



# DCWC Research Bulletin

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## A. Research Abstracts on Child Development

### Adolescents

1. Deb, Sibnath and Chakraborty, Tanusree. (2010).  
Sexual abuse of adolescents its relation with high-risk behaviour.  
Kolkata: Calcutta University, Department of Applied Psychology. 10 p.

*Background:* In India, sexual abuse is committed against children of both sexes but more often against girls. Most cases are reported in middle childhood, but sexual abuse also occurs at younger and older ages. Sexually abused children and adolescents frequently display sexual knowledge and behaviour beyond their years.

*Objectives:* The present study sought to understand the sexual abuse experienced by the adolescents in Kolkata and its relation with their involvement in high risk behaviour.

*Methods:* A group of 450 adolescents (230 boys and 220 girls) were covered in the study and they were selected following multistage random sampling. Adolescents were covered from nine schools and eight colleges located in and around Kolkata and scattered across North and South Kolkata.

*Findings:* Out of a total 450 adolescents covered in the study, 118 adolescents reported to be abused sexually; adolescents were sexually abused mostly in 8-14 years age group while rest of them were abused during 15-18 years of age; maximum percentage of parents was found to be graduates (57.0% fathers and 62.0% mothers); monthly income of 20.0 per cent fathers and 17.8 per cent mothers was below Rs 6000/- while 22.2 per cent fathers and 16.7 mothers income was within the range of Rs 6000 – 15000; of the 118 sexually abused adolescents, 33.9 per cent were boys and 66.1 per cent were girls, which indicated that girls were two times more vulnerable to sexual abuse as compared to boys ; adolescents from the joint families (83.1%) were more likely to be victim of sexual abuse as compared to the adolescents of nuclear families (16.9%); maximum percentage of adolescents being sexually abused came from middle-income group of families (33.0%) as compared to low-income group and high income group of families; all the adolescents were found to be involved in one or more than risk behaviour like addiction, usages of intravenous injection, pre-marital sex and visiting porn websites; 75.4 per cent adolescents were reported to be involved in high risk behavior; 24.6 per cent sexually

abused adolescents who were not reported to be involved in high risk behavior; 30.0 per cent girls were mostly abused by cousins; 25.0 per cent boys were sexually abused by people from close relatives like those of aunt, uncle, grand fathers and brother in law; unknown persons like those in the bus, train, metro and market places sexually abused only 10.0 per cent boys and 5.0 per cent girls.

*Recommendations:* There is an urgent need to educate the children and adolescents as well as their parents about the issue; school authorities should recruit professionals like psychologists and train them; working parents should never leave their young children especially girl child in the hand of young male domestic assistant; parents should also not allow the child/adolescents to the private tutors alone at home for guidance.

*Key Words :* 1.CHILD WELFARE 2.ADOLESCENT 3.SEXUAL ABUSE 4.HIGH-RISK BEHAVIOUR.

2. Grover, Sandeep, Basu, Debasish and Mattoo, S.K. (2007).  
Drug dependence in adolescents : changing trends at a de-addiction  
centre in North India. Chandigarh : Post Graduate Institute of Medical  
Education & Research. Department of Psychiatry. 4 p.

*Background:* Substance abuse in adolescents has become a matter of concern. Many adolescents use multiple drugs. They are often initiated in to substance abuse at early age which leads to increased morbidity and criminality, decreased productivity, and high societal cost of substance abuse. India does not have national drug use/abuse data collection systems pertaining to children and adolescents.

*Objectives:* To examine changes in socio demographic and clinical profile of substance abuse in treatment seeking adolescents.

*Methods:* The study was conducted at Drug De-Addiction and Treatment Centre of Post Graduate Institute of Medical Education and Research Chandigarh. At the centre, patients are diagnosed according to ICD descriptions by trained psychiatrists.

*Findings:* Majority of subjects were single (97.6%) and educated in government schools (66.7% - 74.2%) a large proportion of subjects were unemployed (37.0% - 48.4%); majority of them had fair/good social support (70.4% - 88.9%) and there was a time trend ( $p < 0.1$ ) for increased attendance by adolescents with fairly good social support. The mean monthly income of subjects increased significantly from Rs 2887 to Rs 8452 per month; opioids were the preferred drug of misuse with 25.8% - 29.6% of subjects using dextropropoxyphene codeine - containing cough syrups; cannabis is the second most common drug of dependence (6.5% - 14.9%); alcohol dependence was reported in less than four percent of subjects. There was a steady increase in dependence on more than one substance with nicotine dependence being the most common second drug dependence; 25.6 per cent of the subjects had comorbid psychiatric disorder, the most common being conduct disorder; the proportion of subjects with a family history of substance dependence was significantly higher.

*Conclusion:* Increase in the number of cases in recent years may be reflective of the transitional nature of India's urban society with its alterations in lifestyle, changing parental role, lack of supervision of children, and emphasis on freedom and independent decision making for adolescents.

*Key Words :* 1.SOCIAL WELFARE 2.DRUG ABUSE 3.ADOLESCENTS  
4.DRUG DEPENDENCE 5.DE-ADDICTION CENTRE.

3. Stanley, Selwyn and Vanitha, C. (2008).  
Psychosocial correlates in adolescent children of alcoholics-implications for intervention. UK: University of Plymouth, School of Psychosocial Studies. 14 p.

*Background:* Adolescence has been globally accepted to be a period of turbulence and a significant developmental milestone. Parental alcoholism could further compound and create a not so conducive domestic environment significantly impacting the adjustment and personality of the adolescent as he tries to come to grips with this tumultuous phase in his developmental career.

*Objectives:* To study and compare the self-esteem and adjustment in adolescent children of alcoholics (COAs) and those of non-alcoholics (nCOAs); to bring out the association, if any, between socio-demographic factors and the subject dimensions studied; to study the relationship, if any, among the subject dimensions; to discuss implications for therapeutic intervention with adolescent COAs and their families in the light of the results obtained.

*Methods:* The study group consisted of 50 respondents whose fathers were receiving de-addiction treatment at a private psychiatric hospital in Tiruchirappalli, in the age group of adolescents 13-18 years. Their fathers were registered for in-patient treatment after being diagnosed by the psychiatrist according to ICD-10.

*Findings:* About 40 per cent of the COAs reported daily drinking by their father while 42 per cent said it was on alternate days, the remaining were not sure of the frequency of drinking. Regarding the duration of drinking, 40 per cent said it was up to three years with the remaining respondents mentioning that it was between three and ten years. As far behaviour of the father when intoxicated, 54 per cent said that he became more silent than usual, 26 per cent said that he became boisterous and shouted at others while the remaining 20 per cent expressed that he scolds and beats up the family members; two groups of respondents manifest a highly statistically significant differences on the scores of the dimension with the children of alcoholics obtaining a lower mean score indicative of poorer self esteem than children of the reference group; COAs have obtained lower mean scores on overall adjustment as well as all its component sub-dimensions than the respondents of the reference group and the difference between them is statistically significant; the self esteem scores showed a highly significant positive correlation with the overall adjustment score and also with all its component sub-dimensions namely, home adjustment, education as well as emotional and social adjustment; it was significant to observe that all the correlations are positive in nature.

*Conclusion:* The majority of COAs manifest lower levels of self-esteem and a lesser degree of adjustment than COAs. Hence there is an imperative need for therapeutic intervention with this population. There is a need to develop programmes for COAs with a strong focus on strengthening resilience in them and to inculcate desirable personality traits and enhance their psychosocial functioning through appropriate psychotherapeutic procedures.

*Key Words :* 1.SOCIAL WELFARE 2.ALCOHOLICS 3.ADOLESCENTS  
4.IMPACT OF PARENTAL ALCOHOLISM 5.PSYCHOSOCIAL FUNCTIONING  
6.CHILDREN OF ALCOHOLICS 7.SELF-ESTEEM 8.ADJUSTMENT.

## Child Care Practices

4. Darmstadt, Gary L. (2007).

Newborn thermal care practices in rural India : a community-based programme to prevent and improve recognition and management of Hypothermia. Baltimore: Johns Hopkins University, Bloomberg School of Public Health. 34 p.

*Background:* India accounts for 27 per cent of global neonatal deaths, and 30 per cent of neonatal mortality in India occurs in the state of Uttar Pradesh. About 10 per cent of all global neonatal deaths take place in this state of India. Millennium Development Goals-4 for child survival cannot be met without substantial reductions in neonatal mortality. Majority of births and neonatal deaths take place at home, away from the reach of skilled providers, innovative community - based approaches are urgently needed to bring substantial improvement in new born survival in India.

*Objectives:* To determine domiciliary care knowledge, attitude and practices regarding essential newborn care, with a focus on newborn thermal control; to evaluate impact and cost-effectiveness of education/ behaviour change communications (BCC) delivered by Community Health Workers and Community Health Promoters on essential newborn care practices; to describe the association of use of STSC with improved essential newborn care practices including breast feeding, prevention and management of hypothermia and reduced risk for mortality and infections; to determine the influence of the neonatal hypothermia indicator on recognition of and response to newborn hypothermia and health seeking behaviour of the care givers; to gain insight into the potential roles of various cadres of workers in providing neonatal health services at the community level, and inform the development of models of community-based essential newborn care.

*Methods:* The study took place in Shivgarh Block of Raebareli District of Uttar Pradesh. The study area was selected based on its high mortality rate, rural location with poor access to quality health services, and few prior programmes or research projects.

*Findings:* About 90 per cent of the newborn were delivered in the home; mothers were confined within the Saur for 1 to 3 weeks after delivery; hypothermia affected most newborns in the colder months of the year, and was a significant problem in both low birth weight and normal birth weight infants; in

42 per cent of the cases of newborn hypothermia, the mother was even colder than her infant; the impact of hypothermia on the ability of these mothers to warm their infants through providing skin to skin care was further investigated in the mini-logger sub-study in which 24 hour, continuous mother-and-newborn temperature tracings and observations of behaviours, particularly thermal care practices, were recorded; remarkable changes in key practices associated with improved neonatal survival occurred early in the course of implementing the programme; a primary intervention promoted by the programme was the adoption of skin to skin care within 3 months of project initiation, most mothers in both intervention groups accepted and practiced skin to skin care of their newborns; initiation of breast feeding on the first day of life increased substantially in both interventions arms in the first six months of implementation of the programme ; there was a slight increase in breastfeeding initiation in the comparison clusters, suggesting that, unlike for skin-to skin care, there was some adoption of this improved practice among mothers in the comparison area who had no direct contact with health workers promoting the intervention through BCC; delay in giving the newborn the first bath for at least the first day of life was promoted by the project; regarding breast feeding, there was substantial adoption of this practice in both intervention arms, as well as slight uptake in the comparison area.

*Conclusion:* In a resource-poor area of rural India, a simple, low cost package of essential newborn care delivered through a culturally sensitive community mobilisation and behaviour change communication programme by community-based health workers and volunteers improved key newborn care practices and reduced neonatal mortality in half within one year.

*Key Words :* 1.HEALTH 2.NEWBORN CARE 3.CHILD CARE PRACTICES 4.CHILD HEALTH 5.COMMUNITY MOBILIZATION 6.NEONATAL MORBIDITY 7.NEONATAL MORTALITY 8.NEWBORN ILLNESS 9.HYPOTHERMIA 10.NEONATAL CARE 11.THERMAL CARE PRACTICES 12.RURAL INDIA

## Child Health

5. Aggarwal, T. et al. (2008).  
Prevalence of obesity and overweight in affluent adolescents from Ludhiana, Punjab. Ludhiana: Dayanand Medical College and Hospital, Department of Pediatrics. 3 p.

*Background:* Punjab is an economically advanced state of the country with high per capita income and Ludhiana, an industrial city has a large population of affluent families who are exposed to modern life styles. Children belonging to high schools/ senior secondary classes are particularly vulnerable to external factors owing to newfound independence, influence of peer groups and exposure to media.

*Objectives:* The aim of the study was to assess the prevalence of obesity among adolescents in public schools of Ludhiana belonging to the affluent segment of population.

*Methods:* About 1000 adolescents ( equal number of boys and girls ) were selected for the study. The measurement of height and body weight of each student was recorded by following the standard techniques and body mass index calculated.

*Findings:* Overall incidence of obesity in the study group was 3.4 per cent, with no significant difference between boys and girls; a significantly greater number of boys (15%) as compared to girls (10.2%) were overweight; more than half of the adolescents in the study group, 57.2 per cent of boys and 52.8 per cent of girls, spent 1- 4 hours/ day viewing TV or sitting at the computer; 82.3 per cent of obese children were non-vegetarian, whereas only 8.8 percent of vegetarians and ova-vegetarians were obese; a normal body mass index was most characteristic of vegetarians. The incidence of obesity overweight was found to be significantly higher in those adolescents who ate meals outside home. The mean scores of replacing snacks for meals were significantly higher in obese and overweight adolescents as compared to adolescents with a normal body mass index.

*Conclusion:* Appropriate measures to prevent further progression of the problem into an epidemic must be taken right at this stage, otherwise obesity could emerge as the single most important public health problems in adults.

*Key Words :* 1.HEALTH 2.OBESITY 3.OVER WEIGHT 4.AFFLUENT ADOLESCENT 5.ADOLESCENT 6.CHILD HEALTH 7.PUNJAB.

6. Jain, Kamlesh Kumar, et al. (2011).  
Early infant diagnosis : a new tool of HIV diagnosis in children.  
Ahmedabad: Gujarat State AIDS Control Society. 4 p.

*Background:* HIV infected children are most vulnerable of all patients. In infants who acquire HIV at the time of delivery, disease progresses rapidly in the first few months of life, often leading to death. When the exposed child receives prophylactic antibiotics and anti-retroviral therapy as soon as it is medically indicated, there is a significant chance of long and healthy survival.

*Objectives:* Objectives of the study were to find out HIV reactivity at the earlier stage of life of an exposed child so as to link the reactive infant to appropriate care; support and treatment facilities; to correlate HIV positivity with factors like type of feeding, history of ARV prophylaxis and type of delivery; to quantify the reduction achieved in MTCT by SD-NVP.

*Methods:* The study included all children (<18 months) who are born to HIV positive mothers or children referred with signs/symptoms of HIV with unknown parent status or children already on anti-retroviral therapy whose status could not be confirmed by antibody tests. Data was compiled and analysed according to the infants age at testing, type of feeding history of anti-retroviral (ARV) prophylaxis, and type of delivery.

*Findings:* Out of total 326 infants born out of HIV – positive pregnant women, 37 were found positive with 11.4 per cent HIV positivity; about 52 per cent were males and 48 per cent were females with 24 and 13 respectively being HIV positive; sero-positivity was higher in males (14.2%) than females (8.3%); most children belonged to the age group of less than six months (43.0%); followed by 6-12 months (37.1%) and 12-18 months of age (20.0%); HIV positivity was high in 6-18 months of age (13.2 – 13.9%) compared to less than six months of age (8.6%). Following the advice of health providers, 63.8 per cent infants were kept on replacement feeding and they had significantly low HIV positivity (6.3%) than those who were either on breast/mixed feeding; out of 270 infants who received ARV prophylaxis, 14 became HIV positive with a positivity of 5.2 per cent compared to those who did not receive the ARV prophylaxis (41.1%) and this difference was highly significant; HIV positivity rates in normal delivery was 11.5 per cent and in cesarean section 10.8 per cent; out of 37 samples found positive by the dried blood spot (DBS), 17 samples were sent for whole blood sample (WBS) and all of them were found positive by WBS as well.

*Conclusions:* There is a need to advocate the exclusive breast feeding and allow replacement feeding only when it is acceptable, feasible, affordable, sustainable, and safe (AFASS) while the mixed feeding should be contraindicated. There is a need to strengthen the coverage of current strategy of giving ARV prophylaxis to both mother and newborn.

*Key Words :* 1.HEALTH 2.AIDS AND CHILDREN 3.CHILD HEALTH 4.HIV/AIDS PREVENTION 5.HIV 6.EARLY INFANT DIAGNOSIS 7.HIV TOOL 8.DIAGNOSIS IN CHILDREN.

7. Raj, Manju et al. (2007).  
Obesity in Indian children : time trends and relationship with hypertension. Kochi: Amrita Institute of Medical Sciences and Research Centre, Department of Paediatric Cardiology. 6 p.

*Background:* Childhood overweight and obesity are global problems that are on the rise. Obesity in children appears to increase the risk of subsequent morbidity, whether or not obesity persists into adulthood. According to WHO, 22 million children under 5 years of age are overweight. Studies on urban Indian school children from selected regions report a high prevalence of obese and overweight children. Indian school children have also demonstrated the prevalence of hypertension in overweight children.

