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DCWC Research Bulletin

About the Document

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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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

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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

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A. Research Abstracts on Child Development

CHILD WELFARE

1. Bhardwaj, Sumit Dutt et al. (2011).
Missing girls : low child sex ratio - study from urban slum and elite area of Nagpur, India - a cross sectional study. *National Journal of Community Medicine, Oct-Dec. 2(3) : 474-477.*

www.njcmindia.org.

Background: Sex ratio is an important social indicator to measure the extent of prevailing equity between males and females in the society. India's sex ratio , 933 females per 1000 males is lowest amongst the ten most populous countries of the world. There are various possible explanations for unequal sex ratios at birth, including lower caloric intake by mothers, Hepatitis B virus infection, maternal dominance, hormonal factors etc. Anecdotal evidence suggests that access to ultrasound is fairly widespread, even in rural areas and though prenatal sex determination has been illegal since 1994 the law is often ignored.

Objectives: To find the Child Sex Ratio (CSR) in the urban slum and elite area of Nagpur and also to compare child sex ratio according to birth order and sex of previous born child.

Methods: The present study was carried out in field practice area of Urban Health Training Centre (UHTC), Ramna Maroti, which is affiliated to Department of Preventive and Social Medicine, Government Medical College, Nagpur. Study subjects were children less than six years of age. Questions were asked to mothers regarding all children born in last six years, their date of birth, birth order, sex etc. Chi-square test was used for comparing frequencies.

Findings: A total of 1253 households with 6344 population were surveyed; there were a total of 13.8 per cent children in 0-6 years age group; 14.4 per cent in slum area and 13.3 per cent in elite areas; only 4.3 per cent and 2.4 per cent household in slum and elite area respectively were having ≥ 3 under six year children. 51.7 per cent were males and 48.3 per cent were females; in slum areas, maximum males were 23.2 per cent in 37-48 months age group and maximum females about 23.6 per cent were in 61-72 months age group; while minimum males 12.9 per cent were in 0-12 months age group and minimum females 11.1 per cent were in 13-24 months age group; in elite areas , maximum 21.7 per cent were males and 20.2 per cent were females in 61- 72 months age group; child sex ratio was 934 females per 1000 males combined for both areas; child sex ratio according to socio economic status was highest

for lower class in slum area 1875 and for upper class in elite area it was 2857; 52.3 per cent males and 56.9 per cent females from slum area and 86.1 per cent males and 92.8 per cent females from elite areas were Hindus. Child sex ratio according to birth order and sex of previous siblings for birth order up to three was 941 females per 1000 males; in elite areas, for second birth order, number of males was significantly higher than females; when first born child was female, number of males was significantly high in elite area compared to that in slum area; for birth order two, child sex ratio was significantly low when first born child was female (1100 for slum area and 545 for elite area) compared to that when first born child was male (1162 for slum area and 1818 for elite area). In present study it was found that, as the education of mother increases, child sex ratio decreases, except when mother was graduate or post graduate.

Conclusion: Study revealed that there is missing of girl child from the second and subsequent birth order, especially when the previous born child is female. The missing girl was more evident in the elite areas as compared to slum areas.

Key Words : 1.CHILD WELFARE 2.SEX RATIO 3.DECLINING SEX RATIO 4.MISSING GIRLS 5.CHILD DEVELOPMENT 6.GROWTH AND DEVELOPMENT 7.CHILD SEX RATIO 8.URBAN SLUMS 9.BIRTH ORDER 10.SOCIO ECONOMIC STATUS 11.CROSS SECTIONAL STUDY 12.NAGPUR

2. Trivedi, Kunjan and Bhargava, Richa. (2010).
Relation of creativity and educational achievement in adolescence.
Journal of Psychology, 1(2) : 85-89.
source : krepublishers.com.

Background: Adolescence is a process, rather than a period of achieving the desired growth, attitude, beliefs and methods for effective participation in society as an emerging adult. Each period of human development brings with its new competency requirements, challenges, and opportunities for personal growth. Creativity is a critical aspect of a person's life starting from embryonic existence onward through adulthood. When an individual is in the phase of adolescence, his creativity quest for self-identity and personality is being molded by various surrounding factors.

Objectives: To find out relation between educational achievement in adolescents and their creativity; to find out impact of gender differences in creativity on educational achievement of adolescents; to find out importance of family in educational achievement of adolescents.

Methods: For the present investigation, a total sample of 240 subjects, 120 male students and 120 female students of ages 14 to 16 years were selected from Senior Secondary Schools of Jodhpur. In all there were four sub-groups, each consisted of 60 Ss (Students).

Findings: The age wise distribution of the sample revealed that 41 per cent of Ss were 14 years old and 59 per cent of Ss were 15 years old; 52.92 per cent of fathers passed graduation; 37.50 per cent fathers passed senior secondary and 9.58 per cent were illiterate; 35.84 per cent mothers passed graduation, 19.16 per cent were illiterate; 85.83 per cent of the fathers had jobs while 12.50 per cent had their own business; 85.83 per cent mothers were not employed; 52.18 per cent adolescents were from joint families; high achiever adolescents differed significantly ($t = 8.666, 7.878, 7.560, 6.458, 5.937; p < 0.01$) on almost all the subtests of creativity; the adolescent males were better at comprehending problems having fluency, flexibility and originality in naming names of things used for numerous purposes existing in psychological and physical environment; there were no significant differences on square puzzle test and blocks test of creativity; adolescent females had obtained a significant mean difference ($t = 4.942, 3.895, 5.589, 4.540, 2.905, 4.445; p < 0.01$) on almost all the subtest of creativity except blocks test of creativity. It signifies that the high achiever female adolescents were better at expressing fluency, flexibility, originality, persistency and inquisitiveness measured by Passi Tests of Creativity (PTC). HA adolescent males and females on all the subtest of PTC and composite creativity scores highlighted that there were no significant

differences; there were significant differences ($t = 3.067, 4.876, 3.117, 7.002$; $p < 0.01$) in the mean scores of low achiever male and female adolescents on four aspects of creativity; there were no significant differences on consequences test and blocks test of creativity. This showed that both the groups were similar on fluency, flexibility, originality and blocks creativity.

Conclusion: The results indicated that the high achiever group of adolescents had higher level of creativity than low achiever group; there were gender differences among low achiever group on creativity. Family demographics of the two groups were found to be different

Key Words : 1.CHILD WELFARE 2.ADOLESCENT EDUCATION
3.ADOLESCENTS 4.CHILD DEVELOPMENT 5.GROWTH AND
DEVELOPMENT 6.CREATIVITY 7.FAMILY 8.PERSONALITY 9.GENDER
10.JODHPUR

EDUCATION

3. Husain, Zakir. (2009).
Enrolment and dropouts of Muslims in West Bengal. *Journal of Educational Planning and Administration*, October, 23(4) : 347-367.
Source : nuepa.org/pub.

Background: Schemes like Mid-Day Meal Programme and Sarva Shiksha Abhiyan (SSA) has led to substantial progress in enrolment and retention, the issue of unequal educational attainments across the population remains a major problem. Researchers and policymakers have identified girls and children belonging to Scheduled Castes (SCs), Scheduled Tribes (STs), and Other Backward Castes (OBCs) as forming educationally deprived sections of the community, ignoring the poor educational status of Muslims. The major reason for this neglect is the perceived reason for the poor educational attainment of Muslims.

Objectives: To analyse the educational status of Muslims in the state of West Bengal and identify the socio-economic determinants of their poor educational status.

