set up on 28 April 1999. Only 18% women were using a proper health facility for safe delivery. Health is still a sensitive area and women were not using the facilities. The Tenth Plan has provided a separate component for women. Empowerment of women would be possible only when successive governments start owning responsibility for the poor women of Rajasthan, and implement into the policies which were enunciated in the 1990s.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN RAJASTHAN 3.SITUATION OF WOMEN 4.DEMOGRAPHIC PROFILE OF RAJASTHAN 5.EDUCATION WOMEN 6.FAMILY WELFARE 7.WOMEN LABOUR 8.CRIME AGAINST WOMEN 9.PROGRAMMES OF DEPARTMENT OF SOCIAL WELFARE 10.POLITICAL EMPOWERMENT 11.EMPOWERMENT WOMEN 12.RAJASTHAN.

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