*Objectives:* The purpose of the study was to determine the time trends of childhood obesity and overweight in a large population of school children.

*Methods:* A contiguous area with a population of approximately 1.37 million was selected from Ernakulam district, in central Kerala. Anthropometric data was collected from 24,842 students, 5-16 years of age.

*Findings:* A total of 24,842 children (11,327 boys and 13,515 girls) were examined; overweight including obesity was found in 4.94 per cent of the total students; the increase is statistically significant (OR: 1.36; 95% (1: 1.25-1.47);  $p < 0.0001$  and was seen in both sexes. A comparison of mean BMI between showed an increase across all age groups; this increasing trend was seen in both boys and girls. The prevalence of overweight was more in the age group of 5-11 years when compared with those in the age group of 12-16 years. The difference in prevalence of overweight between the age groups was not statistically significant in 2003 (5.08%, 4.78%,  $p < 0.005$ ); private schools had a higher percentage of overweight children than government schools; an increasing trend was apparent among private schools (OR: 1.42; 95% , 1: 1.30-1.54;  $p < 0.0001$ ) and not among government schools (OR: 0.84; 95% (1: 0.65-1.09;  $p > 0.05$ ); a higher proportion of children from urban schools were obese compared with rural schools both in 2003 and 2005; incident hypertension was seen in 10.58 per cent (7.17% in boys, 13.74% in girls) of total children; systolic hypertension was seen in 5.84 per cent; of children and diastolic hypertension in 6.61 per cent; among the total children, 10.65 per cent (9.33% in boys, 11.89% in girls) had systolic pre-hypertension and 14.75 per cent (12.53% in boys, 16.8% in girls) had diastolic pre-hypertension; in both boys and girls, the mean systolic BP in the overweight group was more than that in the normal weight group; in boys the mean diastolic BP in the overweight group was more than that in the normal weight group in all ages except in those who were 15 years

old; in girls the mean diastolic BP in the overweight group was more than that in the normal weight group in all ages groups. The prevalence of incident hypertension in normal weight and obese groups was 10.1 per cent, 17.34 per cent 18.32 per cent respectively; children in the age group of 12-16 years had a higher prevalence of incident hypertension when compared with those in the age group of 5-11 years (13.18% v 8.35%); the prevalence of systolic hypertension in normal weight, overweight and obese groups was 5.38 per cent, 12.31 per cent and 14.66 per cent respectively; the prevalence of diastolic hypertension in normal weight, overweight and obese groups was 6.45 per cent, 8.86 per cent and 8.9 per cent respectively.

*Conclusion:* Childhood obesity showed a significantly increasing trend in a short period of two years. Hypertension was seen in high percentages in children with overweight and obesity when compared with children who were neither overweight nor obese. These trends were disturbing and call for concerted efforts targeted at improving lifestyles of children and adolescents.

*Key Words :* 1.HEALTH 2.OBESITY 3.OVERWEIGHT 4.CHILD HEALTH 5.CHILDHOOD 6.HYPERTENSION 7.SCHOOL CHILDREN 8.BLOOD PRESSURE 9.KERALA.

8. Saha, Anindya Kumar, Sarkar, Neille and Chatterjee, Tapabrata. (2011). Health consequences of childhood obesity. Kolkata: Vivekananda Institute of Medical Sciences. 47 p.

*Background:* Childhood obesity has reached an epidemic proportion. In India the prevalence of overweight and obesity in upper socio economic children was about 16.75 per cent and 5.59 per cent in boys and 19.0 per cent and 5.03 per cent in girls. The problem of obesity can lead to hypertension, insulin resistance, type 2 diabetes, coronary vascular diseases etc.

*Objectives:* The study sought to evaluate the cardiovascular and endocrine effects of childhood obesity as well as prevalence of metabolic syndrome associated with it.

*Methods:* 49 obese and overweight children aged between six and 11 years and 45 healthy non-obese of same age were selected for the study. Both the groups were evaluated for height, weight, BMI, waist circumference, blood pressure, fasting serum lipid fractions, insulin level, fasting and post-prandial blood glucose.

*Findings:* In the obese/overweight group, hyper insulinemia was found in 61 per cent and high HOMA-IR in 63 per cent; none of the cases had abnormal post-prandial glucose levels; there was high CH in eight per cent; high TG in 37 per cent; high LDL in six per cent; low HDL in 41 per cent and high CRP in 76 per cent in the obese/overweight group; systolic and diastolic hypertension was observed in four percent and two percent cases; the prevalence of metabolic syndrome was 14.3 per cent; the frequency of obese/overweight children having one or more risk factors was 89.8 per cent whereas in non obese group the value was 68.9 per cent.

*Conclusion:* The present study showed specific pattern of cardiovascular disorder in urban Indian obese children. The prevalence of insulin resistance is very high among obese and overweight children but type 2 diabetes mellitus is yet to develop in this age group.

*Key Words :* 1.HEALTH 2.CHILDHOOD OBESITY 3.OBESITY 4.CHILD HEALTH 5.SCHOOL CHILDREN 6.OVERWEIGHT 7.BMI 8.METABOLIC SYNDROME.

## Girl Child

9. Deb, Sibnath and Mukherjee, Aparna. (2009).  
Impact of sexual abuse on personality disposition of girl children. Kolkata:  
Calcutta University. 8 p.

*Background:* Sexual abuse refers to sexual exposure or contact by a person older than a child for the purpose of sexual stimulation or exploitation regardless of the use of force or any accompanying physical injury. Sexually abused children suffer from various short and long term psychological problems.

*Objectives:* The study undertaken to assess the socio-economic background of the abused children; to understand the impact of sexual abuse on personality disposition of girl children; to highlight the efficacy of counselling on personality dispositions of sexually abused girl child.

*Methods:* A group of 120 sexually abused Indian girl children aged between 13-18 years of age were selected for the study. These girls were selected from four rehabilitation homes located in and around Kolkata. A group of 120 non sexually abused girls were also included in this study as comparison group and they were selected randomly from four schools situated in close proximity to the shelters.

*Findings:* About 45.8 per cent of the sexually abused children stated that they were sexually abused between the ages 14-17 years while 37.5 per cent were abused between 10-13 years; 16.7 percent were sexually victimised at a very young age, between 6-9 years; regarding the perpetrators of the abuse, nearly 55.8 per cent were strangers while 29.2 per cent were relatives. A large number of girls were found to be illiterate, with only 29.2 per cent and 26.2 per cent of them having attended primary school and secondary education respectively; 20.0 per cent were married while the remaining 80.0 per cent were single; 38.3 per cent of the respondents fathers and 70.8 per cent of their mothers were illiterate; only a few( 19.2 % of the fathers and 8.4 % of the mothers ) had the opportunity to study at the secondary level; the monthly income of 45.8 per cent of the families was below Rs. 1000; majority of the respondents lived in rural areas, while 33.3 per cent had their home in the urban areas and about 20.8 per cent of the girls domiciled in the semi-urban area; reporting of the cases to the police was found to be very poor; 98.3 percent of the abuse was not reported to the police, only two families reported the incident and received some kind of police assistance; 54.2 per cent stated that they did not report the incident to the police because of social stigma, which includes ostracisation; 33.3 per cent

went reported because the family members dreaded harassment as an aftermath of the report; 12.5 per cent mentioned that their family was threatened by the perpetrator to suppress the report; out of a total of 120 sexually abused girls children covered in the study about 58.3 per cent perceived counselling to be beneficial while the remaining 41.7 per cent perceived it not to be facilitative. The mean values of the sexually exploited children with regard to personality variables like self concept and independence/ dependence was found to be 40.83 and 48.06 respectively which were less than the mean value of non-sexually abused girl children i.e., 42.23 and 48.19 respectively. With regard to extroversion/ introversion, the mean value of the sexually abused children was more (42.71) than that of their counterparts( 41.30); in case of the temperament the mean of the victim children was again found to be more (40.70) which was more than the mean value of non-sexually abused children; in examining the first hypothesis, t-test was applied for comparing the means and standard deviations of sexually abused and non-abused girl children, 'p' value was less than 0.05 in case of all (extroversion/ introversion, self concept, temperament and anxiety) except one personality variable i.e. independence/ dependence; it was observed that the mean scores for older sexually abused girl children were greater in case of all the personality variables as compared with the younger ones; sexually abused girls of 16-18 years age group seemed to be more independent as well as more anxious about their future and better tempered than their younger similitude; in the case of third hypothesis 'p' value of two categories of sexually abused girl children i.e., those who benefitted from counselling and those who did not, were more than 0.05 in case of all it can also be deduced from the data that the first categories of sexually abused children, as seen by their mean scores, were less anxious than those of their counterparts.

*Conclusion:* Sexually abused children become more introvert, possess low self concept and become more anxious. Although counselling is found to be beneficial in increasing the self concept and reducing the anxiety to some extent, there is a need to extend intensive counselling for a longer period of time. There is also an urgent need to recruit more trained counsellors and psychologists in the rehabilitation homes to deal with traumatic children more professionally and efficiently.

*Key Words :* 1.DESTITUTE 2.CHILD SEXUAL ABUSE 3.CHILD ABUSE 4.GIRL CHILD PERSONALITY 5.PSYCHOLOGICAL PROBLEM 6.SITUATION OF GIRLCHILD.

10. India, Planning Commission, New Delhi. (2011).  
Comparative study analyzing the issue of female foeticide in two districts of Madhya Pradesh having highest and lowest girl child sex ratio with reference to PC PNDT Act. 110 p.

*Background:* Gender varies across cultural, geographical, and historical contexts. But in India, women and girls face inequity and inequality everywhere and they are devalued as human beings from the day they are born. Madhya Pradesh is one among those bimar states where cases of sex selective abortion is still in practice in most of the northern parts of Madhya Pradesh.

*Objectives:* The study reviewed the impact of PC PNDT Act (Pre- Conception and Pre Natal Diagnostics Techniques Act) 1994 with 2002 amendment in Bhind and Balaghat districts of Madhya Pradesh; to locate the reasons that why even after this amended act, the Girl Child Sex Ratio is less than 850 per 1000 males in Bhind District and still remains above 1000 Girl Child Sex Ratio in Balaghat District; to explore the ways by which this Act could be implemented successfully and also the pressures at various levels could be explored on the whole.

*Methods:* The sample was collected from 16 blocks and two urban towns Bhind six blocks plus one Bhind urban and in Balaghat 10 blocks plus one Balaghat urban. The total sample covered was 1,150 in which 970 was collected from individuals from community, 20 from district level committee members, 40 from judicial officials and 60 from various state level committees and agencies.

*Findings:* Even after 10 years of the law, the practice of sex selection continues unchecked. It is very easy to get sex selection test done on foetus in clinics; out of 100 per cent respondents covered 60.59 per cent were pregnant mothers, 25 per cent were from eligible couples and 14 per cent were unmarried women; 54 per cent pregnant women are going for private clinics whereas 30 per cent are going for primary health care centers for their monthly checkups; 38 per cent pregnant women declared that they have undergone the sonographic test in Bhind, 61 per cent said it was done in 1st trimesters where as out of 52 percent pregnant women respondents in Balaghat. 44 percent said that it was done in 1st trimester; 51 per cent of pregnant women said that they were aware of the filling of form F in the USG Centers; 55 per cent in Balaghat and 66 per cent in Bhind said "YES" they are aware of the fact that there is reduction in girl child sex ratio in society; 10 percent of the respondents said that they will have discussions within women groups; 67 per cent said they can create social awareness among the society, nine per cent agreed that they will start the

action within the family; in Balaghat where scheduled tribes and scheduled caste community are in more proportion, the social and economic conditions varies from Bhind which is economically more empowered. In Bhind women are aware to such an extent of the penalties of SSE that they do not declare their pregnancies till they confirm that there is a male child; it was seen that the committees made unclear PC PNDT Act are only concerned to Health Department and the other Department Heads recommend the other staff personnel to attend the meetings; almost every clinic openly uses ultrasound test for spurious, specious reason called fetal well being; during the meeting of advisory board in Bhind under PC PNDT Act, six machines were sealed after the inspection and registration was cancelled; it was found that doctors lobby was very powerful and rich and it was very difficult to go against them. The major issue in Bhind is the various variables which have traditionally been responsible for undervaluation of female children whereas in Balaghat the feudal society is mere in numbers, and the society is not rigid towards women in general; the reason given for the continuation of the practice in Bhind is typically the large dowries and to traditional pride and hypergamous marriage exchanges. Findings reflected a different scenario in both the districts whether in socio economic dimensions or in implementation level of the Act.

*Recommendations:* To seriously work out the impact of PC PNDT Act, the committees formed under the Act, should be on the basis of "NACO" where in the officers are for 24 hours involved for this mission and are responsible for monitoring follow ups and execution of the Act; Form F should not be considered as piece of paper but should be carefully monitored by the District Committees formed under this Act especially in Bhind district; the USG machines available in Government hospitals should work mandatory; IMA should take serious actions against their members involved in SSE; wide publication in the media of the scale and seriousness of the practice. NGOs should take a key role in educating the public on this matter; regular assessment of indicators of status of women in society, such as sex ratio, and female mortality, literacy and economic participation should be done.

*Key Words :* 1.CHILD WELFARE 2.FEMALE FOETICIDE 3.DECLINING SEX RATIO 4.SEX DETERMINATION TEST 5.GIRL CHILD 6.SEX RATIO 7.PC PNDT ACT 1994 8.PC PNDT AMENDMENT ACT 2002 9.COMPARATIVE STUDY 10.BHIND 11.BALAGHAT 12.MADHYA PRADESH.

## Growth and Development

11. Galab, S. et al. (2011).

The Impact of growth on childhood poverty in Andhra Pradesh : initial findings from India: round 3 survey report. UK: Young Lives, Oxford. 95 p.

*Background:* The young lives survey of children and poverty was carried out in Andhra Pradesh in late 2009, supplemented by information from more in depth interviews with a sub-sample of the children in 2008 and 2010.

*Objectives:* The study sought to describe the key preliminary results obtained from Round 3 analyse the changes in the profile of child poverty in Andhra Pradesh since Round 1, and identify the key policy messages.

*Methods:* Young lives collected data on 2,011 children who were aged 6 to 18 months (the younger Cohort) and 1,008 children aged 7.5 to 8.5 years (the older Cohort) for the first survey round. The Young Lives sampling strategy was based on randomly selecting 150 children within 20 clusters or geographic sites, spread across Andhra Pradesh. Overall attrition by Round 3 was 2.2% per cent over the eight year period. The Young Lives study has also carried out 3 rounds of qualitative fieldwork in 2007, 2008 and 2010, and the data collected was used to explain the findings in the report.

*Findings:* Absolute poverty is defined as households with monthly per capita consumption below Rs. 563.16 for urban areas and Rs. 433.43 for rural areas (in 2006 prices), based on the figures used by the National Sample Survey Organisation. Relative poverty provides an indication of the level of inequality in consumption expenditure and is defined as households with below 50 per cent of the median consumption expenditure. Thirdly, a wealth index was constructed as a measure of household prosperity; there is a reasonably high access to improved sanitation in urban areas fewer than one in five children in rural areas live in households reporting access to improved sanitation and children in rural areas did experience greater access to improved sanitation (by 7% points between 2002 and 2009), but it remains low; Young Lives looks at nutrition using indicators of stunting (low height-for-age) and thinness (low BMI-for-age), both of which are widely accepted to be linked to other child development outcomes. Stunting suggests long-term under-nutrition, and poor living conditions particularly experienced in the early years of life and thinness is a short-term indicator of poor nutrition. Around one in four (27 %) of the younger Cohort children were classified as thin, while almost one in three (29 %) were

stunted at the age of eight (although that has fallen from 33 % when they were aged 5). Comparing the older and younger Cohorts at the age of eight suggests a very slight decline in stunting rates between 2002 and 2009 (3 percentage points); the level of children dropping out of primary school in Andhra Pradesh increased from 5.4 percent in 2005-06 to 6.9 per cent in 2007-08 (NUEPA 2008), but enrolment rates alone do not provide a full picture of the education system and needs to be analysed together with children's achievement and retention rates. In Round 2 (2006), 96 per cent of younger Cohort children were enrolled either in primary school (45 %) or some form of preschool (51 %) at the age of 5. The average age at which children started formal schooling was 5.5 years. By Round 3, when the same children were aged around eight, enrolment in primary schools had increased to 98 per cent and in case of older Cohort children (aged 7 to 8 in Round 1, 11 to 12 in Round 2, and 14 to 15 in Round 3), enrolment has been declining from 98 per cent in Round 1 to 90 per cent in Round 2, and further to 77 per cent by Round 3. Eleven per cent of the children repeated a grade while 12.5 per cent dropped out of school between the ages of 12 and 15; among the older Cohort the percentage working (paid and unpaid) had risen from six per cent in Round 1 (2002 , age 8) to 22 per cent in Round 2 (2006, age 12) and further to 28 per cent in 2009 at ages 14 to 15, which is as might be expected.