Methods: This study is based on unit level data from National Sample Survey (NSS) 61st Round. The focus of this study is West Bengal. Two sets of methodologies were used. Firstly NSSO data was used to estimate children aged 6-15 years who have never attended school and who had enrolled but have dropped out. Secondly to identify the factors influencing enrolment, completion of primary education and choice of schools based on econometric methods.

Findings: More than a tenth of Muslim Children age 6-15 years had never enrolled; in urban areas, Muslim children had the highest proportion of never attended children, in rural areas, they came second after others; among the other reasons, in urban areas, the perception that education is not important was high among Muslims and BCs; about 11-12 per cent of Muslim boys and girls in West Bengal were not enrolled; in comparison to 29 per cent for urban boys, only 20 per cent of Muslim boys were not enrolled as parents perceived that education was not that important; about a third of non-enrolled Muslim boys cited that the need to supplement household family income was the cause for non-enrolment; among muslim girls the perception that education is not important was the major reason for non-enrolment; in the case of boys, the need to supplement family income was important, while in girls, the need to

attend domestic chores was a major reason for non-enrolment; in rural areas the main reason for non-enrolment was the lack of belief in the value of education, though the residual category was extremely high; in urban areas, the incidence of children not enrolled in order to assist in household tasks or supplement family income was marginal; the population covered by a school was higher in minority-concentrated districts of West Bengal; about a tenth of enrolled children aged 6-15 years were dropouts in both rural and urban areas; in urban West Bengal, dropout rate was highest among Muslims; one out of every five Muslim children dropped out at some stage of their primary education; dropout rates was higher among Muslim boys, than Muslim girls; a substantial gender difference was observed among Muslims in both rural and urban areas; a large portion of Hindu- upper caste dropouts (20%) in urban areas considered education not that important.

Conclusion: It is necessary to examine the relative importance of cultural and economic factors in determining the demand for primary education within the minority community. Action targeting minorities should change their cost-benefit calculations in educational decision making.

Key Words : 1.EDUCATION 2.EDUCATION MUSLIMS 3.CHILD DEVELOPMENT 4.MUSLIM CHILDREN 5.EDUCATIONAL STATUS 6.SOCIO ECONOMIC FACTORS 7.RIGHT TO EDUCATION 8.SARVA SHIKSHA ABHIYAN 9.GROWTH AND DEVELOPMENT 10.GENDER BIASEDNESS 11.MINORITY CHILDREN 12.PRIMARY EDUCATION 13.ENROLMENT 14.DROPOUTS CHILDREN 15.MUSLIM GIRLS 16.GENDER DISCRIMINATION 17.WEST BENGAL.

HEALTH

4. Pankaj Kumar, Pore, Prasad and Patil, Usha. (2012). HIV/AIDS related KAP among high-school students of municipal corporation school in Pune - an interventional study. *National Journal of Community Medicine, Jan-Mar, 3(1) : 74-79*. Source : njcmindia.org.

Background: HIV/ AIDS has emerged as the most formidable challenge to public health, human rights and development in the new millennium. The epidemic of HIV/ AIDS is progressing at a rapid pace among young people. According to United Nations, there are about four million HIV infected people in India, and India is considered as a high-risk country. Despite the high prevalence of HIV/ AIDS, it has been reported that many adolescents do not know the modes of transmission of this disease. School education has been described as a social vaccine, which can be served as a powerful preventive tool.

Objectives: The present study was planned with the following objectives to study HIV/ AIDS related knowledge, attitude among school going adolescents in Pune and changed in that after intervention.

Methods: The present study was conducted in one of the randomly selected school from the schools under field practice area of Urban Health Training Center (UHTC). All students studying in 9th standard were included in the study. The study was conducted in Pune city.

Findings: A total of 102 students participated of which 42 were male and 60 were females; mean age of students was 13.95 years; 63.72 per cent students had heard about HIV/ AIDS; males (83%) outnumbered in this regard than females (53%); T.V. was the commonest source of information in both male and female; 60 per cent students were aware about the mode of transmission of disease; 50 per cent students were having misconception about HIV/ AIDS which reduced significantly after viewing the film; the number of correct responses increased significantly after the intervention. The attitude of students about people living with HIV/ AIDS (PLWHA) was found to be good which again enhanced after intervention; number of unanswered questions decreased in post test indicating their unknowingness decreased.

Conclusion: Intervention in the form of a film can make a significant change in knowledge and attitude of adolescents going to school.

Key Words : 1.HEALTH 2.AIDS AWARENESS 3.AIDS/HIV 4.CHILD DEVELOPMENT 5.HIGH SCHOOL 6.STUDENTS 7.KNOWLEDGE 8.CHILD HEALTH 9.ATTITUDE 10.PRACTICE 11.PUNE.

5. Premakumari, S., Kowsalya, S. and Bhushani, Anu J. (2012). Body composition of overweight and obese adolescent girls (15-19 years). Avinashilingam Institute of Home Science and Higher Education for Women, Coimbatore. *Indian Journal of Nutrition Dietetics*, 49 : 1-10.

Background: Adolescence is the period of transition between childhood and adulthood that involves biological, cognitive and socio emotional changes. Growth and development in children and adolescents are associated with changes in body composition that affect body fatness and leanness.

Objectives: To assess the incidence of overweight and obesity among adolescents of 15 to 19 years of age; to assess the body composition parameters of the selected adolescents; to find associations between body composition, anthropometry and energy balance.

Methods: A total of 530 adolescent girls in the age group of 15 to 19 years were screened for overweight and obesity using height, weight and BMI for age as parameters.

Findings: The incidence of overweight and obesity in adolescent girls were 7.2 and 5.3 per cent respectively; 20 per cent adolescent girls were underweight and 67.5 per cent belonged to normal weight category; the mean differences in the height of normal, overweight and obese subjects were 3.44, 1.58 and 0.89 cm respectively; the mean weight of the normal subjects were close to the standard; the haemoglobin levels were low in normal subjects compared to WHO standards; the body fat mass in overweight and obese individuals were 30.5 kg and 41.53 kg respectively; body fat mass and per cent body fat had a high degree of positive correlation in the three groups; WHR and body fat mass had positive correlation in normal weight and obese subjects; the relationship between WHR and per cent body fat was statistically significant in normal weight and obese subjects whereas it was insignificant in overweight subjects ; there existed a significant correlation between weight and body fat mass in all the three groups; the relationship between per cent body fat and weight was not statistically significant; BMI was positively correlated with body fat mass in all the three groups; this indicated that the body fat mass increased proportionately with BMI; relationship between arm circumference (AC) and protein skeletal muscle mass and fat free mass revealed that there was a positive association in overweight and obese subjects, whereas the relation was not statistically significant in normal weight subjects; a significant difference in energy expenditure of normal and obese subjects was noted, which indicated the sedentary life pattern in obese subjects in comparison with normal weight

subjects; the study revealed that a positive energy balance was maintained in obese (517 kcal) and overweight (204 kcal) subjects which was a smaller amount in normal weight (60 kcal) subjects; there existed a significant difference in the energy balance among the three groups.

Conclusion: The anthropometric measurements and body composition measures showed significantly higher values among the overweight and obese adolescent girls when compared to their normal weight counterparts.

Key Words : 1.HEALTH 2.OBESITY 3.OVERWEIGHT 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.ADOLESCENT GIRL 7.BODY MASS INDEX 8.NUTRITIONAL ASSESSMENT.

6. Rawat, R. et al. (2012).

Prevalence of malnutrition among school children with reference to overweight obesity and its associated factors. *Indian Journal of Community Health, April-June, 24(2) : 97-101.*

www.iapsmupuk.org.

Background: Malnutrition has been defined as “a pathological state resulting from a relative or absolute deficiency or excess of one or more essential nutrients. It comprises of four forms: under nutrition, over nutrition, imbalance and specific deficiency of nutrients. Over nutrition in childhood and adolescence is associated with an increased risk of developing cardio vascular diseases (CVD) and other non-communicable diseases in adult life, it is essential to improve physical activity and promote balanced food intake in school aged children.

Objectives: To assess the prevalence of malnutrition in school aged children; to study the dietary and physical activity factors associated with overweight and obesity in school aged children.

Methods: The present study was conducted in the population registered at Urban Health Training Centre SurajKund. A total of 400 children between 5-14 years of age group participated in the study.

Findings: The prevalence of underweight, healthy weight, overweight and obesity in children was found to be 48.0 per cent, 38.5 per cent, 9.8 per cent and 3.7 per cent respectively. A statistically significant difference was found in the prevalence of overweight and obesity in children consuming two, three and more than three meals per day which was 8.8 per cent, 12.7 per cent and 42.8 per cent respectively ($p < 0.001$), children having the habit of eating in between meals and in those not having the same habit was 15.9 per cent and 5.4 per cent respectively; children having breakfast, lunch or dinner as the heaviest meal of the day was 9.8 per cent, 10.5 per cent and 21.8 per cent respectively; the prevalence of overweight and obesity in children who did not play out door games and those who played for <3 hours/ week and more than 3 hours/ week was found to be 49.1 per cent, 25.5 per cent and 1.9 per cent respectively; those who did not participate in household activities and those who did was 17.9 per cent and 6.0 per cent respectively; children who walked to school, used bicycle or some other transport to go to school was 8.0 per cent and 22.1 per cent respectively; children who did not watch T.V. and those who did for less than 1hr/ day, <2 hrs./ day, <3 hrs./ day and more than 3 hrs./ day were 0.7 per cent, 4.4 per cent, 45.5 per cent and 57.4 per cent respectively.

Conclusion: Diet and Physical activity has an influence on occurrence of overweight and obesity in school aged children. Health education should be used as a vehicle for promoting healthy practices and healthy attitudes among children. Parents should enforce healthy eating practices at home and should encourage children to pursue some outdoor physical activity on daily basis

Key Words : 1.HEALTH 2.OBESITY 3.OVERWEIGHT 4.OBESITY IN CHILDREN 5.CHILD DEVELOPMENT 6.MALNUTRITION 7.DIET 8.PHYSICAL ACTIVITY 9.SCHOOL AGED CHILDREN 10.GROWTH AND DEVELOPMENT 11.CHILD HEALTH 12.NUTRITIONAL STATUS.

7. Singh, C. M. et al. (2012).
Immunization coverage in Etawah : a border district of Uttar Pradesh.
Indian Journal of Community Medicine, April-June, 24(2) : 134-139.

Source : www.iapsmupuk.org.

Background: Immunisation programme is an important key intervention to protect children from life threatening diseases, which are vaccine preventable and include Tuberculosis, Diphtheria, Pertusis, Polio and Measles. In 1978 Immunisation Programme in India was started as Expanded Programme of Immunisation. The programme gained momentum in 1985 as Universal Immunisation Programme (UIP) and expanded to cover all the districts in the country. Under the Immunisation Programme Government of India is providing vaccination to prevent six vaccine preventable diseases.

Objectives: To assess the immunisation coverage among 12-23 months children in rural Etawah district of Uttar Pradesh; to study the association of different socio-demographic factors with utilisation of immunisation services.

Methods: The present study was carried out in Saifai Block of District Etawah which is a border District of Uttar Pradesh. Duration of study was from 1st April 2011 to 31st August 2011. A sample of 30 villages was selected by Systematic Random Sampling. A total of 210 children were selected for the study.

Findings: About 50.9 per cent children belonged to other backward class, followed by schedule caste (40.0%); as far as parent's educational status was concerned mothers of maximum children 46.2 per cent were illiterate, while fathers of 30.5 per cent children were educated up to high school and 15.7 per cent were illiterate; 26.2 per cent of the study subjects belonged to below poverty line family; 40.0 per cent children were completely immunised; 40.5 per cent were partially immunised; 19.5 per cent of the children did not receive even a single dose of any vaccine; BCG coverage in the present study was found to be 79.1 per cent while only 42.4 per cent children were immunised against measles; the study revealed the dropout rate for DPT I to DPT III was 19.4 per cent. Among general category 52.6 per cent children were fully immunised; out of total 210 children 189 were either fully or partially immunised; dropout rate was maximum (58.6%) among SC caste category, followed by OBC (48.8%) , while it was least among the children of general category (47.1%), the association between BPL Status of family and drop-out was found to be statistically significant ($p = 0.03$); the most common reason for partial immunisation or no immunisation was found to be not aware of need for immunisation (57.1%), followed by lack of information about place and time of

immunisation. The least common reason was that the immunisation session was not held, which was reported by 0.8 per cent mothers.

Conclusion: Overall coverage of immunisation services among children aged 12-23 months was lower than the national figures for rural Etawah. Literacy status of parents was significantly associated with the percentage of fully immunised children and the drop-out rate was also found to be higher among children of illiterate mothers; there is a need and scope of more focused information, education and communication efforts towards parents regarding immunisation services.

Key Words : 1.HEALTH 2.IMMUNISATION COVERAGE 3.CHILD DEVELOPMENT 4.IMMUNISATION 5.COVERAGE EVALUATION 6.UNIVERSAL IMMUNIZATION PROGRAMME(UID) 7.SOCIO DEMOGRAPHIC FACTORS 8.NFHS III 9.GROWTH AND DEVELOPMENT 10.HEALTH 11.CHILD HEALTH 12.ETAWAH 13.UTTAR PRADESH.

8. Tiwari, Rohini, Yegammai, C. and Radha Devi, S. (2012).
Dietary pattern, stress and anxiety amongst school going adolescents
from Coimbatore. *Indian Journal of Nutrition Dietetics*, 49 : 183-190.

Background: Adolescence is a time of many transitions for the children in terms of physical growth, psychological development and emotional maturity. Nutrition during adolescence is one of the vital aspects as adolescence comprises the second and last growth spurt period and adolescents are susceptible to develop faulty eating behaviour leading to malnutrition. In India, 190 million of the growing population comprises of school aged children of whom 30 per cent resides in urban India. The most prevalent consequences of malnutrition in adolescents are underweight, overweight or obesity, iron deficiency anaemia and eating disorders such as anorexia nervosa and bulimia.

Objectives: The present investigation was undertaken to study the dietary patterns, stress and anxiety among class X students.

Methods: The study was conducted amongst school going adolescents of X standard in an English-Medium, co-education school in Coimbatore city. A total of 176 adolescents comprising of 87 girls and 89 boys were selected for the study. All the selected adolescents were in the age group of 14 to 15 years.

Findings: Majority of the families (66.5%) comprised of four members and 68.7 per cent belonged to the high income group category; the parents of all the selected students were educated. 73.9 per cent of adolescents were non-vegetarians; skipping of meals was very common amongst adolescents and it was observed in this group as well; 35.8 per cent stated that they regularly skipped one meal; 59.4 per cent frequently skipped breakfast; 86.3 per cent adolescents had the intake of green leafy vegetables followed by fruits (54.6%); the deficit intake of milk and milk products was substantially higher in girls (55.7%) compared to boys (34.4%); iron intake was very poor at 58.3 per cent and was equally low in the diets of both boys and girls. 76.4 per cent adolescents consumed milk and milk products daily; 59.7 per cent adolescents had normal BMI; 22.7 per cent of the adolescents were underweight; 15.3 per cent adolescents were overweight and 2.3 per cent were obese; girls were 2.4 times more overweight or obese as compared to boys; 91.5 per cent of the selected adolescents had some form of anaemia; 72.7 per cent adolescents had mild anaemia, with more girls than boys suffering from it; 1.2 per cent girls had severe anaemia ; prevalence of moderate to very high stress was seen in 94.3 per cent adolescents; 21 per cent adolescent reported very-high stress levels; 39.7 per cent adolescents suffered from high anxiety , followed by moderate anxiety (31.3%); it was observed that greater number of girls reported high and very high levels of stress as compared to boys.