*Recommendations:* They are delivering pro-poor growth; poor nutrition needs to remain a major policy concern; combating the high burden of ill-health on poor families, improved enrolment but, many children have still left school by age 15; building on increased enrolment to deliver better learning for children; helping children who work to learn, fast growing private sector in education may be increasing differences between boys and girls; and finally helping poorer families cope with risk and reducing chronic poverty.

*Key Words :* 1.GROWTH AND DEVELOPMENT 2.CHILDHOOD POVERTY 3.POVERTY 4.HEALTH AND NUTRITION 5.EDUCATION 6.ANDHRA PRADESH.

## ICDS

12. Bihar, Directorate Department of Social Welfare, Bihar. (2007).  
Rapid assessment of ICDS project in Bihar : executive summary report.  
Patna : DDSW. 22 p.

*Background:* Integrated Children Development Services (ICDS) is the world's largest community based child development programme, aimed at holistic development of children (0-6) years. The scheme envisages effective convergence of inter-sectoral services in the Anganwadi Centers (AWW). ICDS programme addresses child malnutrition, infant and under five mortality and maternal mortality through delivery of an integrated package of services for development of children from conception to preschool age.

*Objectives:* To study the existing situation of ICDS programme at the state, district, project and village level, to document the short comings in the ICDS programme at different levels, covering key programme areas such as Infrastructure, Resources, Training, Equipment and supplies, coverage of services, work schedule, monitoring, community involvement and perceptions among community members; to develop a plan of Action for the State, District Block, AWCs and Community so as to provide clear directions for taking measures to overcome short falls that emerge out of the assessment study.

*Methods:* A comprehensive approach was adopted to arrive at a holistic assessment of the ICDS scheme in Bihar. The data was collected through two approaches quantitative survey, in which a questionnaire was administered from secondary sources such as past records and reports collected and thorough qualitative method that collected information from mothers and adolescent girls. Total number of respondents in quantitative survey was 4294. Total number of respondents in qualitative survey was 18.

*Findings:* Among the 506 AWCs that were surveyed, one-third of them (36%) did not have building to function; even those centers that were in some building were not in a position to function properly as majority of the structures 64 percent were either kuccha or semi pucca; 20 per cent AWCs reported that the building was owned by ICDS; 41 per cent of the workers cooked meals in open places, while one-fourth of them used their own chulhas to prepare the food and carry it to the place where beneficiaries awaited this service; six per cent reported to have rented a small place such as a room or a hut; there was no space for storage in majority of the AWCs; 28 per cent of the centres had drinking water facilities and 10 per cent had toilets; separate storage facility was

available only in 16.4 per cent of the anganwadi centres; 83 out of 144 sanctioned Anganwadi Training Centres were found operational; 43 per cent training centres were actually offering training to the AWWs in the state; 47.4 per cent AWWs said that they have received their honorarium after a gap of four months while 23.7 per cent said that they received payment after a gap of six months; only quarter of the AWWs reported that they always received funds on time; 13.5 per cent of the AWWs did not receive the funds on time from the CDPOs office and seven per cent felt that the CDPOs are not able to provide the funds on time; 50 per cent of Poshahar Samiti members were not aware of the amount allotted for Poshahar; refresher training was found to be completed by majority of the supervisors (88.6%); most of the centres had a weighing machine for growth monitoring; AWWs reported that the food materials such as rice and dal were not available at rates fixed by the government; immunisation service was being utilised by over half the registered beneficiaries in the AWC area; project offices were found to be scarce as per the need; AWWs mentioned that lack of infrastructure was the major problem followed by lack of cooperation in availing services or participating in activities by the community; three-fourth of the supervisory staff were found to be unable to move in the field or make any visits to the AWC; majority of the Poshahar samiti members was not aware of the purpose of the samiti; overall involvement of community was very poor; majority of the beneficiaries did not participated in the monthly meetings.

*Recommendations:* Substantial investment is required for buildings and basic facilities especially drinking water and toilets in the Anganwadi Centres; state to ensure that disbursement of funds from CDPOs office should be on time to Poshahar Samitis; adequate funds for the basic medicines and necessary equipment for Anganwadi Centre; training should focus on importance of growth monitoring, counselling and communication skills; basic supplies such as weighing scales, growth cards and basic medicines kit for treatment such as Vitamin A, iron folic acid tablets, deworming tablets and ORS need to be available in adequate quantities and in regular supply in every Anganwadi Centre; beneficiaries need to be educated on the schemes to ensure sufficient demand for the services; a system for tracking of beneficiaries and monitoring needs to be established at the various levels.

*Key Words :* 1.ICDS 2.EVALUATION OF ICDS 3.ICDS PROJECT 4.ASSESSMENT-ICDS ANGANWADI CENTRE 5.BIHAR.

13. Mandal, Gopal Chandra and Bose, Kaushik. (2010).  
Undernutrition among the rural preschool children (ICDS) of Arambag,  
Hooghly district. Kolkata: Bangabasi College, Department of  
Anthropology. 5 p.

*Background:* The Millennium Development Goals (MDGs) aim towards the reduction of maternal and child mortality. Under nutrition among pre school children may be the result of faulty feeding practices rather than scarcity of the food. The nutritional status of the people is increasingly being recognised world over as an important indicator of development of a country.

*Objectives:* The purpose of this study was to examine the nutritional status of the rural pre -school ICDS children of Bali Gram Panchayat, Hooghly district, West Bengal by using WHO (2007) recommended cut off points for head circumference.

*Methods:* A total of 894 children aged 2-5 years old enrolled in the ICDS centres were studied. The study was undertaken in 20 Integrated Child Development Services (ICDS) Centres in Bali Gram Panchayat, Arambagh, Hooghly District of West Bengal.

*Findings:* The mean head circumference among boys was 46.9 cm (1.6) and 46.0 (1.5) among girls; mean values in both sexes increased from 2 years of age to 5 years; the overall rate of under nutrition among girls was slightly higher (64.9%) than boys (62.8%); the rate of severe under nutrition was very low in comparison to the moderate under nutrition; there was a clear increasing trend in under nutrition among boys with increasing age .However no such trend was noticed in case of girls; the age - specific highest prevalence among the boys is found in the age of five years (74.8%) whereas, among the girls, the highest rate (76.5%) is noticed in the age of four years followed by that among the children of five years of age and the lowest (44.3%) prevalence is found in the age of three years; the overall prevalence of under nutrition based on head circumference cut off points, showed significant association with sex ( $x^2 = 5.50$ ;  $df = 1$ ,  $p < 0.025$ ). Children aged two years showed highly significant association of sex with nutritional status ( $x^2 = 9.47$ ;  $df = 1$ ,  $p < 0.01$ ). The head circumference which relates mainly to brain size was significantly lower than the standards (ICMR) except in boys in age groups 2-3 and 4-6 years; the values were significantly ( $p < 0.01$ ) lower in girl of all ages.

*Conclusion:* Results unequivocally demonstrated that pre - school ICDS children of Arambag, Hooghly district despite of the food supplementation, were in a poor nutritional state. Thus, it is imperative that there is an enhancement of this supplementation. This enhancement should be made mandatory at all ICDS centres.

Key Words : 1.ICDS 2.NUTRITION 3.UNDERNUTRITION 4.PRESCHOOL CHILDREN 5.NUTRITIONAL STATUS 6.RURAL CHILDREN 7.WEST BENGAL.

## Mental Health

14. Sinha, Uday K. and Deepak Kumar. (2010). Mindfulness-based cognitive behaviour therapy with emotionally disturbed adolescents affected by HIV/AIDS. New Delhi: Institute of Human Behaviour and Allied Sciences, Department of Clinical Psychology. 12 p.

*Background:* HIV/AIDS is known to cause a range of difficulties including emotional and behavioural disturbances among affected people. Adolescent children living with HIV positive parents have been reported to have emotional disturbances including anxiety, depression, fear and low self esteem. Clinical reports suggest that mindfulness based therapist can be useful in reducing anxiety and depressive symptoms in school age children. Mindfulness-based approaches have been shown to be useful in a variety of physical and mental health conditions.

*Objectives:* The purpose of this study was to evaluate the usefulness of Mindfulness-based Cognitive Behaviour Therapy (MCBT) for the treatment of emotional problems (internalising problems, depression, anxiety, hopelessness and perceived stress).

*Methods:* Participants included 12 adolescent children (7 male and 5 female) of HIV positive parents in the age group of 13-15 years who were identified as having psychological disturbances. All these 12 children were HIV negative and studying in schools. Parental HIV positive status was known to all and they were living with their parents.

*Findings:* Children did not report behavioural disturbances on any of the internalising scales; there was significant reduction in the scores of internalising syndrome and DSM oriented scales reported on post therapy assessment indicating positive effect of MCBT in reducing emotional problems in HIV-affected adolescents, 90 per cent experienced clinically significant change in the emotional problems after therapy. Similarly the changes were reliable in large majority (83% to 91%) of the subjects across all the internalising scales; pre therapy 'T' scores on different scales of CDI indicated that the subjects were significantly depressed and low self esteem and ineffectiveness were the predominant symptoms by sad mood and inter personal problems; out of three anxiety profiles of DCMAS, the subjects reported more social and psychological symptom profiles of anxiety as compared to physiological symptom profile.

Significant differences between pre- and post - therapy scores indicated significant change in anxiety profiles of the subjects following treatment; the changes were clinically significant and reliable in as many as 91 per cent of the subjects; the change in the score of HSC following therapy was found clinically significant and reliable in 83.33 per cent of the subject; pre- therapy mean score of the subjects on SSAS indicated that the adolescents did experience stress in the area of academics; there was significant difference between pre - and post-mean scores on SAAS indicative of effect of MCBT in reducing symptoms of academic stress. The change in scores was clinically significant in 58 per cent of the subjects and in 83 per cent of the subjects this was a reliable change; scores indicated that they had poor academic performance, restricted socialization, and high internal distress along with difficulties in overall social competence. Post - therapy scores in different scales of ICS-T indicated improvement in academic performance, enhanced social affiliation, and reduction in internalisation of emotional feelings; improvement in participation of sports and outdoor activities was seen after the therapy; except for internalising scale where more than 80 percent had clinically significant change, clinical significance varied between 58 and 66 per cent the changes were reliable in up to 83-91 per cent subjects. Most of the subjects complied with all the instructions given to them including homework assignments. Feedback about the intervention programme given by the subjects was positive and combining mindful practice and cognitive behavioural intervention in the same sessions and using them with the subjects in group had been quite feasible without difficulties; one subject expressed suicidal ideas and thoughts during cognitive behavioural counselling session and was sent for psychiatric consultation.

*Conclusion:* This study endores MCBT as a potential treatment for emotional disturbances in HIV/AIDS - affected adolescents with adequate feasibility and acceptability.

*Key Words :* 1.HEALTH 2.ADOLESCENT MENTAL HEALTH 3.MENTAL HEALTH 4.COGNITIVE THERAPY 5.ADOLESCENT 6.HIV/AIDS BEHAVIOUR PROBLEMS.

15. Srinath, Shoba et al. (2005).  
Epidemiological study of child and adolescent psychiatric disorders in urban and rural areas of Bangalore, India. Bangalore: National Institute of Mental Health and Neuro Sciences-NIMHANS. 13 p.

*Background:* Children under 16 year of age constitute over 40 per cent of India's population and information about their mental health needs is a national imperative.

*Objectives:* This study endeavoured to determine the prevalence rates of psychiatric problems in children and adolescents from urban and rural areas; to study the psychosocial correlates of the psychiatric disorders and to assess the perceived needs of the family for help or treatment.

*Methods:* In Bangalore about 2064 children aged 0-16 years were selected by stratified random sampling from urban middle class, urban slum and rural areas. The screening stage was followed by a detailed evaluation stage. The ICD-10 DCR criteria were used to reach a penta-axial diagnosis.

*Findings:* The total number of houses approached in the different areas numbered 1484; 2.9 per cent families refused to take part in the study; of the 1344 families who gave informed consent for the study 25.7 per cent had no children below the age of 16 years; the sample included 23.5 per cent children in the 0-3 year age group; 76.5 per cent in the 4-16 year of age group; chi-square analysis indicated no significant differences between the number of male and female children in each of the three areas; 50 per cent of the rural sample and 33-36 per cent of the slum and urban middle class sample were either unaware of or reluctant to divulge the family income; chi-square analyses also indicated that rates of consanguinity were significantly lower ( $p < 0.00006$ ) in the urban areas (12.8%), followed by slum areas (29.7%) and the highest in the rural areas (32.2%) for 0-3 year age group. A similar pattern was seen for the 4-16 year group (12%) in urban areas 38.0 per cent in slum areas and 42.6 per cent in rural areas). 24.5 per cent selected as positive on the SCL, CBCL plus AM or the CBO were taken for detailed evaluation in the 2nd stage; mothers were the most common informants for the SCL (80%) and the CBCL (73%); of the screening tools, teachers ratings on the CBQ identified only 53 children as manifesting behaviour that caused concern and 145 children with academic problems; of the 505 children 256 were found to have a psychiatric disorder; 196 children did not receive any diagnosis, while the evaluation was incomplete for 53; more than half of the incomplete assessments were due to lack of co-operation for the lengthy testing for specific learning disabilities; SID battery identified 149 children as having scholastic problems; the total prevalence rate

for the sample age 0-16 year was 12.4 per cent; the total prevalence rate for 0-3 year old children was 13.8 per cent; the total prevalence rate for the 4-16 year age group was found to be 12 per cent; results indicated that only 45 per cent of the identified cases had global impairment associated with their diagnosis; it was seen that children aged 0-3 year had significantly higher psychiatric morbidity compare with those aged 12-16 year ( $\chi^2 = 6.82$ ,  $df = 1$ ,  $p = 0.0074$ ); 10 per cent of the cases that were screened as negative in the first stage (N=159) indicated that 8.2 per cent were found to have an Axis 1 psychiatric disorder; SCI had a sensitivity of 1.0 and specificity of 0.8; the CBCL and AM together had lower positive predictive power with a sensitivity of 0.74 and specificity of 0.62; 9.3 per cent of the total positive responses were given by families whose children only had some symptoms but did not receive and psychiatric diagnosis in the second state of detailed evaluation. The results revealed that the following psychosocial situations were most common in children with a psychiatric diagnosis, living conditions that create a potentially hazardous psychosocial situation, physical abuse, parental mental disorder and intra familial discord; physical abuse and the presence of mental disorder or deviance in the family were both significantly higher in the children with psychiatric morbidity.

*Conclusion:* There is a need to plan models of service delivery in both rural and urban areas and focus on the integration of mental health into general health care; manpower and training issues for pharmacological and psychosocial interventions will be paramount in the planning of effective mental health services: effective networking between mental health professionals, paediatricians, neurologists, speech therapists, community-based health services and professionalism from the education sector, would be essential.

*Key Words :* 1.HEALTH 2.MENTAL HEALTH 3.CHILDHOOD 4.BEHAVIOUR PROBLEMS 5.MENTAL HEALTH PROBLEM 6.EPIDEMIOLOGY 7.HEALTH POLICIES FOR CHILDREN 8.PREVALENCE 9.PSYCHIATRIC DISORDERS 10.ADOLESCENT.

## B. Research Abstracts on Child Protection

### Child Labour

16. Nanjunda, Devajana C. and Dinesha. (2011).  
Born to work? An ethnographical picture of child labourers in the rural part of northern Karnataka. Mysore: University of Mysore, Centre for the Study of Social Exclusion and Inclusive Policy. 8 p.

*Background:* Children under the age of 15 years constitute a substantial portion of the population in any country. Working children belong to the most deprived section of the community and are forced to earn and contribute to the family income. Poverty population explosions, survival strategy of the poor and exploitative economic systems are regarded as the causes of child labour in India.

*Objectives:* The study endeavoured to examine the nature of the work done by child labourers, their socio-economic background such as age, level of schooling, family size and parental education and income, earnings and difficulties faced by them as child labourers.

*Methods:* Samples of 500 child workers (250 boys and 250 girls) from different socio economic background were selected for the study. Data was collected from five districts of Karnataka state. Bijapur, Dharwad, Belgam, Haveri and Raichur were selected for the study where large number of children were found in different types of work.