Conclusion: Educating the students about the importance of a healthy diet and stress management can help to prevent and control the excessive stress that adolescents experience. Both the parents and school authorities should be sensitized to the subject of adolescent stress.

Key Words : 1.HEALTH 2.ADOLESCENT HEALTH 3.CHILD DEVELOPMENT 4.GROWTH AND DEVELOPMENT 5.DIETARY PATTERN 6.STRESS 7.ANXIETY 8.SCHOOL GOING CHILDREN 9.MALNUTRITION 10.UNDER WEIGHT 11.OBESITY 12.OVERWEIGHT 13.EATING DISORDERS 14.BODY MASS INDEX 15.NUTRITIONAL STATUS 16.GENDER DIFFERENCE 17.MALNOURISHMENT 18.COIMBATORE

ICDS

9. Jadhav, Ashok G. (2012).
Implementation of ICDS : a study of selected anganwadis in Sangli city in Maharashtra. *Lokavishkar International E-Journal, Jan-Mar, 1(1) : 58-64.*
Source : liirj.org.

Background: To improve the nutritional and health status of children below six years of age , in 1972 Planning Commission suggested the implementation of ICDS scheme in all the states to improve the nutritional and health status of children below six years of age . Maharashtra was allotted the ICDS project in 1979 and was initially started with 24 Anganwadi centers (AWCs) . The paper focuses on implementation of this scheme in selected AWCs in Sangli District of Maharashtra

Objectives: To assess the achievement of the scheme in terms of improvement in nutritional and health status of children and women; understanding the attitude of women towards the scheme; to evaluate the functioning of AWCs and its effect on target groups.

Methods: Information regarding implementation of the ICDS programme was collected with the help of a questionnaire from 100 women beneficiaries. Information was also obtained through observation, field visits and informal discussions with Angawadi workers and supervisors.

Findings: Out of 70 children attending AWCs 68 were regular in attendance; health check-up of the children was not regular at some centers, as the staff was frequently transferred from one PHC to the other, leaving the post vacant for few months; some medical officers did not take much interest in the thorough examination of children, as they felt this work was an additional burden; medical check-up of children below three years of age was not up to the mark; all the children below three years of age were not immunised as there was not enough coordination between the health and ICDS staff; 93 per cent children had become more active and developed the habit of cleanliness; 91 per cent children had developed a liking for school and became more social in their behaviour; 90 per cent children performed routine activities punctually, 80 per cent learnt to respect elders and 84 per cent gained knowledge about colours, environment etc, 64 per cent expectant mothers were immunised against tetanus; the remaining 36 per cent did not due to ignorance and fear of immunisation; 17 per cent of women got themselves medically checked during the post-natal period; out of 60 per cent of the beneficiaries who fell ill after the establishment of AWCs. 31 per cent took treatment from private doctors; all the respondents were receiving supplementary food daily; about 71 per cent women were satisfied with it, though 40 per cent suggested that the food given should

be prepared at AWCs; 10 per cent admitted that they shared their food with their children; seven out of 70 children had been graded as malnourished and five mothers had been advised to give them special diet; about 17 women wanted food demonstrations, so that they could improve the diet of their families; 74 per cent women attended health and nutrition education lectures/ demonstrations and gained knowledge; 98 per cent beneficiaries indicated that they were willing to render help in the functioning of AWCs, 63 per cent were ready to prepare the food, 71 per cent were willing to distribute the food, and 23 per cent were ready to give monetary help; 78 per cent beneficiaries who opposed monetary contributions gave poverty as the reason. A few AWCs had not been visited by the health staff, as they were over burdened with their work at PHCs; Anganwadi workers did not performed their duties with enthusiasm or motivation; supervisors checked registers, solved problems of Anganwadi Workers on how to fill up forms , use flash cards etc ; Anganwadi Worker had little interaction with local level organizations such as mahilamandals , village panchayats and schools .

Recommendations: There is a need for better coordination between the welfare, health and other related departments to fulfill the objectives of the scheme; attention needs to be paid towards the establishment and proper functioning of city/ urban level committees; the system of supervision needs to be strengthened for improving the quality of ICDS services.

Key Words : 1.ICDS 2.ANGANWADIS 3.HEALTH AND NUTRITION 4.IMPLEMENTATION OF ICDS 5.ANGANWADI WORKERS 6.CHILD DEVELOPMENT 7.HEALTH 8.EARLY CHILDHOOD CARE AND DEVELOPMENT 9.EARLY INTERVENTIONS 10.ANGANWADI CENTE 11.SANGLI 12.MAHARASHTRA.

10. Manhas, Shashi and Dogra, Annpurna. (2012). Awareness among anganwadi workers and the prospect of child health and nutrition : a study in Integrated Child Development Services (ICDS) Jammu, Jammu and Kashmir, India. *Anthropologist*, 14(2) : 171-175.
Source : www.krepublishers.com.

Background: The Integrated Child Development Scheme (ICDS) is utilized to help the mothers to ensure effective health and nutrition care, early detection and timely treatment of ailments. ICDS was started in the year 1975 with basic aim for development of children in the age group. 0-6 years, adolescent girls and pregnant and lactating mothers belonging to disadvantaged sections of society. In India, the ICDS has a network of more than 5000 projects covering more than 75 per cent of the Community Development Block and 273 urban slum pockets of the country. The Angawadi worker is the most important functionary of the ICDS scheme. She plays a crucial role in promoting child growth and development.

Objectives: The present study was taken up with the main objective of assessing the awareness among Anganwadi workers regarding the health and nutrition services of ICDS.

Methods: The present study was conducted in rural area of Purmandal block of Jammu district. The project had 40 anganwadi workers as respondents from 40 anganwadi centers each.

Findings: About 17.5 per cent of the anganwadi workers were under matric, 47.5 per cent were matriculate, 27.5 per cent had education up to higher secondary level and 7.5 per cent had education up to graduation level; 25 per cent of the anganwadi workers were having a work experience of 0-10 years; while 65 per cent of them had a work experience of 10-20 years and 10 per cent of them had a work experience of 20-30 years; 92.5 per cent of anganwadi workers were trained and had received in-service job training; 7.5 per cent were untrained; in the nutrition aspect 55 per cent of anganwadi workers were aware regarding the nutritional services provided at anganwadi centre; 10 per cent anganwadi worker stated that to increase child's interest in pre-school education component , a provision of nutritional services had been made in anganwadi centres; 35 per cent of anganwadi workers were aware of nutritional services provided in anganwadi centre and were clear with the objectives of ICDS for supplementary nutrition; while 10 per cent stated that they consider equal importance for both supplementary nutrition as well as preschool education component for the provision of nutritional services in anganwadi centres; 15 per cent of the anganwadi workers replied about quantity of ration being given to beneficiaries per day in the anganwadi centre; 25 per cent were unfamiliar with the correct information and were thus non-responsive; none of the anganwadi

worker were familiar with the energy and protein requirement of the target age group and were unaware of the fact as how much caloric food they were providing to the children; 30 per cent of anganwadi workers who were assessing the nutritional status of children in anganwadi centre as part of their job, were not aware of the method applied for assessment; 25 per cent reported to have assessed the nutritional status of children through growth chart while 40 per cent stated that they were doing the same by checking weight every month; 65 per cent anganwadi workers were maintaining the growth chart as per the requirement of their job profile only; 15 per cent of anganwadi workers were imparting nutritional education without the use of any teaching materials.

Recommendations: The Training of ICDS functionaries should emphasize more on important functions like growth monitoring, health and nutrition education; the content of the training course for anganwadi workers also needs thorough analysis.

Key Words : 1.ICDS 2.KAP OF AWWs 3.ANGANWADI WORKERS 4.CHILD DEVELOPMENT 5.HEALTH 6.NUTRITION 7.COMMUNITY DEVELOPMENT 8.MALNUTRITION 9.NUTRITIONAL SERVICES 10.HEALTH 11. EDUCATION 12.TRAINING 13.VULNERABLE GROUPS 14.PURMANDAL 15.JAMMU AND KASHMIR.

NUTRITION

11. Amrutha, Veena, K. and Kowsalya, S. (2012).
Magnitude of malnutrition and its effects on growth and health status among preschoolers. *Indian Journal of Nutrition Dietetics*, 49 : 93-102.

Background: Inadequate consumption of nutrients results in adverse metabolic disturbances leading to sickness, poor health, impaired development in children and large economic costs to society. Malnutrition is an underlying cause of one third to one half of deaths among young children less than five years of age. Growth assessment is the single measurement that best defines the health and nutritional status of children because disturbances in health and nutrition invariably affect child growth.

Objectives: The present study was aimed at assessing the nutritional status of preschool children of Ramanathapuram district of Tamil Nadu and its impact on the nutrient intake, anthropometric, clinical and biochemical parameters of the children.

Methods: A total of 2800 Preschool Children between one and five years of age were selected at random from the seven taluks of Ramanathapuram district of Tamil Nadu. Anthropometric measurements namely, height, weight, head circumference, chest circumference and mid arm circumference were measured.

Findings: Classification of the children based on their nutritional status revealed that 30.3 per cent male and 33.9 per cent female were underweight; 24.4 per cent male and 25.3 per cent female had stunted growth; while 16.9 per cent and 19.4 per cent of the male and female children respectively were wasted; 28.4 per cent and 21.4 per cent male and female children respectively had normal growth for their age; Analysis of the nutrient intake of the children revealed that the normal boys and girls consumed higher amounts of all the nutrients, when compared to the underweight, stunted and wasted children; the protein intake of the wasted boys was (13.67g) and for girls it was (12.96g); it was observed that there was a deficit in the intakes of most of the nutrients among all the groups of children which was a warning sign indicating that prolonged periods of starvation could lead to increased morbidity and mortality coupled with retarded growth and development if left unattended; the bodyweight were minimal among the underweight and wasted male and female children while the heights of the stunted male (66.47cm) and female (59.96cm) children were least as compared to the children belonging to the other groups; a total of 76 and 38 male and female children were found to be having brittle hair; 12 male and 21 female children were seen to be affected with angular stomatitis which was a indicator

of vitamin C deficiency; biochemical estimation revealed that children belonging to all the four group had serum haemoglobin below normal levels of 12g/ dl; median urinary iodine levels of the stunted male was (93.96ug/1) and for female it was (110.92ug/i); the incidence of common illness such as diarrhoea, respiratory infections, worm infestation, fever and skin problems was seen more in wasted boys and girls as compared to other groups; a lesser percentage of normal children experienced frequent illness when compared to the malnourished children indicating that the nutritional status was indicative of the level of immune resistance among children.

Conclusion: The evidence contributes to the fact that tackling childhood malnutrition is a high priority and that focus should be directed in preventing malnutrition using an integrated approach. Nutritional supplementation and child health programmes should be implemented with a wider coverage and careful monitoring.

Key Words : 1.NUTRITION 2.MALNUTRITION PRESCHOOL CHILDREN 3.MALNUTRITION 4.CHILD DEVELOPMENT 5.GROWTH AND DEVELOPMENT 6.HEALTH 7.CHILD HEALTH 8.NUTRITIONAL STATUS 9.HEALTH CARE 10.NUTRITION INTAKE 11.MALNOURISHMENT 12.HEALTH STATUS 13.RAMANATHAPURAM 14.TAMIL NADU

12. Khalil, Salman and Khan, Zulfia. (2011).
Nutritional status in children (1-5 years) : a rural study. *Indian Journal of Community Health, July-Dec.,23(2) : 84-86.*

Background: Nutritional status of preschool children is of paramount importance, since the foundation of life time health, strength and intellectual vitality is laid during this period. In developing countries, where the population is high, hunger and malnutrition are wide spread among the preschool age children

Objectives: To assess the prevalence of protein energy malnutrition in children 1-5 years of age; to identify the socio economic and cultural factors associated with protein energy malnutrition.

Methods: The present study was conducted in Rural Health Training Centre (RHTC) Aligarh. 642 children of 1-5 years of age were selected for the study. For grading PEM, classification of IAD (1972) was adopted. Statistical test of significance chi-square (χ^2) was adopted.

Findings: About 51.4 per cent were males and 49.6 per cent were females; 56.4 per cent were found to be suffering from Protein Energy Malnutrition (PEM) ; 54.2 per cent male children were malnourished with 30.9 per cent from I degree, 18.5 per cent from II degree, 4.2 per cent from III degree and 0.6 per cent from IV degree as compared to 58.6 per cent females with 32.0 per cent from I degree, 17.3 per cent from II degree, 5.8 per cent from III degree and 3.5 per cent from IV degree malnutrition; 60.5 per cent children suffering from PEM belonged to social class IV; 54.2 per cent children belonged to the family size of seven and above and out of this population 57.7 per cent belongs to the children with PEM; children belonging to higher caste had better nutritional status as compared to children of backward caste and scheduled caste; the percentage of both the parents literate or one of them literate was 355 out of these 200 belonged to children with PEM; children/ suffering from PEM 150 belonged to one literate parent; 44.7 per cent belonged to illiterate parents; there was a significant association between literacy status of parents and with PEM; 86.2 per cent children with PEM belonged to illiterate mothers and association between PEM and literacy of mothers was found to be significant.

Conclusion: Majority of the children in the present study were suffering from PEM. PEM was significantly more in girls than boys. Family size in the study was quite high. Normal Children had a low family size as compared to children suffering from PEM. A higher proportion of children suffering from PEM belonged to illiterate parents and especially that of illiterate mothers. Study suggests that education leads to awareness and better utilisation of existing health services.

Key Words : 1.NUTRITION 2.NUTRITIONAL STATUS 3.CHILD DEVELOPMENT 4.MALNUTRITION 5.SOCIO ECONOMIC FACTORS 6.HEALTH 7.CHILD HEALTH 8.GROWTH AND DEVELOPMENT 9.PRESCHOOL CHILDREN 10.PROTEIN ENERGY MALNUTRITION 11.RURAL AREA 12.MALNOURISHMENT 13.NUTRITIONAL SURVEILLANCE.

13. Mehnaz, Saira et al. (2012).
Identifying bottlenecks for appropriate infant feeding in urban slums,
Aligarh city. *Indian Journal of Community Health, March, 24(1)* : 49-52.
Source : iapsmupuk.org.

Background: Urban population is increasing rapidly. Much of the population growth is due to migration of families from rural to urban areas in search of livelihood. Urban population constitutes nearly a third of total urban population and is growing at three times the national population growth rate. Access to Reproductive and Child Health Services is low among Urban Poor . Children living in slums are more disadvantaged than other urban children and their mothers have only limited access to health care: Infancy is a critical period for survival an optimal growth and development. Children living in slums have poor indicators of health compared to other urban and rural areas.