*Findings:* About 81.6 per cent of the child labourers were engaged in the unorganised/informal sectors of hotels, garages, construction sites and domestic work; 80.4 per cent girls and 82.4 per cent boys showed the same pattern of being engaged in the unorganised sector; 18.4 per cent of the children were employed in factories; the major reason why the majority of child labourers were engaged in the unorganised sector is the non-requirement of any definite skills for work in the unorganised sectors; male child labourers were found mostly in the three sectors of hotels, garages and construction respectively; 62.8 per cent of the girls were employed as domestic servants; 2.4 per cent of the boys were engaged in domestic work. All the child labourers in the sample were in the age group of 6-14 years; 51.6 per cent of the working children belonged to the age group of 9-11 years; girl child labourers were relatively younger than the boys; 18 per cent of the girls were found to be below nine years of age; whereas only eight per cent of the boys belonged to the age group of 6-8 years; 72.4 per cent of the girls in the sample belonged to the age group of 9-11 years; 9.6 per cent of the working girls aged 12 years and above; 61.2 per cent of the working boys were in the age group of 12-14 years; 45.2 per cent of the child labourers of the present study had never been enrolled in schools; 36.8 per cent of the children have completed lower primary school education (class IV), while 14.4 per cent of the children studied up to class VII; 3.8 per cent of the child labourers in the sample studied up to

high school; 57.2 per cent of the working girls had no schooling; boys outnumbered girls at all the levels of education; 58.8 per cent of the child labourers did not cross Rs 1500 per month; the average monthly income of parents of 31.4 per cent child labourers was between Rs 1501 – 2000 ; 9.8 per cent of the child labourers had an income of over Rs 2000 per month; families of the child labourers belonged to the economically weaker section of the society; the earnings of the child labourers in the sample of the present study were not more than Rs 2000 per month; 82.6 per cent of them had an income up to Rs 1000 per month; 31.2 per cent of the child labourers were paid less than Rs 500 per month; 49.2 per cent girls were getting the wage below Rs 500 per month; there were only 13.2 per cent of the boys who were paid a wage below Rs 500 per month; 9.6 per cent of the girls were getting a wage of Rs 1000-2000 per month; 25.2 per cent of the boys were earning the same amount; some of the children worked for more than 12 hours a day; none of the children in the sample had been working for less than four hours a day. 14.4 per cent of the child labourers in the sample have been working for 4-6 hours; 41.8 per cent of the children worked for 10-12 hours a day.

*Conclusion:* Both the government and NGOs have failed to adequately consider the perspectives of households with working children. Government has failed to adequately conceptualise child labour as a symptom of a complex of household problems experienced by the poor which demand more extensive remediation. The government and NGOs continue to blame the victims of generations of structural violence and dysfunctional households as the primary causes of the problem.

*Key Words :* 1.CHILD LABOUR 2.WORKING CONDITION 3.SOCIO-ECONOMIC STATUS 4.CHILD PROTECTION 5.EDUCATION 6.POVERTY 7.KARNATAKA.

17. Neogi, Debasis and Dutta, Papiya. (2011).  
A Study on the status and health conditions of working children in the west and south district of Tripura. Agartala: National Institute of Technology, Department of Humanities and Social Science. 12 p.

*Background:* Child labour is increasingly becoming an issue of concern for the world community with over 250 million children working around the world. India is one of the world's leading countries in terms of employing children around the world. Owing to poverty the parents send their children to work so that they earn something to contribute to the family's earnings.

*Objectives:* The purpose of the study was to examine the status of child labour in Tripura in North East India and its impact on the deteriorating health conditions of the working children.

*Methods:* The rural parts of west and south districts of Tripura were selected for the study. About 130 children participated in the study.

*Findings:* The ages of children were divided into three categories: 5-8 years were renamed as "tender age", 9-11 years as "very young" and 12-14 years as "young". 40 per cent of the children belonging to the tender age were found to be working in their own households which included cooking, washing, fetching water, looking after their younger brothers and sisters; 42.85 per cent of the surveyed children fell in the category of tender age; 53.84 per cent belonged to very young and 26.92 per cent fell in the young groups. In this sector where the children work for three or four hours and earn Rs 50 to 60 per day, a major portion of the surveyed children of store crushers (60%) belong to very young group in the tea garden. 44.44 per cent of the surveyed children are very young while 55.55 per cent are young, 71.42 per cent of the surveyed vendors belong to the very young group. Owing to several reasons the children were forced to work as servers in hotels, sweet shops and tea stalls and their contribution to "very young" is 20 per cent whereas in the 'young' group it was 80 per cent; in the servicing sector of cycles, motor bikes and scooters 100 per cent of the surveyed children could be categorised as young; the children in this sector think that 12-14 years of age is the preparation period for their future and thus stress is laid on skill development rather than education; 50 per cent of the surveyed children who worked as stone crushers said that they had to work as they are girls while another 50 per cent of stone crushers said that they were working just to help their mothers; 66.66 per cent of the sample in tea gardens were just helping their parents in the tea gardens; 50 per cent of the samples of live stock were not going to school because they did not have any interest in study rather they kept themselves engaged by looking after the cattle. 10 per cent of the bidi workers said that this work was just optional work for them. 30 per cent of the daily labour surveyed replied that their large family was the cause of their working while 20 per cent of them pointed out low income as the factor; 25 per cent of children in the grocery shop replied that it was their orphanage which prompted them to

work; a maximum number of the surveyed beggars (60%) were engaged in the profession of begging due to polygamy which takes places in their family; 25 per cent of the children working in the grocery shop supported by saying that it was essential to become self dependent; 20 per cent of the children from the transportation sector explained that it was the self dependency which motivated them to work; 66.66 per cent of the children in garages found that it is the skill formation which makes them work form the childhood; deadly diseases were higher in the children working as rag pickers which was 25.86 per cent followed by bidi binders(20.7%) and the children working in bricks kilns (17.2%); 30 per cent of the children working in brick kilns were injured while working which was followed by rag pickers (20%) and stone crushers (20 %) respectively.

*Recommendations:* There is an urgent need for the awareness among the parents of the working children. Awareness should also be made about the impact of various hazardous work on the health of the children; local self government institutions, non-governmental organisations should play an active role in creating awareness among the public especially parents of the working children.

*Key Words:* 1.CHILD LABOUR 2.HEALTH STATUS 3.WORKING CHILDREN 4.WORKING CONDITION 5.CHILD LABOUR EXPLOITATION 6.SOCIO-ECONOMIC STATUS 7.CHILD PROTECTION 8.HAZARDOUS INDUSTRY 9.TRIPURA.

18. Rathod, Gova. (2010).

Child labour in production of cotton seeds on Monsanto. Plots in District Sabarkantha of Gujarat. Ahmedabad: Prayas Centre for Labour Research and Action. 15 p.

*Background:* India has become a major exporter of cotton from a net importer some years back. Hybrid seed technology has been always an employer of child labour. With rapid increase in the seed production, in North Gujarat, the major production area for BT. Cotton seeds has become a ready source of cheap child labour.

*Objectives:* The main objective of the study was to study the magnitude of child labour on cotton seed plots of Monsanto.

*Methods:* The study was carried out in 50 seed plots of three Talukas- Khedbrahma, Bhiloda and Meghraj of Sabarkantha District in North Gujarat. The study was carried from September to October when the work of cross pollination of cotton flowers was at its peak.

*Findings:* Monsanto has given a total of 1339 plots in 191 villages of Sabarkantha district; 52 per cent of child labour was between age of 6 to 18 years; 28 per cent were in the age group of less than 14 years while 24 per cent were in the age group of 15-18 years; every plot had a child labour if the children are defined to be below 18 years; 74 per cent of the farms had children working in their farms; majority of the children working on seed farms were tribal; only two farms had non tribal children working for them; 36 per cent workers were female; the children employed on the farms were mostly locals; migrant tribal children were detected on only one farm; the local children belonged to two categories- households children and also wage labour recruited from the same or neighbouring village; children working on farms were enrolled in schools; however they were found working on seed farms during school hours; working hours at seed farms overlap the school hours (8 am to 12:30 pm for morning shift and 12:30 pm to 5 pm for afternoon shift).

*Conclusion:* Anti- child labour program of Monsanto on its seed farms had very limited impact. While strategy to shift production base to tribal pockets has resulted in reduction of child migration, child labour continues on Monsanto seed farms. Children employed on the farms are missing out on their education. Cotton seed plots have become almost a no go area for civil society activists.

*Key Words :* 1.CHILD LABOUR 2.COTTON INDUSTRY 3.CHILD PROTECTION 4.EMPLOYMENT 5.SITUATION OF CHILD LABOUR 6.GUJARAT.

19. Venkateswarlu, Davuluri and Ramakrishna, RVSS. (2009).  
Impact of elimination of child labour on wages and working conditions of  
adult labour : case study of cottonseed sector in Andhra Pradesh.  
Netherlands: India Committee of Netherlands (ICN). 19 p.

*Background:* The issue of child labour in the production of hybrid cotton seeds in India, particularly in the state of Andhra Pradesh has been widely reported and documented. Children accounted for nearly 90 per cent of the total labour force in cotton seed farms. The exploitation of child labour on cotton seed farms is linked to larger market forces. Children are employed on a long term contract basis through advances and loans extended to their parents by local seed farmers.

*Objectives:* The study examined the impact of elimination of child labour on wages and working conditions of adult labour in cotton seed sector in Andhra Pradesh.

*Methods:* The study was based on primary data collected through field interviews with different stake holders farmers, workers, community leaders of NGOs and seed industry from four selected villages, two in Kurnool district and two in Mahabubnagar district in Andhra Pradesh where hybrid cotton seed production is concentrated.

*Findings:* In cotton seed production cross pollination is the main activity and is done manually. Children are mainly employed in this activity; they were made to work for long hours (10-12 hours a day), and are paid less than market wages and official minimum wages; farmers employ children, particularly girls, primarily in order to minimise costs; in cotton seed production labour costs account for about 50 per cent of total cultivation costs; in Padigapadu village which is an Intervention village, cotton seed was cultivated in 70 acres in which 169 children were working i.e. on an average 2.41 children per acre. In the year 2009 cotton seed was shown in 98 acres in which 18 children were reported working; in the non - intervention villages the situation of child labour participation has almost remain unchanged; in Nandinne village, cotton seed was sown in 75 acres in which 295 children were reported to have worked; it was observed that in 2005 and 2009 girls constituted majority in the total child labourers; in the non- intervention villages all the child labourers (100%) were local children; the girl child participation continues to be high in both the intervention villages, though very small in total numbers, and non/less intervention villages this ranged from 53 to 60 per cent in 2009; in intervention villages, local child labourers participation has almost come to be zero whereas migrant children's participation has gone up percentage wise over the years in the intervention villages; the proportion of children to the total workforce indicates that there is a drastic decline in child labour in intervention villages; by 2009 the child labour percentages declined more than 90 per cent in intervention villages where as the decline is very minimal in non/less intervention villages; children were replaced mostly with young 15-18 years and adult female workers; 30-40 per cent of children, mostly girls did not attend school during the cross pollination work of six months; most of the children were admitted into the residential bridge course centres and schools and around 35 per cent of children have crossed 15 years of age; school teachers said that all children were coming to schools regularly and everyday more

than 95 per cent of children attend schools; more than 450 children out of school in the age group of 6-14 years in the year 2005 in the entire mandal and now the number has come down to 20; the average daily wage rate paid to adult workers for cross pollination activity was Rs 47.64 in intervention villages and Rs 29.93 in non/less intervention villages; the average daily wage rate for adult labour increased by 152 per cent; in non - cotton seed farm activities adult female workers received Rs 4.38 per hour whereas in cotton seed activity they were paid Rs 3.97 in intervention villages; it was seen that the wages in other agriculture activities; including activities which were using little child labour, where wages are somewhat higher compared with wages in cotton seed; the system of labour arrangement was still prevalent in both intervention and non/less intervention villages some changes in terms and conditions in favour of workers were found in intervention villages; the withdrawal of children from cotton seed work increased the demand for adult labour.

*Conclusion:* The withdrawal of child labour from workforce had a positive impact on wages and working conditions of adult labour; the removal of children from the workforce led to creation of additional employment opportunities for adult labour and increased the demand for them. The growing concern for the elimination of child labour and the initiatives in this direction have brought in marked changes in the situation of child rights in certain pockets.

*Key Words :* 1.CHILD LABOUR 2.ELIMINATION 3.ELIMINATION CHILD LABOUR 4.ECONOMIC IMPLICATION 5.WORKING CONDITION 6.EMPLOYMENT 7.MIGRANT WORKERS 8.WORKFORCE 9.COTTONSEED INDUSTRY 10.ANDHRA PRADESH.

## Institutional Care

20. Sharma, Neeru, Vaid, Sumati and jamwal, Zery. (2004). Frustration reaction in physically challenged institutionalized children (5-13 years). Jammu: University of Jammu, PG Department of Home Science. 8 p.

*Background:* Today's fast competing and changing scenario of society has forced the individuals to concentrate their efforts on different dimensions of life. Physically handicapped children are defined as those whose non- sensory physical limitation or health problems interfere with the school attendance or learning to such an extent that special services, training equipment, materials or facilities are required.

*Objectives:* The study focuses on the concept of frustration reactions in physically challenged institutionalised children and also understanding the level and direction of frustration.

*Methods:* The research was conducted to study the concept of frustration reactions in physically challenged institutionalised children (5-13 years). Institution was situated in Udhayawala in Jammu (J&K) state. Children from different parts of the state reside in the institution to attain education. The sample consisted of 10 institutionalised physically challenged children.

*Findings:* Median age of the respondents was 11-15 years and the educational qualifications was 3<sup>rd</sup> standard; all the children belonged to the nuclear families; the median ordinal position of the children was 2<sup>nd</sup> and median onset of disability was in the age group of 3-5 years; median age at joining the institution was 3-6 years; all the children received treatment before joining the institution; median visits made by parents in the institution were weekly whereas children visit their homes yearly. G.C.R. may be regarded as "one measure of the individual's adjustment to a normal group; majority of the children have G.C.R., 50 per cent which falls under the category of 30%-39% , indicating that the adjustment of the majority of the children with the normal group is low; the percentage of E in majority of the children is 70 per cent, which comes in the category of 21 -30 per cent, it means that in all the children blame, hostility was turned against some person or thing in the environment to a large extent; the percentage of I of most of the children (90%) falls in the category of 0-10 per cent which shows that these children direct blame upon themselves; the percentage of M of majority of the children (70%) falls in the category of 0-10 per cent which indicates that blame for the frustration is evaded altogether to a little extent; the percentage of O-D of all the children (100%) falls in the category of 0-10 percent indicates that these children are blocked by the frustration; in the case of E-D the percentage of majority of the children (90%) fall in the category of 21 – 40 per cent showing that due to frustration these children attacked others or themselves; the percentage of N -P only 10 per cent

children fall in the category of 21 - 40 per cent, meaning that less number of children go for solution of the problem; the percentage of E which falls in the category of 0-10 per cent meaning that all the children aggressively deny that they are responsible for some offense with which they are charged to a large extent; the percentage of I of all children (100%) falls in the category of 0-10 percent which shows that these children admit their guilt but deny any essential fault by referring to unavoidable circumstances; the percentage of the  $\underline{E}+I$  of most of the children are 90 per cent which means that the children aggressively deny that they are responsible for some offense and sometimes they admit their guilt but deny any essential fault by referring to unavoidable circumstances; the percentage of the  $E-\underline{E}$  of majority of the children is 80 per cent which falls in the category of 11 - 30 per cent which means that the children aggressively deny that they are responsible for some offense and turn their blame, hostility etc. against some person or thing in the environment; the percentage of  $I-I$  of all the children (100%) falls in the category of 0-10 per cent which shows that these children admit their guilt but deny any essential fault by referring to unavoidable circumstances and direct blame; censure upon themselves; the percentage of the  $M+I$  of majority of the children is 70 per cent which falls in the category of 0 - 20 per cent which means that the children admit their guilt but denies any essential fault by referring to unavoidable circumstances and blame for the frustration is evaded altogether; the children have E as positive i.e.  $E + .50$  it means that the frustration reactions in majority of the children are high; all the children (100%) have  $E > 1$  , M , and e which means that all the children turn Blame, Hostility, etc, against some person or thing in the environment .

*Recommendations:* Institutions should provide outdoor activities like picnics, educational trips and develop their social involvement; providing community- based rehabilitation; provision of vocational training like computer education and technical education which can help them in creating more avenues for themselves; development of physical activities for children which will help them in channelising their energies and reduce their frustration levels.

*Key Words :* 1.DESTITUTE 2.INSTITUTIONALIZED CHILD 3.INSTITUTIONAL CARE 4.PHYSICALLY CHALLENGED 5.FRUSTRATION REACTION 6.DISABLED CHILDREN 7.ORTHOPEDIC 8.DISABILITY 9.CHILD PROTECTION.

## Juvenile Delinquency

21. Nagaraja, T.V. and Saisudeer, T. (2011).  
A Medico legal study on juvenile crimes in rayalaseema zone in Andhra Pradesh. Karimnagar: Chalmeda Anand Rao Institute of Medical Sciences, Department of Forensic Medicine. 4 p.

*Background:* One of the most important issues in crime today is juvenile delinquency. Violence is a learned behaviour and it is often learned in the home from parents and family members or community. Children in these situations are more aggressive and grow up more likely to become involved in violence either as victim or as an offender especially if they witness violent acts. Children who are exposed to domestic violence are more likely to abuse others as they grow older. Juvenile crimes often vary depending on the region, community and society.

*Objectives:* The purpose of this study was to analyse the types of crimes committed by the children, their age groups, their socio economical and educational status, their family status to enquire in to the action taken by the juvenile justice boards in Rayalaseema zone in Andhra Pradesh and comprehensively to note about facilities available in the juvenile homes; to suggest any reforms for the betterment of juvenile offenders both inside the juvenile homes and outside.

*Methods:* In the present study 60 individuals who were staying in the various juvenile homes in Rayalaseema zone were studied. Among the total inmates of all the juvenile homes in Rayalaseema zone, 23 inmates were from observation home for boys (Tirupati) , 15 inmates were from special home for boys, six inmates were from observation home for boys (Ananthapur) and 16 inmates were from observation homes for boys (Kurnool).

*Findings:* The most common age of juvenile offenders were between 13 to 18 years (95%) and least common age was between 7 to 12 years (5%); the socio economic status of the family members of most of the juvenile offenders is lower (88.33%) and others are middle (11.67%); 43.33 per cent of juvenile offenders have studied from class one to five ; 31.66 per cent of juvenile offenders have not studied at all; 25.01 per cent of juvenile offenders have studied from 6 to 10 class; 36.33 per cent juveniles had lack of interest in the school activities; 25 per cent left because of financial problems; 13.33 per cent left because of failure in last class; 10 per cent were influenced by peer group; 6.66 per cent were not happy with rigid school atmosphere; five per cent left because of sudden demise of parents; 3.33 per cent left because of indifferent attitude of the teacher towards them; 30 per cent of the juvenile offenders were working as coolie; 26.66 per cent were working as mechanics; 15 per cent as labour in house construction; 10 per cent were dependent on parents; 35 per cent juvenile offenders smoked; 26.66 per cent watched television; 25 per cent loved going to movies; 13.33 per cent were involved in drinking. Regarding the types of crimes committed by the

juvenile offenders, theft was 63.36 percent, murder 15 per cent, robbery and rape 13.32 per cent, kidnapping and assault 6.66 per cent and indecent behaviour 1.66 per cent; 58 per cent juvenile offenders committed the crime individually and 42 per cent juvenile offenders committed the crime as group. Regarding the predisposing factors, the most common factor was financial need (35%), peer group influence (20%) whereas family disputes (15%); parental neglect (13.33%), broken family (6.66%), parental criminal behaviour and educational inadequacy stood at 10.01 per cent. About 83.34 per cent of juvenile offenders confessed to the crime; 16.66 per cent of juvenile offenders alleged that they were falsely implicated; 64 per cent offenders were awarded punishment and 36 per cent were under trail and 86.67 per cent of juvenile offenders had no history of previous involvement in crimes; 13.33 per cent of offenders had history of previous involvement in crimes; 91.67 per cent of family members of juvenile offenders had criminal history. Regarding the parental care towards the juvenile, 35 per cent were affectionate; 25 per cent were attentive; 16.66 parents were not affectionate; 10 per cent were over protective. Regarding influence of media, 50 per cent of juvenile offenders were influenced by movies, 40 per cent by television and 10 per cent by incidents.

*Conclusion:* The age group of juvenile offenders between 13 to 18 years represented a dominant figure. However upon visit to the juvenile homes in Rayalaseema zone the accommodation, sanitation, further education, recreation and vocational training were found to be adequate.

*Key Words :* 1.SOCIAL DEFENCE 2.JUVENILE DELINQUENCY  
3.DELINQUENT 4.JUVENILE OFFENDERS 5.JUVENILE CRIMES  
6.JUVENILE HOMES 7.CHILD PROTECTION 8.ANDHRA PRADESH.

## Missing Children

22. Bachpan Bachao Andolan, New Delhi. (2011).  
Missing children of India : a pioneering study. New Delhi : BBA.  
192 p.

*Background:* The issues of missing children and trafficking of children are some of the highly complex crimes in the country about which very little is known and understood. One child goes missing every eight minutes in our country. Most of the missing children end up in a situation of exploitation. Missing children do not find a place in the legislative framework until and unless a complaint is made towards kidnapping or abduction under the Indian Penal Code (IPC). The study on missing children has been carried out not only to understand the nature and extent of the problem, but also to present a situational analysis of the policy framework and recommendations.

*Objectives:* The purpose of the study was to create a comprehensive understanding of the phenomenon and the problem of missing children; to evaluate and analyse the policy level gaps in addressing the problem of missing children; to highlight the problem of missing children and sensitise the general public and the government machinery, about the serious threat posed by the phenomena of missing children; supported by various case studies; to draw the attention of all concerned with child rights, to bestow their attention on the problem and take steps to prevent or combat the same.

*Methods:* The information regarding number of children reported missing, traced and untraced has been sought from all the states and from all the districts within the states. The data has been received only from 392 districts and the information with respect to the 248 districts has not been provided by the administration despite the RTI notice. The data has been collected state and district wise for the period of two years from January 2008 to January 2010.

*Findings:* The recent official figures (of Census 2011) related to children are yet to be published, but figures regarding missing children show 117,480 children reported missing; 74,209 traced and 41,546 remained untraced in two years; among 20 states and 4 UTs, Maharashtra has the highest number of children reported missing followed by West Bengal, Delhi, Madhya Pradesh, Karnataka and U.P. are the last two among the top six states; Mizoram reported no missing children for these two years; the total number of reported missing from Assam also includes the number of missing children provided by CID which is 1725, 41,546 untraced children constitute more than one-third of the total children reported missing; about 24,744 children go missing from these metros out of which 3,599 remain untraced; Delhi has highest number of missing children as well as children untraced. Mumbai falls next whereas Bangalore has least number of children reported missing and untraced; Delhi and Kolkata constitute of 89 per cent of untraced children; Delhi has 3rd largest number of missing children where 12 per cent of total reported missing is still untraced; 3555 children reported missing from Andhra Pradesh out of which 17 per cent are still untraced; it was found that most

of the children disappeared from slums; 243 children were reported missing from Arunachal Pradesh, 91 children are still untraced which is 37 per cent of the total reported; Assam had 2686 children reported by missing but according to police, only 961 children went missing and 43 per cent remained untraced; majority of them do not have any identification proof and they lack awareness; Bihar registered 3,345 missing children; 40 districts of Bihar have more than 50 per cent of children untraced; 5,594 children reported missing from Chhattisgarh 24 per cent children were untraced, children here are kidnapped in naxal linkages and used as armed force by them; in Goa 238 cases were reported; in Haryana 185 children were reported missing; 36 per cent children are still untraced in two districts of Himachal Pradesh; in Jharkhand 320 children were reported missing, 45 per cent remained untraced; in Karnataka 9,956 registered cases of missing children was reported; in Kerala 2116 children disappeared in the last two years; 10 per cent of who are still missing; in Madhya Pradesh 12,777 children were reported missing of which 25 per cent are still untraced; poverty and high density of population in urban pockets, which exhibit slum like conditions, could also be a cause of disappearance of children; 26211 children were reported missing in Maharashtra of which 29 per cent of the total reported missing are still untraced; most of the children are missing from slums which indicates that these places are centres and hubs of child trafficking; 178 children were missing from Meghalaya, and 66 children are still untraced; 51 per cent of the total reported missing children are still untraced from Nagaland; 342 children were reported missing from Sikkim; 9482 children were reported missing from the state out of which one fifth are untraced; 380 children were reported missing in Uttarakhand, children are mostly employed in the work stations like roads side dhaba, small shops etc. many of them are transported to big cities to work in the factories as bonded labour; 74 per cent of the total children reported missing from West Bengal are still untraced which is the highest in the country; the migrants are generally poor and do not possess any identity proof which makes them vulnerable to the traffickers; the figure of missing children is increasing every day, pushed by numerous potent factors such as trafficking, forced labour, commercial sexual exploitation, illegal adoption racket, armed conflict, organ trade and medical testing.

*Recommendation:* Compulsory registration and investigation of all cases in case of missing children to be done; special operating procedure would be carefully drafted to support investigating agencies; National Centre for Missing and Exploited Children (NACMEC) should be established by government; nodal officers on missing children in every district should be appointed; every state governments should set up an Advisory Body including all government departments concerned as well as appropriate NGOs working in the field of missing children; childline to have national linkage ; creation of a comprehensive plan for rehabilitation of rescued children who need rehabilitation or other assistance; nationwide awareness generation programmes on the issues of missing children and trafficking.

*Key Words :* 1.SOCIAL DEFENCE 2.MISSING CHILDREN 3.CHILD PROTECTION 4.CRIME AGAINST CHILDREN 5.SEXUAL EXPLOITATION 6.SITUATIONAL ANALYSIS OF CHILDREN.

## Street Children/ Children in Need of Care and Protection

23. Ramakrishna, Jayashree, Karott, Mani and Murthy, Radha Srinivasa. (2003). Experience of sexual coercion among street boys in Bangalore, India. Bangalore: National Institute of Mental Health and Neuro Sciences, Department of Health Education, Bangalore. 4 p.

*Background:* India has over 414700 street children, mainly in big cities. Many are homeless and find themselves without adult care. Sexual coercion encompasses behaviours that range from physical and mental coercion to enticement with economic and psychological rewards.

*Objectives:* The study endeavoured to examine high-risk sexual behaviour among street children in Bangalore.

*Methods:* Qualitative data researchers gathered quantitative information from 121 boys on socio demographic profiles, family history, sleeping arrangements, alcohol/ drug use and sexual activity. Study participants came from four of seven areas where BOSCO has outreach programmes.

*Findings:* Boys in the study ranged from age 9 to 23 years; 45 per cent were 14-17 years old, and the median age was 16 years; boys had been on the street for five to six years; poverty was the major reason for leaving home; about one-fourth did not have a father or mother and a large per cent had an alcoholic parent; 40 per cent went home only for festivals, even though their parents lived in the same town; most boys did not have close associations with adults; a group of 16 boys in the study who lived at home, the other boys slept at the BOSCO shelter, in the streets, parks and work places; boys in the study were quite comfortable talking about sex with a trusted adult; 61 boys rated 26 items according to how pleasurable and how dangerous they considered each sexual act; the major reasons boys cited for having sex included pleasure; 61 per cent boys were sexually active; four were initiated at age nine or younger; 36 boys were initiated between ages 10 and 12; anal sex was the most commonly reported sexual behaviour followed by vaginal sex; older boys tend to have sex with girls as well as anal sex with boys; street boys hesitated to express fear and some said that over the time they had become used to the idea of being forced; younger boys were afraid and upset when they are forced but do not see how they can avoid the older boys; some boys had sexual relationship with girls who were 8-12 years old.

*Conclusion:* Social conditions, poverty and drug use shape concepts of sexuality and coercion among street boys. Sexual coercion the streets is an exercise of power, a way to maintain status and subdue a subordinate. Boys who have been forced, in turn want to be in positions of command.

*Key Words :* 1.DESTITUTE CHILD 2.CHILD SEXUAL ABUSE 3.STREET CHILDREN 4.SEXUAL COERCION 5.SEXUAL BEHAVIOUR 6.CHILD ABUSE 7.CHILD PROTECTION 8.BANGALORE.

24. Srinivasan, M. and Mathew, Jane Eyre. (2010).  
Abuse and exploitation of street children in the state of Tamil Nadu.  
Chennai: University of Madras, Department of Criminology. 10 p.

*Background:* Street Children are the marginalised children. They live and grow upon the margins of society-often without education, affection, care and guidance from adults. These children are left unprotected in the streets hence, rendering them vulnerable to exploitation and abuse.

*Objectives:* The study attempted to find out physical, sexual and emotional abuse of the street children by police and older children and the organised exploitation of street children by local dhadas and antisocial elements.

*Methods:* The study was undertaken among the street children in six municipal corporation areas of Tamil Nadu, namely, Chennai, Coimbatore, Madurai, Salem, Trichy, and Tirunelveli. In total about 1527 street children were selected for the study after a baseline survey.

*Findings:* A significant majority of the street children (48.90%) were in the age group of 11-15 years; 75 per cent of them were males; 79.93 per cent of street children belonged to Hindu religion; 50 per cent belonged to SC/ST community; 43.93 per cent of street children hailed from urban areas; 15 per cent of the sample said that they were brought to the city with false promises; 16 per cent of street children were employed under someone. When the children were asked to respond to the different methods adopted by people who brought them to the cities, 48.2 per cent said that they were promised jobs; cinema chance and grand city life constituted of 16.1 per cent and 13.4 per cent respectively; 54.5 per cent respondents were forced to take up a job in the city; 17.4 per cent children reported abuse at work place; 40.6 percent street children tried to come out of the exploitative situation; 39 per cent of the street children were forced to work as bonded labourers; 16.4 per cent worked as residential maid servants; 37.7 per cent street children were involved in other works like rag picking, working in tea shops etc. 50 per cent of the street children said that they had to escape by themselves to come out of the exploitative situation. 13.2 per cent of the street children had been rescued by childline and around five per cent by the police and by social workers. 23 per cent of the street children were physically abused by the police; police also subjected the children to other forms of abuses / exploitation - sexual abuse (0.1%), forced to do unlawful activities (0.6%), forced to indulge in trafficking of liquor/ drugs (0.3%) and economic exploitation (0.9%); 20 per cent of the street children were also exploited by elder children.

*Conclusion:* The findings of the study reveal that the younger children between 5 and 10 years of age are subjected to more abuse than the children belonging to other age groups. The perpetrators of abuse and exploitation include police, elder children, local dhadas/ anti-social elements, parents, employers and others.

*Key Words :* 1.DESTITUTE CHILD 2.STREET CHILDREN 3.CHILD ABUSE 4.EXPLOITATION 5.PHYSICAL ABUSE 6.CHILD PROTECTION 7.TAMIL NADU.

## Substance Abuse

25. Juyal, Ruchi et al. (2008).  
Socio-demographic characteristics of substance abusers among intercollege students in a district of Uttarakhand. Dehradun: Himalayan Institute of Medical Sciences, Department of Community Medicine Dehradun-HIMS-DCM. 4 p.

*Background:* The problem of substance abuse has become a global public health concern and is fast assuming alarming proportions not only in developed countries but also in developing countries. Initiating illicit substance use and its continuation appears to be significantly influenced by societal norms and peer pressure.

*Objectives:* To find out the effects of socio demographic variables on the problem of substance abuse among inter college students of a district of Uttarakhand.

*Methods:* The study was carried out in two inter colleges of district Dehradun of Uttarakhand. Data was obtained by using a self - administered questionnaire; students studying in classes 9 to 12 classes were selected for the study. Over all 1,094 students (532 rural and 562 urban) returned fully filled questionnaires and were included in the study.

*Findings:* A total of 1094 students studying in classes 9 to 12 participated in this study out of which 684 were males and 410 were females; 58.7 per cent students were found to be ever users while 31.3 per cent agreed upon being a regular user for any of the mentioned substances in the questionnaire; the prevalence of regular use of mentioned substances was significantly higher among urban students as compared to rural students (urban-37.9%, rural-24.4%); substance abuse was quite high in all age groups (13-18) years and the difference was not found to be statistically significant, the abuse of mentioned substances was significantly more in male students as compared to female students (45.8% and 7.3%); prevalence of substance abuse among various socio economic classes was found to be maximum in the middle slab i.e. social classes II, III and IV; the overall difference in the prevalence rate of substance abuse among various socio economic classes was found to be statistically significant; the prevalence of substance abuse was much higher (38.8%) in non - vegetarian students as compared to vegetarians students (24.1%) . This difference was found to be highly significant ( $p < 0.0001$ ); the prevalence of substance abuse was much more (36.4%) among students whose fathers were in professional occupation; no relation between substance abuse and type of family was observed in this study; the prevalence of substance abuse was almost equal among the substance abusers belonging to joint and nuclear families; the substance use was maximum among Hindus (32.0%) followed by muslims (25.0%).

*Recommendations:* The findings of the present study can be taken into consideration while formulating policies for drug/ substance abuse prevention and control programmes.