Objectives: To assess the nutritional status of infants and young children; to determine presence of certain micro-environmental and socio-economic factors associated with poor nutritional status of infants and children; to identify factors which prevents access to health services.

Methods: The present study was conducted in the slum areas registered under the underserved strategy of AMU – UNICEF .Data was collected from 110 mothers who had delivered children during the last one month (Oct-Nov 2009). In Oct 2010 these families were visited again, 39 families had shifted to another location and two families refused to cooperate, remaining 68 mothers were interviewed. Detailed history of feeding and illness during last one month was taken. Data was analysed using EPI Info. Proportions and chi square test was used where needed. The study was conducted in Aligarh city.

Findings: All mothers belonged to low social class; most mothers were young (94.5%), illiterate (81%), and were living in unitary type of families (65%); a sizeable number of families (35.4%) in the non-registered slum had migrated to other areas; 72.1% per cent mothers had received at least one antenatal visit and 53 had received at least one dose of tetanus toxoid; majority of antenatal visit were in government hospitals; 76.5 per cent mothers had delivered their babies at home with the help of untrained dais or relatives; 100 per cent women were breast feeding and all wanted to continue breast feeding for at least six months. When interviewed during the follow up visit 25 per cent mothers had exclusively breast fed for six months; a majority of mothers were top feeding by six months of age using feeding bottle (44.1%) or Katori (30.8%); 23.8 per cent had introduced semisolids at the correct age of six months, but in inadequate quantity; top milk was diluted with water; several mothers were still breast feeding beyond 12 months of age; 67.6 per cent mothers said that they had not been contacted by any health worker during the last three months; 7.4 per cent

mothers were advised about feeding by health workers ; all 68 children were malnourished. Comparing the nutritional status by age, it was found that in girls, wasting increased with age from infancy to second year of life and in boys, under nutrition increased with age; Immunisation card was available with 30.9 per cent mothers; complete immunisation was observed in 25 per cent children only; 94.1 per cent children suffered from some form of illness in last one month; diarrhoea diseases was very common among all children.

Recommendations: Evolving healthcare system to cater to the vulnerable section of the urban poor requires urgent attention.

Key Words : 1.NUTRITION 2.INFANT FEEDING PRACTICE 3.BREAST FEEDING 4.MIGRATION 5.CHILD DEVELOPMENT 6.NUTRITIONAL STATUS 7.SOCIO ECONOMIC FACTORS 8.CHILD HEALTH SERVICES 9.GROWTH AND DEVELOPMENT 10.URBAN HEALTH SLUMS 11.UNDER WEIGHT 12.HEALTH CARE 13.NUTRITION 14.MALNOURISHMENT 15.STUNTING 16.WASTING 17.ALIGARH.

14. Narkhede, Vinod et al. (2011).
Nutritional status and dietary pattern of underfive children in urban slum area. National Journal of Community Medicine, 2(1) : 143-148.

Source : njcmindia.org.

Background: Nutrition emerges as an important prerequisite for national development. Malnutrition is synonymous with protein-energy malnutrition, which signifies an imbalance between the supply of protein and energy and the body's demand for them to ensure optimal growth and function. The imbalance includes both inadequate and excessive energy intake; the former leading to malnutrition in the form of wasting, stunting and underweight and latter resulting in overweight and obesity.

Objectives: To assess the nutritional status of under-five children; to assess the dietary pattern and its correlation with nutritional status.

Methods: The present study was conducted in children below five years of age from Urban Health Centre, Jaitala, Nagpur. A total of 434 children were included in the study.

Findings: Out of the total children studied 51.0 per cent were males and 49.0 per cent were females; majority of the children belonged to 0-12 months of age group (32.1%), followed by 13-24 months (22.0%) , 25-36 months (17.4%), 37-48 months (14.6%) and 49-60 months (13.9%); 59.4 per cent had per capita monthly income between Rs.450 - 899 and 28.0 per cent had less than Rs.450; 16.83 children were given prelacteals; 67.65 per cent children were given jaggery water; 8.82 per cent children were given ghutti as first feed; mothers of 37 children did not feed colostrums to their children; breast feeding was given to 100 per cent children; in general mothers fed breast milk to their children up to one to two years of age; 62.62 per cent women started weaning at 4-6 months of age; followed by 7-9 months of age (20.54%). In 0.74 per cent children weaning started after 12 months and in 12.87 per cent children weaning was not started; weaning was started with rice and dal water in majority of cases, few children were given daliya, khichadi and fruit juice. 47.77 per cent children were normal and 52.23 per cent were suffering from various grades of under nutrition. Age group wise prevalence of under nutrition was highest in 13-24 months age group (13.86%) followed by 0-12 months (10.9%), 49-60 months (8.66%) and 37-48 months (8.41%); sex wise prevalence of under nutrition was higher in females (26.49%) as compared to males (25.74%). It was observed that the diet of the children were predominantly cereal and pulses based like wheat, rice and pulses; the diet was deficient in green leafy vegetables, other vegetables, milk, and milk products; the children were given mainly two meals, lunch and dinner; All the food stuffs were less than the recommended dietary allowances by

ICMR; the major dietary sources of energy were cereals, sugar and oil; the mean calorie intake of children in the age group two -three years was 842.6 kcal, three – four years was 956.12 kcal and four – five years was 1096.24 kcal respectively. All the children had protein and calorie deficit as compared to RDA recommended by ICMR. Prevalence of under nutrition was higher in children from low income group as compared to higher income group.

Recommendation: More emphasis should be given on nutritional education during pregnancy including knowledge about breast feeding practices especially exclusive breast feeding for four – six months, proper and adequate weaning , breast feeding for two – three years ; Nutritional rehabilitation centers should be started in the community and person from the community should be identified and linked with health centers to treat less severely affected under nourished children.

Key Words : 1.NUTRITION 2.NUTRITIONAL STATUS 3.MALNUTRITION 4.HEALTH 5.CHILD DEVELOPMENT 6.UNDER FIVE CHILDREN 7.URBAN SLUM 8.GROWTH AND DEVELOPMENT 9.CHILD HEALTH 10.DIETARY PATTERN 11.EDUCATION 12.BREASTFEEDING PRACTICE 13.MALNOURISHMENT 14.NAGPUR.

15. Satapathy, D.M. et al. (2012).
Prevalence of iodine deficiency in children (6-12 years) of a tribal dominated district in south Odisha. *Indian Journal of Nutrition Dietetics*, 49 : 191-196.

Background: Iodine is an essential dietary nutrient that helps the body for production of thyroxin- the hormone that regulates normal growth and development. Iodine deficiency results from geochemical rather than socio-economical conditions. The problem is aggravated by environmental factors such as accelerated deforestation and soil erosion.

Objectives: To estimate the extent of goiter prevalence in children of six to twelve year age group; to find out the iodine content of the salt consumed and urinary iodine excretion among the study population.

Methods: A cross sectional community based field study was carried out in the district of Malkangiri to assess the goiter prevalence among 6-12 year old children. From 30 villages/ wards from the district 2700 children were selected for the study. The recent WHO classification of goiter was used for clinical examination of thyroid gland and to grade the enlargement of thyroid.

Findings: A total of 2,700 children were examined for the enlargement of the thyroid gland; the age wise distribution of the population in the age group of 6-7 years, 8-9 years, 10-11 years and 12 years were 25.1 per cent, 25 per cent, 25.3 per cent and 24.6 per cent respectively. The goiter survey among the study subjects revealed a prevalence of goiter in the age groups of 6-7 years, 8-9 years 10-11 years and 12 years were 33.9 per cent, 53.8 per cent, 48.9 per cent and 56.8 per cent respectively; 52 per cent children were having euthyroid, 44.2 per cent were having grade I goiter and 3.7 per cent were having grade II goiter; among girls 8.63 per cent had grade II goiter and among boys seven per cent had grade II goiter; the age wise distribution of goiter among the study subjects revealed that in the age group of six – seven years about 66 per cent were euthyroid, 32 per cent were having grade I and two per cent were having grade II goiter. In the age group of seven – eight years about 46 per cent were having euthyroid; 50 per cent having grade I and four per cent were having grade II goiter; age specific prevalence was higher in 10-11 year age group and lower in 12 year age group. Among the 1350 boys examined 625 had goiter; among 1350 girls 672 had goiter; the overall prevalence of goiter for Malkangiri district was found to be 48 per cent; a total of 540 samples were collected, of which crystal salt accounted for 55.9 per cent and powder salt accounted for 44.1 per cent; the salt samples were estimated for their iodine content by iodometric titration method; the iodine content in PPM in the crystal salt showed that 80.4 per cent had an iodine content of <15 PPM and only 19.5 per cent had

an iodine content of >15PPM; urine samples were collected from 270 subjects (135 boys and 135 girls); the lab analysis revealed that majority (61.1%) had an urinary iodine content between 20 and 40 ug/1; about 8.5 per cent of the children had urinary iodine content of >100 ug/1.

Conclusion: The findings signify that district Malkangiri is having Iodine Deficiency Disorders (IDD) as a public health problem which can play a deleterious effect on the future population development issues in the area.

Key Words : 1.NUTRITION 2.IODINE DEFICIENCY 3.CHILD DEVELOPMENT 4.CHILD HEALTH 5.HEALTH 6.GROWTH AND DEVELOPMENT 7.NUTRITIONAL STATUS 8.MALNOURISHMENT 9.MALNUTRITION 10.SOCIO ECONOMIC FACTORS 11.ODISHA.

B. Research Abstracts on Child Protection

CHILD LABOUR

16. Bhat, Bilal Ahmad. (2009).
Child labour practices in Kargil (Ladakh). *Bangladesh E-Journal of Sociology*, 6(2) : 40-48.

Source : www.bangladeshsociology.org

Background: Child Labour is a global phenomenon and an economic and social evil. The prevalence of child labour is very common in India. It has the largest number of world's working children. According to the Ministry of Labour there are 55 million children in the labour force at present. The phenomenon of child labour in Jammu and Kashmir is in no way different from that of the one prevailing in the rest of the country. Since the state is predominantly agriculture oriented, the children help their parents in the fields and the farms. There are many causes of child labour, poverty, being one of the main followed by illiteracy and ignorance of the parents. Child labour is recognised by the sociologists, educationists, and development workers, medical professionals as hazardous and injurious to the child, both physically and mentally.

Objectives: To access the nature of exploitation faced by the children involved in labour activities; to explore the causes of child labour; to examine the social implications of life conditions of child labour; to suggest the measures for amelioration of the child labour.

Methods: A sample of 100 respondents comprising of 65 child labourers, 17 heads of the households, nine employers, six social workers and three government officers were selected for the study. Study was conducted in Tehsil Kargil.

Findings: Most of the female child labourers belonged to illiterate or very little educated families; 9.23 per cent males were in the age group of 5 to 10 years; 90.76 per cent females were in the age group of 11 to 14 years; the data confirmed that children usually entered the field of handicrafts work at the age of 11 years; in certain families the rules of permission and restriction on women and female children were more stringent which exposed them for greater exploitation and discrimination; all children working in the handicraft sector had been to school at one point of time; 49.23 per cent children had studied up to 5th class; 50.76 per cent had studied up to 8th class; 4.61 per cent child labourers were still attending school and 95.38 per cent had left school at primary and upper primary levels; out of 65 child labourers not even a single child had completed his/her education up to high or secondary level; the primary reasons

of our dropout and not completing studies were being less interested in studies or failing to cross a particular class or treating education as fruit less because of parental illiteracy and ignorance, poverty of the family etc. The children who belonged to the small family category, worked because there were no earning members in the family; lack of education and poverty forced the parents to send their children to work instead of schools; 56.92 per cent child labourers earned between Rs 100-500 per month and 41.53 per cent earned between Rs 500-1000 per month. All the children were receiving their income in cash, some on daily, weekly and monthly basis depending upon the type of work they were doing; quality of work, experience and skills were the criteria which determined the wages, of the child labourers; problems due to long working hours, hard and hazardous jobs and poor diet put stress on child labourers due to which the children complained of backache, headache, eye irritation and joint pain; there was a complete absence of medical care at the workplaces; employers were not concerned about the health problems and safety measures for children in case of injuries or accidents; 80 per cent of female child workers said yes, that they were very prone to be sexually exploited; 97 per cent of child labourers were having no awareness of the laws and their existence in Kargil; about 25 per cent employers favoured the implementation of legislations strictly with same code of conduct every where and compulsory schooling up to 14 years of age for the elimination of child labour; 90 per cent employers supported to provide some training to the child labourers so that they can earn partly to meet their personal as well as family requirements; non-governmental organisations were also working in the field for the eradication of child labour.

Recommendations: Governmental and non-governmental organisations should organise awareness programmes regarding the consequences of child labour; media should generate awareness among the people regarding the upliftment and betterment of socially, economically and educationally backward communities by providing them information regarding various programmes and schemes launched by the government; free pre and primary school education system should be there which attracts children towards education instead of work and income; government should take up steps and consult scholars, academicians, planners belonging to different streams in order to frame policies about the future and overall development of these unfortunate children.

Key Words : 1.CHILD LABOUR 2.HANDICRAFT 3.CHILD PROTECTION 4.EXPLOITATION 5.SOCIAL IMPLICATIONS 6.SITUATION OF CHILD LABOUR 7.CHILDREN IN DIFFICULT CIRCUMSTANCES 8.CHILD EMPLOYMENT 9.CHILDREN IN NEED OF CARE AND PROTECTION 10.CHILD ABUSE 11.VIOLATION OF CHILD RIGHTS 12.WORKING CONDITIONS OF CHILDREN 13.MAGNITUDE OF CHILD LABOUR 14.SOCIO ECONOMIC FACTORS 15.EDUCATION 16.HEALTH PROBLEMS 17.SEXUAL EXPLOITATION 18.KARGIL 19.LADAKH.

17. Das, Saswati. (2012).

Incidence of child labour and child schooling in India : pattern and determinants. *International Scholarly Research Network*, 1-7.

Source : www.isrn.com/journals/economics/2012

Background: International Labour Organisation (ILO) indicates that the incidence of child labour is very high in developing countries and statistics reveal that India is the highest in the world. Child labour is a cheaper substitute of adult labour. Since children are less demanding, more obedient, and require lower pay, so it is likely that demand for child labour will persist in some sectors. Poverty is a major driving force towards child labour.

Objectives: To identify the key industries of child employment by region and sex; to identify supply side variables of household decision of sending a child to work by region and sex; to identify demand side variables of household decision of child schooling in terms of decision of dropout; to check regional and gender disparities in terms of these decisions.

Methods: At the all India level, a total number of 8128 villages and 4660 urban blocks were allocated for the survey. The number of households surveyed was 79,306 in rural areas and 45,374 in urban areas.