*Key Words :* 1.DESTITUTE 2.CHILD ABUSE 3.SUBSTANCE ABUSE  
4.ADOLESCENTS 5.SCHOOL CHILDREN 6.SOCIO-DEMOGRAPHIC  
FACTOR 7.CHILD PROTECTION 8.CROSS-SECTIONAL STUDY  
9.UTTARAKHAND.

## C. Research Abstracts on Women and Gender Issues

### Marriage

26. Malik, Bijaya K. (2012).  
Changing marriage pattern in rural Orissa. New Delhi: Indian Adult Education Association. 12 p.

*Background:* Notable changes have been experienced in the timing of marriage in India. Education of girl plays a significant role in increasing of age at marriage in the population. In this study, the reasons and differentials of the mean age at marriage, also girls married before legal age and insights of some policy implication for future course are given.

*Objectives:* To examine the changing marriage practices by level of poverty in rural context in Orissa; to understand the factors of early marriage of girls among chronic poor, poor and non-poor.

*Methods:* The study was drawn from a field study undertaken during Oct-Dec 2010, in rural Balasore district of Orissa. A total of 612 households and 623 currently married women were selected out of which 600 household and 597 currently married women were interviewed successfully. The household response rate was 98 percent and it was 96 percent for women questionnaire.

*Findings:* Three marriage cohorts have been computed namely for those married during 2001-2006, during 1996-2000 and before 1996. The mean age at marriage of women belonging to marriage cohort 2001-2006 was 19.55 years for chronic poor, 19.54 years for poor and 21.53 years for non-poor. The standard deviation varies from 2.5 to 2.8 indicating similar variations across the poverty. Reasons for early marriage among chronic poor and poor may be their social and economic backwardness; it was found that there has been a substantial increase in the legal age at marriage among girls over the years. The percentage of girls marrying below 18 years has reduced from 46 percent for those married before 1996 to 10 percent among those married in 2001-06; differentials in marrying early by poverty status showed that among chronic poor 48 percent of girls of marriage cohort before 1996 were married below 18 years and it had declined to 23 percent for the cohort 2001-2006; however in 2001-06, about one-fourth of chronic poor are getting married below the legal age, the trend suggests that the percentage of girls marrying in last 10 years has significantly declined among chronic poor, poor and non-poor, the reduction of

percentage of girls marrying below legal age is more than 90 percent among non-poor compared to 50 percent for both chronic poor and poor.

*Recommendations:* These include promoting education at all levels; reducing school dropouts among poorer households and exposure about the benefits for higher education in connection to the autonomy, better healthy life, authentic knowledge about their daily livelihoods, awareness about their reproductive and sexual rights and many other benefits.

*Key Words :* 1.SOCIAL WELFARE 2.MARRIAGE 3.MARRIAGE PATTERNS 4.POVERTY 5.EARLY MARRIAGE 6.SOCIO-ECONOMIC CONDITION 7.RURAL ORISSA.

## Violence/ Crime against Women

27. Jagori, New Delhi. (2010).

Safe cities free of violence against women and girls initiative : report of the baseline survey. New Delhi: Jagori. 44 p.

*Background:* The baseline survey was conducted by New Concept Information System (NCIS) on behalf of Jagori to identify the forms of harassment faced by women, the factors contributing to them, societal response role of police as well as the strategies adopted by women to deal with continued and multiple forms of harassment.

*Objectives:* To identify forms of violence/harassment faced by women in public spaces; to determine key factors that play a role to enhanced safety and inclusiveness for women; to gain understanding of ways in which women respond to harassment and lack of safety; to gain deeper understanding of women accessing police and other service providers in safeguarding their rights; to identify spaces that are perceived and experienced as unsafe; to determine how women respond to harassment and lack of safety and to gain insights into the perception of men about women's safety in the city.

*Methods:* Total sample size was 5,000 and the target respondents included women, men and common witnesses. In all the three categories, only men and women above 16 years of age were considered as sample. For common witnesses, the stipulated number of 250 was achieved.

*Findings:* Around 85.4 percent of women, cutting across socio-economic categories, believe sexual harassment is one of the main concerns affecting the personal safety of women. Another concern is high incidence of robbery, i.e. 60 percent of men and 69 percent of women witness it, followed by threat of physical/sexual attack and rape to be high risks; a high of 93 percent of women attribute their sense of insecurity to simply 'being a woman'; significantly, 86 percent of men and 87 percent of common witnesses share this perception. 22 percent of women, 46 percent of men and 42 percent of common witnesses believe girls and women in the 15-30 age groups particularly school/college students, are more vulnerable to sexual harassment. Approximately 18 percent of women, 24 percent of men and 20 percent of common witnesses consider being from other regions an additional factor that heightens risks to their personal safety. District wise analysis shows that verbal harassment (nearly 89%) is highest in Central Delhi, followed by 85.6 percent in South West Delhi.

At 77.6 percent, visual harassment is highest in New Delhi, followed by 76.9 percent in West Delhi. Stalking is highest (56.7%) in Central Delhi followed by 54.7 percent in New Delhi while flashing at 32 percent is highest in East Delhi and violent physical attacks at 22.5 percent is highest in North East Delhi; about 64.8 percent of women believed the perpetrator to be in the age-group of 17-30 years whereas around 51 percent women believed that it is in the range of 30-45 years, and another 12.3 percent to be above 45 years; 41 percent experience harassment during the day while 36 percent face it after dark; out of 3,813 women 70 percent of women report that they avoid going to secluded places, another 50 percent keep away from crowded places while 43.5 percent avoid wearing 'certain kinds' of clothing. 40 percent avoid going out alone after dark; 68 percent of women respondents confronted the perpetrators in some form or the other, women in times of crisis turned mostly to their families (65%) and friends (50%) for help; 17 percent asked bystanders for help and 6.6 percent had accessed helplines while 10 percent took no actions.

*Recommendations:* Recommendations were : carrying items like pepper spray, safety pins for self protection; introducing women's special buses and metros; increasing police force recruiting more women police; deploying plain clothes police men and women in public places so that offenders can immediately be brought to book; putting up photographs and posters of the offenders to publicly shame as exemplary punishment; publicizing helpline numbers; installing CCTV cameras in public places and launching awareness campaigns against sexual harassment.

*Key Words :* 1.WOMEN WELFARE 2.VIOLENCE AGAINST WOMEN 3.VIOLENCE AGAINST GIRLS 4.BASELINE SURVEY 5.SEXUAL HARASSMENT 6.WOMEN SAFETY 7.HARASSMENT AT PUBLIC SPACE 8.FORMS OF SEXUAL HARASSMENT 9.DELHI.

28. Sidhu, Anupreet Kaur. (2009).  
Domestic violence against women : A study in the metropolis of Delhi.  
New Delhi: Lok Nayak Jayaprakash Narayan National Institute of  
Criminology and Forensic Sciences. 18 p

*Background:* Violence against women has been used to describe a variety of different behaviours including emotional, sexual and physical assault, murder, genital mutilation, stalking, sexual harassment and prostitution (Crowler & Burgess, 1996).

*Objectives:* The study sought to assess the nature and etiology of domestic violence against women; to explore the response of women towards violence perpetrated against them; to investigate the role of CAW cells and NGOs in dealing with domestic violence victims and how these agencies perceive this issue; to study how the community perceives the social phenomenon and suggest a few remedial measures to combat the 'Intimate Partner Violence'.

*Methods:* Total sample size was 40 and domestic violence victims with cases registered at CAW cell/NGO was 20.

*Findings:* Data reveals that most of the victims i.e. 11 out of total 20 respondents belong to the age group of 26-35 years, however 30 percent respondents belong to the age group of 18-25; 10 percent of the total sample belong to 36-45 years and only five percent of them are above 45 years of age; 14 out of 20 victims reported violence perpetrated against them by their husband during separation but six out of 20 victims reported such violence while cohabiting with their partner and 10 percent of the victims were previously divorced and filing complaints against their second husband; 20 respondents had prior experience or exposure to domestic violence, and for 19 out of 20 victims it was a first experience of domestic violence; three out of 20 women always faced ridicule and critical remarks for cooking and four out of the total were pestered for cleaning. Three of them faced trouble for the way they clothed and looked. One out of these 20 women was troubled over child care and one for improper ironing of clothes, 15 out of 20 respondents claim that they faced accusations by their partners, 10 out of 15 respondents said that they were accused of having a bad character, three out of them had been accused of having an affair, three were claimed to be neglecting their family and not being responsible enough, four of the respondents also faced allegations of theft, running away with a paramour, of being sterile etc; 16 out of 20 respondents were injured physically by their partners; four out of 20 respondents were never subjected to physical manhandling; out of 16 respondents who were physically injured, 10 received visible injuries and seven out of these visible injuries needed medical attention, only six of the women were taken to a doctor. Just

two out of these six women disclosed the real cause of injury to the doctor whereas rest four made up a story as a cause of their injury; 12 out of the total respondents had financial restrictions, five out of a total of nine employed women were forced to hand over their earnings to their husbands, two out of 20 face other forms of financial restrictions and five out of 20 face no such restriction, eight out of 20 respondents were not forced to have sex against their will but 12 respondents were made to do so; four of these women were hurt sexually in the process and three others were regularly subjected to perversion, 17 out of 20 were insulted and humiliated in the presence of relatives and strangers and three out of 20 respondents were not insulted in public; 11 out of 20 stayed quiet and tolerated the abuse that they were subjected by their partners, just four of the total talked about it to their partners and three talked about it to a trusted friend or family, one out of 20 left the home and one behaved differently than any of the above; six out of 20 respondents feel responsible for the treatment they are subjected to, 14 out of 20 feel that it is not any of their faults and they are not responsible for such treatment in any way, and 65 percent wished to reconcile with their partners while only seven out of total respondents wanted to separate from their partner.

*Recommendations:* Pre-marital counselling might be useful to assess compatibility; the CAW cell and NGOs should appoint psychologists and professionals, specially trained to deal with family issues; NGOs should spread legal awareness among women and men in rural as well as urban areas; adequate employment opportunities should be created for distressed women after providing them required training and counselling and victim surveys should be conducted time to time.

*Key Words :* 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.VIOLENCE AGAINST WOMEN 4.ROLE OF NGOS 5.VICTIMS 6.DOMESTIC VIOLENCE PREVALENCE 7.INTIMATE PARTNER VIOLENCE 8.DELHI.

29. Sakhi Resource Center for Women. (2004).  
A Study on gender based violence in Kerala. Trivandrum, Kerala: SRCW.  
152 p.

Background: Gender-based violence against women is a major public health problem resulting in considerable avoidable morbidity and mortality. The global health burden because of violence among women in the reproductive age group is 9.5 million Disability Adjusted Life Years (DALYs), which is as high as some other major health concerns such as Tuberculosis (10.9 million DALYs), HIV (10.0 million DALYs) and sepsis during childbirth (10 million DALYs).

Objectives: The objectives of the study were: to find the prevalence of gender-based violence; to understand the types, forms and health consequences of gender-based violence on women and to identify the correlates of gender-based violence to explore the perceptions of health providers regarding gender based violence; and to study the current practices and procedures that are followed within the public health services with regard to women who report violence or are suspected to be survivors of violence.

Methodology: The quantitative component was a cross sectional community based household survey conducted in the three districts of Ernakulam, Kozhikode and Palakkad. The target population were women in the age group 17-70. The sample were randomly selected in order to represent a cross section of the women in Kerala. The field study was conducted from October 2003 to February 2004.

Findings: The proportion of unmarried women was 24 percent in Ernakulam, which was about twice the proportion in the other two districts. This contributed to more than 50 percent of the total number of respondents who were never married. The median age of marriage of ever-married women in the survey was 20 years; about 22 percent of them had married before the minimum age at marriage for women fixed by the Child Marriage Restraint Act of 1978, which is 18 years. It varied from 2.2 percent in Ernakulam to 27.2 percent in Palakkad and in Kozhikode districts it was 32.8 percent; the lowest age at marriage reported was 11 years. However, it should be noted that marriages below 18 were not very uncommon. About 41 percent of married women had been subjected to demands for dowry from their husbands' families; while about 60 per cent of the women reported that their husbands' families were satisfied with

the dowry received; a very large number preferred to not comment on it; in six percent of women, their husbands' families were clearly not satisfied with the dowry they had brought; and eight percent of the women stated that demands for dowry continued also after marriage. Almost 80 percent of the women knew about the Kerala's Women's Commission; only 12 percent knew of any other organizations or individuals who could help women experiencing gender-based violence. This implied that women who were too far away from the state's capital and could not readily access the Women's Commission did not have any other recourse when they were faced with gender-based violence. Almost 83 percent of the respondents in Ernakulam believed that husbands did not have a right to beat their wives and the corresponding figures from Kozhikode and Palakkad were only 49 and 56 percent respectively. The views regarding whether women had the right to react also varied between districts. About 46 percent of the respondents from Palakkad believed it was wrong for women to react whereas only less than one fifth of the respondents from Ernakulam and Kozhikode thought so. It was also interesting to note that with such high levels of education in the district of Ernakulam more than 90 percent of the respondents did not know of any organisations or individuals in the district who could help the women who faced violence; about 76 percent of women reported 'not feeling safe to travel alone' and of these, 22 percent women had experienced sexual harassment from men when they were travelling; Fifteen percent of the women had faced sexual harassment when walking in the streets. Relatively fewer women reported sexual harassment in public spaces. Apart from movie theatres (4%) and in festivals (3%) had such experiences. A very small proportion of women reported (less than 1 %) in offices, police stations, shops, colleges or hospitals. Of women reporting to be regularly employed outside the house (n=81), only a very small number i.e. between three and six women reported unwelcome physical contact or advances, or being subjected to unwelcome physical, verbal or non-verbal behaviour with sexual undertones. The non-response rate was very high, which may be indicative of women's unwillingness to talk about these issues. More than one in ten women knew of someone within their family circles who was experiencing domestic violence; 16.5 percent knew of someone in their neighbourhood and seven percent had a friend subjected to domestic violence. Of the 900 women interviewed in this study, 347 women had at sometime in their lives experienced some form of violence or abuse, physical or sexual violence or mental and/or economic abuse. The proportion of women reporting some form of violence or

abuse during the last 12 months was 13.4 percent. The most common form of violence 'ever' experienced is physical violence, reported by 271 women, followed by psychological abuse experienced by 189 women and economic neglect/abuse by 154 women; sexual violence was far less prevalent, which was reported by 45 women; 72 percent of all women reporting psychological abuse also experienced physical and/or sexual violence, defined as psychological violence. The prevalence of psychological violence was 15 percent among the respondents. A very large proportion (50%) experienced mental distress of various kinds; eight percent had suicidal ideation and 10 per cent of the women experienced serious physical injury, which required medical attention.

Recommendations: A crisis support cell may be established in all major government hospitals with a trained medical social worker to provide appropriate services and referral. This should be an independent cell with referral of patients from the emergency department and all other departments carrying out screening for GBV; existing mental health facilities and programs including mental health program should also be reoriented to provide appropriate care for survivors of gender based violence; steps need to be taken to ensure gender sensitisation of lawyers and the judiciary as part of their training and in service continuing education; women's commission should be given more penal powers beyond just recommendatory powers. It should be expanded with more members and provided with adequate resources and personnel; gender training should be made mandatory in the training of police officers including in-service training. Periodic evaluation of the training should be made using appropriate methods to assess the change in attitude and service delivery; gender-sensitisation and sensitization against gender-based violence should become part of school and university curricula and adolescent reproductive health programmes and life-skills education programmes should necessarily include training for the prevention of Gender Based Violence (GBV).

*Key Words* : 1.WOMEN WELFARE 2.VIOLENCE AGAINST WOMEN  
3.GENDER BASED VIOLENCE 4.DOMESTIC VIOLENCE 5.SEXUAL ABUSE  
6.WOMEN HEALTH 7.TRAFFICKING 8.CRIME AGAINST WOMEN  
9.PSYCHOLOGICAL ABUSE 10.KERALA.

30. Kamat, Umesh et al. (2010).  
A Cross-sectional study of physical spousal violence against women in Goa. Bambolim: Goa Medical College, Department of Preventive and Social Medicine. 7 p.

*Background:* Violence against women, often referred to as gender-based violence, evolves from the women's subordinate status in society. Spousal violence against woman is very common, yet reliable data concerning its magnitude is lacking.

*Objectives:* To study the prevalence of physical, spousal violence and the help-seeking behaviour of its victims with respect to certain socio-demographic variables, in the three months preceding the survey.

*Methods:* It was a cross-sectional study consisting of face to face interview of 379 married women during Sep to Dec 2008 was undertaken in Tirwadi Taluka of Goa.

*Findings:* Of the 460 women, 379 were in the currently married relationship, and hence eligible to be the respondents, none of the respondents reported an extra marital intimate relationship during the time frame of preceding three months of the study; employed woman carried significantly higher risk of physical abuse compared to the unemployed (OR=3.3; 2.1, 5.3), and its association with the level of women's income seemed to be statistically insignificant. It was however found that the women having monthly income more than their husbands; were reasonably protected against spousal violence (OR= 0.28; 0.16, 0.48). Of the 90 women physically abused by their husbands, 36 (40%) did not perceive it as victimisation and accepted it as a social norm; on being asked if they thought wife beating was justified under any circumstances, 9.2 percent stated that it could be justifiable under some circumstances, but none of these supported the idea of hitting their husband on similar grounds; of the 68 women who preferred not to speak or seek help, 63 did so in anticipation of change of husband's behaviour with time primarily to maintain the integrity in family while 41 thought that disclosure would cause distress, shame to their parents. A sizeable number of 30 remained quiet accepting it as a social norm and 28 were held back on account of reason of security of children's future. Change in the societal attitude that permits and legitimizes such acts through awareness is the only long lasting solution.

*Key Words :* 1.WOMEN WELFARE 2.MARITAL VIOLENCE 3.PHYSICAL VIOLENCE 4.VIOLENCE AGAINST WOMEN 5.GENDER VIOLENCE 6.SPOUSAL VIOLENCE 7.CROSS-SECTIONAL STUDY 8.GOA.

## Women Empowerment

31. Kaul, Shashi and Sahni, Shradha. (2009).  
Study on the participation of women in panchayati raj institution. Jammu:  
Government College for Women Parade, Department of Community  
Resource Management and Extension. 10 p.

*Background:* Panchayati Raj Institutions have been considered as a means to good governance and 73<sup>rd</sup> Constitutional Amendment was affected in the hope that it would have to better governance and provide political space to the disadvantage section of the society like scheduled caste, scheduled tribes and women.

*Objectives:* To know the obstacles of women in Panchayat and the role of performance in Panchayat; to highlight the factors which overtly or covertly tend to promote or prevent women members from performing their roles and to know the nature and extent of participation and role in decision-making.

*Methods:* The present study was conducted in Jammu province. Out of 7 districts in Jammu only two districts were selected viz. Jammu and Kathua. In all 33 women elected representatives were selected from each of the two districts, 23 WERs were selected from Jammu district and 10 WERs from four blocks of Kathua district were selected.

*Findings:* Majority (n=23) of the respondents contested elections as general candidates while rest 10 contested election from reserved seats, nine from scheduled tribe and one from scheduled caste; 27 women respondents were not members of any organisation; 4 of the respondents were members of local organisations like Mahila Mandal. Majority (n=20) of the respondents had no political affiliation, and they belonged to general category and contested elections as independent candidates; 13 respondents were supported by one or the other political party out of which 8 respondents were from Congress party; 4 were from NC; majority (n=23) of the respondents wished to help people in the society and to work for the development of the concerned village; 10 respondents mentioned that they had pressure from the family; 5 respondents entered Panchayat to hold power and to prove their identity, political parties motivated five respondents; majority (n=21) of the respondents had complete freedom of expression in the meetings, they usually raised their point and view in the Panchayat meetings, and they were free to determine areas required for development and financial assistance for the betterment of people. Twelve of the respondents expressed that they weren't free to put forth their point of view. Six respondents reported that it was difficult for women to attend the meetings;

majority (n=17) of the respondents took decisions at their own level in Panchayat meetings as they opened that they are confident enough for decisions taken by them that will benefit the people of their village, eight WERs stated the right to take decisions on their own. Due to this, 6 respondents opened that they never wanted to attend Panchayat meetings; majority (n=22) of the respondents wanted freedom from family and community which would make them to perform as better leaders. Further 10 respondents felt that ability to speak would serve as an asset for convincing public and invoke their confidence and moral support. Nine of them stated literacy, self confidence and skill training were important for performance and to an efficient leader for welfare and development of the people. Eight respondents believe that experience, self decision would strengthen leadership qualities. Of all the 13 respondents, preferred self initiative and organising capacity for income generation; 12 reported that economic independence family encouragement, transparency in PRIs and administration, support from government officials would go long way in motivating the women folk to participate in Panchayat. Four respondents revealed that their dedications and commitment play an important and positive role for joining Panchayats.

*Recommendations:* Men's attitude towards women's entry into politics has begun to change from that of total rejection to limited encouragement even to active encouragement; studies on women in politics have emphasised that contact with outside world makes women more alert and also acting in political processes; incentives play a vital role in ensuring the participation of elected representatives in decision making and media can act as an agent of political socialisation for inculcating the values of gender equality and gender justice.

*Key Words :* 1.WOMEN WELFARE 2.PANCHAYATI RAJ 3.WOMEN EMPOWERMENT 4.LOCAL GOVERNANCE 5.POLITICAL PARTICIPATION 6.PARTICIPATION OF WOMEN 7.WOMEN IN LOCAL GOVERNANCE 8.JAMMU AND KASHMIR.

32. Maharana Pratap Adhyayan Evan Jan Kalyan Sansthan. (2006).  
Research study on role of tribal women wage earner in ensuring family food security in scheduled areas of Rajasthan in changing environmental and economic scenario. Jaipur: MPAEJKS. 188 p.

*Background:* Development of the people of tribal community is a subject where the Government of India has made specific provisions, yet the remaining acts are the responsibility of the State Government. There are significant disparities in income and asset distribution as tribal people lack in awareness of their rights provided in the constitution of India and various efforts being made by Central and State Governments.

*Objectives:* The study assessed the viability of existing activities for the benefit of tribal community from their own perspectives; reasons responsible for leakages of assets; role of tribal women wage earner to ensure family enrichment through the assets or commodities made available to them; possible safeguards required for retaining the benefits on a sustainable basis; creative activities for prosperity of the tribal community through awareness generation and funding other requisite in ensuring the environmental and economic scenario through the tribal women community.

*Methods:* Area covered under the study was: Banswara district comprising of all 8 blocks viz. Garhi, Kus Halgargh, Sajjangarh, Bagidora, Anandpuri, Ghatol, Peepalkhoont and Jalwara; Dungarpur district comprising of 5 blocks viz. Simalwara, Sagwara, Dungarpur, Bichhewara and Aspur; Pratapgarh and Arnod blocks of Chittorgarh district; Abu Road block of Sirohi district; Dharianad, Kotra Salumbar, Kherwara, Sarada, Jhadol blocks of Udaipur district. Girwa block consisting of 81 villages has been sub-divided into three clusters as Girwa-I, Girwa-II and Girwa-III to cover 81 villages and total selected villages are only 1/3 part of the block villages.

*Findings:* Tribal women's contribution in the family income is about 40 percent in addition to the household activity, every tribal women of work participation age group is a worker irrespective of the duration of employment she is able to get; tribal people do not fill a green tree and collect fuel wood of dead trees and bushes, even tree plantation in rocky hills and once the trees survive the tribal people will protect those and even fill the dead plants through replantation; awareness generation among the tribal women can be very helpful in development of environment in the surrounding area of each village, which will help in security from pollution related disease and keep the people healthy; the economic status of tribal families of schedule area has been strengthened significantly where tribal woman have played an important role, also keeping

tribal women as a key functionary for the economic well being; literacy and awareness needs to be enhanced for access to available facilities. The Jatropha cultivation is a better alternative for meeting the diesel requirements of the country in view of increasing rates of petroleum products; horticulture activity with the application of biotechnology can help in raising production, thereby bringing higher returns; Horticulture Department of the State can provide requisite support in supply of quality plants for bio-technology application, Agriculture Department can help in establishing units at the village level by training the tribal women to prepare organic fertilizer and pesticides of their own with local material; in changing scenario, tribal women can play important role as they are well versed with the afforestation activities and if benefits are given in lieu of plantation and maintenance which helps in maintaining the forest area well preserved and the ultimate objective of the government will be fulfilled.

*Key Words* : 1.SCHEDULED TRIBE 2.TRIBAL WOMEN 3.ECONOMIC STATUS 4.STATUS OF SCHEDULED TRIBES 5.WOMEN EMPOWERMENT 6.TRIBAL COMMUNITY 7.FOOD SECURITY 8.CHANGING ENVIRONMENT 9.RAJASTHAN.

33. Raghavan, V.P. (2009).  
Micro-credit and empowerment : a study of Kudumbashree projects in Kerala. New Delhi: Bharati Teertha School of Under Graduate Management Studies, Srisiim. 16 p.

*Background:* Poverty is a crucial problem in all developing countries in the present day world. Poverty alleviation schemes based on micro-credit system have been implemented in many of the developing countries in recent years. The anti-poverty programme under Kudumbashree has been launched by the State Government of Kerala with the active support of the Central Government of India and the National Bank for Agriculture and Rural Development (NABARD) aiming at removing absolute poverty within ten years with the full cooperation of the local self-governments.

*Objectives:* To examine the socio-economic impact of the Kudumbashree projects on the rural and urban poor in salvaging them from deprivation and creating gender equality.

*Methods:* The formation of the grassroot level Community-Based Organisation (CBO) is the fulcrum of the Kudumbashree mission. The grassroot level poor women are organised through Neighbourhood Groups (NHGs) consisting of 20-40 women with five functional volunteers viz., community health volunteer, income generation volunteer, infrastructure volunteer, secretary and president. The NHGs are coordinated at ward level through Area Development Society (ADS) by federating 8 to 10 NHGs.

*Findings and Conclusions:* More than 1,00,000 CBNP/CDS functionaries were given training on various aspects with the assistance of UNICEF; more than 2000 CDS/CBNP functionaries were trained by NABARD in community financial management, more than 4300 community volunteers were given training in community health care; more than 12,000 CBNP functionaries were trained and deployed; 40 CBNP functionaries were trained and deployed as tribal volunteers; about 13,000 CBNP/Literary workers trained and deployed for the conduct of the Poverty Index Survey; 99 awareness programmes against alcohol were conducted; 5600 sanitary latrines were provided to poor families, 20 borewells and 10 open wells were provided; Rs. 150 lakh was mobilized through thrift savings, Rs. 135 lakh to CDS members as loan for income generation as well as for consumption; created 123.22 self-employment through loans/revolving funds; established one coir training centre to train 150 Scheduled Caste women in coir making, set up one coir defibring production unit with an investment of Rs. 35 lakh. Now 10,687 thrift and credit societies are

in operation and in 58 urban areas enveloping the major 58 towns. In rural segment, 1,45,674 thrift and credit societies are in operation covering 991 village Panchayats in the state. Through micro-finance operations, Rs. 651.42 lakh of thrift were raised and internal lending to the extent of Rs. 1473.12 lakh were provided; till date 99,356 NHGs were upgraded and 71,702 of NHGs were linked with banks; Rs. 258.78 crore was distributed as loan to NHGs for internal lending and credit of Rs. 32,281 lakh flow through linkage banking; lease land farming was done in 18,489 hectares benefiting 3,15,613 families hailing from 31,980 NHGs in the state; number of Balsabhas were 27463 comprising 504979 children who were organized in different places of Kerala; educated youth were 50,000 who were assigned with the task of Kudumbashree such as identification process, setting up of innovative micro enterprises etc; 211 groups and 170 individual enterprises have been formed under this programme, thus benefitting 1307 people; Swarna Jayanthi Sahari Rozgar Yojana (SJSRY) covers 53 Municipalities and 5 Corporations, individual enterprises and group enterprises with a minimum number of 10 persons can be set up; 1,365 groups and 15,382 individual enterprises were undertaken under this programme; the project is envisaged to start 500 baby food production units in different parts of Kerala. 21 Nutrimix production units have already been started. It is estimated that 2,500 women can find gainful employment through the programme, which targets the massive baby food market dominated by big brands.

*Key Words* : 1.WOMEN WELFARE 2.MICRO CREDIT 3.POVERTY 4.MICRO ENTERPRISES 5.SELF-EMPLOYMENT PROGRAMME 6.POVERTY ERADICATION 7.MICRO FINANCE 8.WOMEN EMPOWERMENT 9.KUDUMBASHREE 10.KERALA.

## Women Labour

34. India, Ministry of Women and Child Development.  
Impact of globalisation of textile industry on position of rural women in handloom sector in Orissa. New Delhi: MWCD. 20 p.

*Background:* The present study is based on a sample survey conducted among 200 working women of weaver communities in Sambalpur and Bolangir districts in Orissa.

*Objectives:* To examine the change in status and pattern of employment of rural women of weaver communities engaged in handloom enterprises in Orissa.

*Methods:* The primary survey was conducted among 200 rural women of weaver community engaged in traditional handloom enterprises, both in co-operative and non-co-operative sector.

*Findings:* Among the women members of the weaver families, nearly 42 percent were literate, only 41 percent of them were reported just literate who could read and write only. Majority 51.1 percent of adult women members of the weaver families surveyed in both the districts do possessed some relevant skills relating to weaving and yarn processing. Only 18.9 percent were unskilled; nearly 26.5 percent reported that the weaving activities of the family have been seriously affected due to competitive pressure of modern textile industry; about 58 percent of the women reported that weaving has moderately been affected; majority of the women reported that modern textile items are available at relatively cheaper prices (98%) affecting market for handloom products, nearly 87 percent of women respondents reported that growing consumer (preference towards variety of modern fabrics has severely affected the demand for handloom items; 66.7 percent and 17.5 percent of women respondents alleged that the functioning of the societies and production centres have severely and moderately been affected due to the competition situation caused by the modern textile industry. The average annual household income has decreased from Rs. 19,229/- to Rs. 18,678/- showing a marginal decrease of 3 percent; proportion of income derived from handloom activity alone to the total family income of weaver families was more than 90 percent showing their extremely high dependence on weaving occupation. Majority (91.5%) of the surveyed weaver family were still pursuing their traditional weaving activities without entering into any new avenue of income; nearly 73.5 percent of the weaver

families reported that the quality and quantity of food intake have deteriorated due to slacking of their weaving operation and dwindling position of co-operative societies and production centres; nearly 56.1 percent of the women perceive inadequate supply of raw materials as the important reason for their poor rating of services of societies.

*Recommendations:* As weavers are mostly from rural areas with poor background, credit facility is crucial for getting materials and tools in time; all the surveyed working women of the weaver communities demanded that the yarns and dyes should be available at reasonably subsidised price to make handloom products competitive and affordable; necessary support should be provided to weaver communities for technological innovations of their production process and product design. It is imperative to suitably restructure and rehabilitate the ailing societies and production centres through provision of liberal package of measures, aids and facilities modernisation of the looms and allied accessories is the most important step in increasing the productivity of weaving and ensuring high quality handloom products/ factors which influence the sale of consumer products; state governments need to encourage export of handloom products by providing needed financial assistance, proper guidance, facility and channel for foreign trade. Development commissioner for Handloom need to take all possible promotional step to preserve the unique role of handloom and enable the weavers to realise their full potential as to ensure earnings for the handloom weavers; adequate price reduction should be allowed for yarns used by handloom weavers and there is a need to improve the lot of handloom weavers under various ongoing poverty alleviation and income-generating programmes.

*Key Words :* 1.WOMEN LABOUR 2.HANDLOOM INDUSTRY 3.WORKING CONDITION 4.STATUS OF WOMEN 5.TEXTILE INDUSTRY 6.RURAL WOMEN 7.RURAL DEVELOPMENT 8.IMPACT OF GLOBALISATION 9.ORISSA.

35. Prakasam, Seepana. (2011).

Employment and living conditions of female domestic workers : case study of Chandigarh. Chandigarh: Chandigarh Administration, PG Education Department. 13 p.

*Background:* In India, a majority of women work in the informal sector as informal labour. According to the National Sample Survey Organisation (NSSO) 2004-05, there are 4.75 million domestic workers who were employed by private households; 3.05 million of these were urban women in India.

*Objectives:* To analyse the socio-economic profile of the female domestic workers in Chandigarh; to assess living standards of live-in and live-out domestics in the study area and to suggest some measures for policy-making for the improvement of the socio-economic status of the domestics in the study area.

*Methods:* Number of live-out domestic labourers are 200 and live-in domestic labourers are 50, making total to 250 domestic labourers. Number of live-out domestic workers is more in Chandigarh so that more live-out workers have been selected for study. This study takes into consideration only female workers (live-out and live-in) working in residential houses in Chandigarh city because the maximum population of workers are females.

*Findings:* Maximum proportion of domestics (about 68.4%) belong to Scheduled Castes; about 27.2 percent workers belong to forward castes and (4.4%) workers fail to reveal their respective caste; out of the total 250 domestics studied about (77.6%) workers were illiterate, whereas according to census 2001, the female illiteracy rate in Chandigarh was only 23.5 percent; out of total sample of 250 respondents, the maximum proportion of the workers (34%) is in the age group of 30 to 49 years and the minimum proportion of the workers in the age group of 79 to 89 years age. The mean age of workers was 36.18. Child labour also exists. About 8 children were in the age group of 9 to 19 years. These girls are being forced to work because of the chronic poverty of their parents; out of the total respondents the maximum proportion of workers (56.8%) work 6 to 11 hours per day, about (30.8%) workers work about 1 to 6 hours and the minimum number of workers (12.4%) work 11 to 16 hours per day; out of the total number of respondents 67.2 percent work in more than one house, about 18.4 percent workers work in 3 houses, 33.2 percent workers work in one house, remaining 13.2 percent work in one house because of non-availability of work, small children, ill health, old age, incapacity, prior agreement etc. All the sample workers in 700 houses perform different

domestic tasks like 39.2 percent perform 3 tasks i.e. cleaning of utensils, cleaning of floors, washing of clothes, fewer workers (1.2%) perform 4 tasks i.e. cleaning of utensils, cleaning of floors, washing of clothes and cooking food; out of a total sample of 250 respondent domestics, maximum proportion of 66 workers earn a monthly income between Rs. 1001 to 1501, about 49 workers earn a monthly income between Rs. 501 to 1001. A minimum number of only 2 workers earn income between Rs. 4001 to 4501, about 26 workers earn income between Rs. 0 to Rs 501; minimum increment is Rs. 20 and maximum increment is Rs. 500. The maximum number of workers 123 felt that the maximum increment of their wages is Rs. 50. About 40 workers felt that increment of wage is Rs. 20 only. Only 2 workers felt that their maximum increment of wage is Rs. 500, this increment is not annual; about 171 workers have either white or yellow cards. Remaining 79 workers have no ration cards hence no minimum food security; hence they have to buy food from open market by spending almost all their earning on food only; maximum (n=231) workers have either one room or one set; about 15 workers have two rooms or more than 2 room sets. Except live-in domestic workers, most of the workers live-in semi pukka or kutchha huts; and 204 workers dwelling have electricity connection, about 142 dwelling have toilets, 62 dwellers use padi toilets nearer to the residential area and the remaining dwellers use public places; only 60 workers have bank account either in her/husband's name; about 180 workers use kerosene oil and wood for cooking and the minor fractions use LPG for cooking.

*Recommendations:* Empower domestic workers by imparting education and skill to undertake wage employment or self-employment occupations other than domestic work; create awareness among the workers about the importance of associations, their rights and responsibilities; credit availability through micro finance is essential for the generation of extra income; wages should be credited into bank accounts of workers, and promote proper utilisation of money.

*Key Words :* 1.WOMEN LABOUR 2.DOMESTIC WORKERS 3.LIVING CONDITIONS 4.MIGRANT FEMALE DOMESTIC WORKER 5.SOCIO-ECONOMIC STATUS 6.CHANDIGARH.

## Women Health

36. Sarkar, Sanjit and Mondal, Kasturi. (2012).  
Socio-demographic differentials and determinants of contraception  
methods choice among currently married women in India. New Delhi:  
Indian Adult Education Association. 7 p.

*Background:* Contraception is considered as the direct method to regulate fertility. Hence, governments mostly in the high fertility countries, promote contraceptive use among the married couples. Uses of contraception have increased significantly in India due to government efforts and programme interventions.

*Objectives:* To understand the contraceptive uses pattern among currently married women in India and to understand the socio demographic factors affecting the methods of choice of contraception among currently married women.

*Methods:* The present study utilised the data collected for District Level Household and Facility Survey (DLHS-3; 2007-08). The DLHS-3 is a nationwide survey that collected information from 6,43,944 ever married women aged 15-49 years regarding family planning, contraception, HIV, RTI and other socio-demographic aspects.

*Findings:* Use of contraception by all methods is found highest for the age group of 35-39 years while contraceptive use by any method and modern methods was found lowest among the youngest age group; only 48.4 percent of women with more than 10 years of schooling practiced the modern methods whereas 51.4 percent of women with less than five years of schooling practice modern methods, this may be because of dominance of female sterilisation as modern methods of contraception. But practice of traditional methods show positive trend with the years of schooling of currently married women, also contraceptive use as well as choice of modern methods are found higher for the women who are living with 3-4 children; about 91 percent of women of age group 45-49 years have been sterilised whereas condom use and pill use among youngest age group (15-19 years) of women are 44 percent and 33 percent respectively. Condom use was higher (33%) among women with more than 10 years of schooling but sterilisation was found higher (80%) for women with less than five years of schooling; condom use is higher among Muslim religion (19%) but sterilisation is found popular among Hindu religion (78%); compared to women aged 45-49 years, women of aged 35-39 years are 78 percent more likely to

choose modern methods whereas women of youngest age (15-19) are 61 percent less likely to choose modern methods relative to non-use of contraception. Compared to older aged women (45-49), younger aged women are significantly more likely to choose the traditional methods relative to non use. Hindus are 23 percent more likely to choose modern methods relative to non -use whereas Muslims are 32 percent less likely to choose modern methods relative to non use but both the religion are 40 percent and 21 percent respectively more likely to choose traditional methods over the non-use.

*Recommendations:* In family planning perspective more attention is to be given to the unmet needs of contraception especially for young aged women because in younger age, use of contraception is very low; a considerable proportion is not using any methods of contraception. Further who are using any methods among them use of traditional methods is also significant.

*Key Words :* 1.HEALTH 2.CONTRACEPTION 3.WOMEN HEALTH 4.FAMILY PLANNING 5.METHODS 6.SOCIO-DEMOGRAPHIC FACTORS 7.MARRIED WOMEN.

37. Bandyopadhyay, Mridula. (2009).  
Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal. Melbourne: La Trobe University, Mother and Child Health Research. 8p.

*Background:* Prolonged breastfeeding in India is universal. Several cultural practices are associated with lactation and breastfeeding in India, mainly revolving around the concept of ritual, purity and hot and cold foods, food avoidance, restricted diet after child birth, and remaining in seclusion for a certain time period because of the polluting effects of child birth.

*Objectives:* To examine the socio economic and cultural factors influencing maternal and child health care practices in rural West Bengal.

*Methods:* The study was conducted in four villages i.e. Motipur (Tribal), Kapgari (Hindu), Santoshpur (Muslim) and Sultanpur (mixed) of West Bengal in India, representing different levels of socio economic development, religion and caste/tribe from September 1993 to April 1994. One hundred households with one women respondent from each household were selected from each village. A survey questionnaire was administered to 402 respondents and in-depth interviews were conducted with 30 women in the reproductive age group (13-49 years), and 12 case studies were documented with women belonging to different caste, religions and tribal groups.

*Findings:* Women in Motipur and Kapgari villages believed in the concept of pollution and contamination after child birth, which is dirty and defiling (post partum blood), whilst women in Santoshpur considered the placental blood to be the pollution. In Sultanpur women practice segregation as a 'cultural tradition'; women consumed special food (milk, ghee, butter, and certain types of fish) believed to increase the quantity of breast milk and to improve their health; infants were given prelacteal feeds before breastfeeding. Prelacteal feeds (hot water, sugar-water, honey, mustard oil, tea or goat/cow milk) were given to the infant to cleanse their system. There was belief in the study villages that the child swallows waste and impurities in the womb. Only 16.5 percent initiated breastfeeding within an hour of giving birth; about half did not start breastfeeding until at least 24 hours after the birth (47.9%); a negligible minority (1.3%) never breastfed, supplementary food was given to a majority of infants within the first six months; in all the study villages with the exception of Sultanpur, babies were first introduced to supplementary food between the fourth and the sixth months and were given plain water, animal milk and infant

formula, women in Sultanpur introduced supplementary food for the first time between the first and third month in the form of plain water, animal milk and infant formula. Most women in the sample introduced soft mushy foods between the ages of seven and 10 months.

*Recommendations:* The practice of withholding the breast after birth, discarding valuable colostrum and giving prelacteal feeds to the newborn needs to be urgently addressed through programmes and breastfeeding interventions that infiltrate to the rural areas and urban slums across the country; breastfeeding promotion and intervention activities in India should take into account the cultural and traditional practices that impact on postpartum women's health and the belief that breast milk is insufficient for an infant until six months.

*Key Words :* 1.NUTRITION 2.BREASTFEEDING PRACTICES 3.WOMEN HEALTH 4.LACTATION 5.MATERNAL CARE 6.POLLUTION 7.RITUAL 8.WEST BENGAL.

38. Shalini and Singh, Bharti. (2012).  
Effect of nutrition education on the food intake of pregnant women. New Delhi: Indian Adult Education Association. 8 p.

*Background:* In children and women Iron deficiency anaemia is one of the most common nutritional disorders world-wide, and especially in India.

*Objectives:* To improve the dietary intake and consumption of supplementation of the nutrition education programme; to find out the food taboos in the selected pregnant women; to assess the daily food intake adequacy; to educate them about nutrition and food requirement during pregnancy and find out the effect of education on the food intake.

*Methods:* The sample consisted of randomly selected 104 pregnant women of second trimester, who came to the government hospital and private nursing homes of Hathras district (UP). Period of study was from (August-October) 2009. Out of 104 respondents, only 20 were selected for nutrition; education, who were not having sufficient food supplementation, or were anaemic.

*Findings:* Prevalence of anaemia (Hb<11g/dl) was found to be 92 percent, with severe anaemia as 3 percent, moderate anaemia as 44 percent and mild anaemia as 46 percent; food habits of the respondents were simple with 2 main meals and breakfast in the morning; also there was a wide variation in the consumption of different food stuffs and no special alteration in food habits during pregnancy was seen, only milk and milk products, and fruits consumption was increased; most of the respondents consumed banana and apple as fruit. Wheat was the staple diet and rice was eaten occasionally or in the form of puffed rice. Soyabean oil and desi ghee were also consumed.

*Recommendation:* There is a need to reinforce nutritious food as a key element and give sufficient importance to it, as an intervention for improving maternal health status. Simple messages about how much, how many times and what should they eat and how to prepare nutritious items, should be popularized with socio-economic limits in view.

*Key Words :* 1.NUTRITION 2.NUTRITION EDUCATION 3.FOOD INTAKE 4.PREGNANT WOMEN 5.PREGNANCY 6.MALNUTRITION 7.WOMEN HEALTH 8.ANAEMIA 9.MATERNAL CARE.

## Women in Difficult Circumstances

39. Borooah, Vani. (2009).  
Missing women and India's religious demography. Washington, DC:  
World Bank, Development Research Group. 294 p.

*Background:* Two features of India's demography have received a great deal of attention. First is gender bias - the small number of females compared to males (Visaria, 1971; Dyson & Moore, 1983; Sen 1992, 2011; Kishor, 1993; Das Gupta 2005). According to 2001 census, India has 933 females for every 1000 males, which implies that as many as 35-37 million women in India may be "missing" (Dreze & Sen, 1996; Klasen, 1994; Agmihotri, 2000; Sen, 2003; Oster, 2005). The second feature is that demographic variables in India vary sharply by religious group. Fertility and the population growth rate for example, are higher among Muslims than Hindus (Basu 1997; Jeffery and Jeffery 1997; Iyer 2002; Dharmalingam & Morgan, 2004).

*Methods:* The sample size consisted of 81,021 women.

*Findings:* Non-Dalit Hindus appear richer than Muslims and their Dalit counterparts. They also have higher rates of schooling, lower fertility, higher ownership of farmland and a lower chance of falling below the poverty line; Muslim women work less than their non-Dalit Hindu counterparts, while Dalit Hindus work more. The differences are visible in other indicators of female labour force participation rates; while Muslims are similar to Dalit Hindus on a range of socio-economic characteristics, they appear to be quite similar to upper-caste Hindus in that they are less likely to experience the death of a child (particularly a girl), have higher female-male sex ratios among children alive as well as among children ever-born are less likely to ease contraception and have preferences for greater number of girls as well as boys, as evidenced by the greater number of girls and boys that they regard as "ideal"; coefficients for Muslims and Hindu non-Dalit take opposite signs: Muslims have more children, and Hindu, non-Dalit have fewer children than the Dalits and these differences remain statistically significant even when all the control variables are included. Muslims have about one child more than Dalits and non Dalits have about 0.3 fewer children than Dalits. It is interpreted that Muslim fertility is higher than Hindu fertility overall; the robustness of the relationship between religion and fertility by employing additional socio-economic and demographic variables such as the use of contraception, duration of the use of contraception, exposure to mass media, and nutritional indicators. Inclusion of these additional

explanatory variables had little or no effect on two variables of Muslims and Hindu non-Dalit; the sample included 218,769 children who were born to 79,118 Hindu and Muslim mothers in NFHS-3 of the 218,769 children who were included in our sample, 25,784 (10.4 percent of the total) had died.

*Recommendation:* Tendency to focus merely on differences in fertility between religious groups may be simplistic, while we cannot rule out the possibility that unobserved aspects of socio-economic status may be driving our results that religion and religious customs may have a direct effect on how daughters are valued in their families. It's believed that there is much scope for further research on the interaction between religions, fertility gender and mortality in India.

*Key Words :* 1.WOMEN WELFARE 2.GENDER BIAS 3.WOMEN IN DIFFICULT CIRCUMSTANCES 4.MISSING WOMEN 5.GENDER DISCRIMINATION 6.SOCIO ECONOMIC FACTOR 7.DALITS 8.MUSLIMS 9.RELIGIOUS DEMOGRAPHY 10.DEMOGRAPHY.

## Women Safety/ Rehabilitation

40. Kabeer, Naila et al. (2012.)

Productive safety nets for women in extreme poverty : lessons from pilot projects in India and Pakistan. UK: Institute of Development Studies. 61 p.

*Background:* Poverty is now widely recognised as a multidimensional phenomenon. It reflects not only deficits in material resources such as income, and assets but also deficits in human resources (labour, education, skills) and social resources (the claims and obligations embedded in relations of solidarity and patronage within the community). Poorer women, required still to engage in some form of paid work to support their families, continue to occupy a disadvantaged position vis-à-vis men from their communities both within their own, households, and in relation to labour market opportunities and state provision.

*Methods:* In West Bengal, the pilot project was implemented by Trickle up, an international NGO in partnership with the Human Development Centre (HDC) - a local NGO responsible for operating the programme on the ground. Around 300 women from villages in the 24 South Parganas district were selected for the pilot, which was implemented over 33 months (Nov 2006 to Aug 2009). Orange Charitable Trust (OCT) programme was carried out with 200 women over a 15-month period (Feb 2008 to May 2010). A phased life history approach based on interviews with 20 women in each of the 2 contexts. These interviews were carried out every two months over the period of a year (May 2009 to May 2010). The Sindh study was located in four villages -Rais Mehmood Old (RMO), Rais Mehmood New (RMN), Noor Mohamed Goth (NMG) and Kundu Goth. The study villages are made up of around 10 to 12 related families of Balochi Oregen.

*Findings:* The absence of an adult male bread winner did not necessarily preclude participants from the category of fast climbers; since all the Adivasi women in the sample and in Targeting the Ultra Poor (TUP) programme more generally were classified as fast climbers; it is by analysing the Muslim OBC and Dalit respondents that we can gain insights into the factors that blocked progress among the participants; none of the women in her family had gone out to work; and she had grown up helping with the household chores, her husband had studied till 5 in primary school, then started working in the fisheries, which he continued even after marriage; with the decrease in salinity in their vested land, they had been able to grow two crops of paddy a year and now had enough for six months of consumption; TUP Project in West Bengal clearly

operated in a variety of guises, in contrast to its near absence in the Sindh villages and the fact that so many of the extreme poor households had some land at their disposal, however tenuous their claims might still be, a product of the government's land of reform programme. In contrast the Sindh villages were largely made up of the same extended family, and were characterised by considerable social cohesion; the WB villages were highly stratified with marked divisions along caste, ethnic and religious beings; there was the far greater variety in the occupations described in the interventions which is a reflection of the greater mobility of the villagers; women were accustomed to take some initiatives on their own and were also better able to benefit from what the project had to offer, by contract women who had no education or business were alarmed at the prospect of starting their own enterprises.

*Key Words* : 1.WOMEN WELFARE 2.POVERTY 3.WOMEN SAFETY 4.EXTREME POVERTY 5.LIVELIHOODS 6.MICROFINANCE 7.SOCIAL SAFETY NETS 8.REHABILITATION 9.INDIA 10.PAKISTAN.

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