Findings: Incidence of dropout was more pronounced among urban children between primary and middle levels of education; it was possible because of diverse job opportunities in urban labour market, pulling more children to job market at the cost of education; the rates of incidence of child labour in India across region and sex for two common age groups was 5-9 years and 10-14 years; the incidence rates were uniformly lower for the younger cohort than the older one; the girl children were less involved in wage economic activity, and hence they showed up less in the labour status; incidence of child labour was higher for boys; incidence of child labour in rural areas was higher than that of urban areas; a large number of children were engaged in agriculture, forestry, and fishing in rural sector, while in urban, manufacturing and trade were two major sectors of child employment; about 11 per cent of the child labourers were working in hotels and restaurants; girls were employed in manufacturing of carpets, rugs and handmade blankets etc; a part of girl child labourers were engaged in activities of private households as domestic staff like maids, cooks etc. About 10 per cent of male child labourers in rural sector and 21 per cent in urban sector were occupied in hazardous occupations; in rural areas, children were occupied in hazardous industries, like manufacturing of non-metallic mineral products, fabricated metal products etc; five per cent girl child labourers were engaged in non-metallic mineral products, building of complete constructions etc. gender differentials in child employment increased both with age and dangers, children face in the work place. Boys were more involved than

girls in hazardous work; the continuation of child employment in hazardous occupation indicates the serious failure of government policy measures in dealing with this issue in India. The nature of association between socio economic variables and dropout or child labour incidence was similar; most of the socio economic-cultural variables were strongly associated with child schooling and child labour decisions; a strong incremental impact of level of education was noted in all cases; for rural girl children, dummy for above middle was not significant, this was due to higher level of adult male education compared to that of adult female education; fathers occupation had no significant positive or negative coefficient in the regression results for both the regions and sex; taking general caste as reference category, three caste dummies (scheduled tribe, scheduled caste and backward caste) were estimated; the caste and religion dummies were significant in most cases; for girl children, scheduled tribe dummy was not significant both in rural and urban areas and religion dummy was not significant only for rural male children; children in rural areas were more involved in labour type of jobs compared to their counterpart in urban areas showing strong regional difference in this respect; the coefficient was positive but not significant for dropout decision; the analysis did not showed any significant regional difference in terms of decision of dropout, this might be possible due to Sarva Shiksha Abhiyan, going on extensively all over the country during last ten years.

Conclusion: The study revealed that the issue of child labour was largely a rural phenomenon and it had significant gender implications. The pattern of child labour employment in various industries revealed the failure of legal steps towards protecting them from occupational hazards. Selective policy measures for minority population should be continued to solve the problem permanently.

Key Words : 1.CHILD LABOUR 2.EDUCATION 3.CHILD PROTECTION 4.CHILD SCHOOLING 5.CHILD ABUSE 6.GENDER DISPARITIES 7.CHILDREN IN NEED OF CARE AND PROTECTION 8.CHILDREN IN DIFFICULT CIRCUMSTANCES 9.CHILD EMPLOYMENT 10. EDUCATION 11.EXPLOITATION.

18. Goyal, Mini. (2011).
Migration and child labour in agriculture : a study of Punjab. *Agricultural Economics Research Review*, November, 24 : 429-436.
Source : ageconsearch.umn.edu

Background: Migration is the movement of human beings usually from rural to urban areas and rich states in pursuit of better employment, better wages and better quality of life. In majority of cases, the members of the family including children accompany the migrants. The meager earnings of adult men labour were insufficient even for the survival of the family, forcing the female members and children to work. Millions of innocent children of migrant parents are thus exposed to acute and heart rendering deprivation and exploitation. Parents struggling for survival and for fulfillment of their basic needs are not able to enroll their children at school. They regard schooling as wastage of time and money and send their children to earn and add some income to family as early as possible.

Objectives: To find the socio-economic profile of migratory child labour in agricultural sector; to investigate the activities performed and income earned by migratory child labourers; to make a comparison of migrants child labours with their native counterparts.

Methods: The present study was undertaken in the agricultural sector of Punjab. The whole state was divided into three agro-climatic zones. From 12 villages, 302 children were identified for the study.

Findings: The child labour in Punjab agriculture sector was minimum in the age group of 12-14 years (57%) followed by 9-11 years (28%) and 6-8 years (15%); 60 per cent of child labours of 12-14 years age belonged to the state of Punjab and 36 per cent were migrants; in terms of gender, the share was 74 per cent males and 26 per cent females in native working children and 68 per cent males and 32 per cent females were among migrant labours; 88 per cent of the working children belonged to the scheduled castes; 94.0 per cent of child workers had no agricultural land; out of the total 302 child workers taken for the study, only 43 per cent were found going to school and 57 per cent were not going to any school; 55 per cent children were dropouts; migrant children were largely deprived of the educational opportunities; migration was the main cause behind absenteeism from the school; the family income of 51 per cent child workers was less than Rs 20,000; 10 per cent of child workers families annual income was in the range of Rs 30,000-40,000 per annum; only a few families of child workers had annual income of more than 50,000 in both natives and migrant; 66 per cent of child workers were found engaged in fodder harvesting, and cattle grazing; 80 per cent of native child labour were engaged in wheatear picking; 47 per cent of the child labour in the state was found engaged in

harvesting of crops like wheat, maize, sunflower, pluses etc, 44 per cent were engaged in paddy transplantation and cattle grazing; 18 per cent of the children were involved in dairy farming; 67 per cent of the migrants and 25 per cent of the natives were engaged in stubble harvesting; 13 per cent of the migrant child workers were involved in crop watching; the native child labourers were engaged more in ploughing, sowing and irrigation activities as compared to their migrant counterparts; nearly one-fourth of the child workers earned up to Rs 1000 per annum through wages on working in agricultural and allied activities; the annual wage earnings were of Rs 1000-2000 for 20 per cent native and 12 per cent migrant child labour; the proportion of natives earning wages in the range of Rs 4000-5000, Rs 5000-6000 and above Rs 6000 was lower, i.e. 8.81 per cent , 8.81 per cent and 1.76 per cent respectively as compared to that of the migrants which was 13.33 per cent, 17.33 per cent and 16.0 per cent, respectively.

Recommendations: Special schools for migrants in the rural areas should be opened where they can be taught in their mother tongue; children who are being deprived of education due to their involvement in work during the daytime, the government or NGOs should start night schools near their working or residential place; more employment avenues for adult labour in the villages of the state should be opened; small scale industries should be set up to generate the employment in the rural areas of the state.

Key Words : 1.CHILD LABOUR 2.MIGRATION 3.CHILD PROTECTION 4.AGRICULTURE 5.MIGRATORY CHILD LABOUR 6.CHILD LABOUR WAGES 7.SOCIO ECONOMIC FACTORS 8.AGRICULTURAL SECTOR 9.POVERTY 10.EDUCATION 11.HEALTH 12.MAGNITUDE OF CHILD LABOUR 13.CHILDREN IN NEED OF CARE AND PROTECTION 14.CHILDREN IN DIFFICULT CIRCUMSTANCES 15.EXPLOITATION 16.CHILD ABUSE 17.GENDER DISTRIBUTION 18.WORK PRACTICES 19.PUNJAB.

19. Khandelwal, Ashok et al. (2008).
Child labour in cottonseed production : a case study of cottonseed farms
in North Gujarat. Dungarpur : Dakshini Rajasthan Mazdoor Union,
Dungarpur. 74 p.

Source : www.indianet.nl/pdf/drmureport.pdf

Background: India has the highest area under cotton cultivation in the world. Gujarat state tops in terms of cotton production and cotton seed hybrids. The demand for labour for cotton seed production in Gujarat is very high. Therefore, it attracts large number of migrant labour. The extensive use of child labour in the cotton seed production came to light around turn of the last century and has been highlighted nationally as well as internationally. Gujarat has about 85,340 child labours in the country. Despite the large number of child labour in cotton seed production, the administration as well as the MNCs on whose behalf most of the farmers undertake production have been either refuting the presence of child labour or simply ignoring the claims of the activist and other social workers in the state of Gujarat.

Objectives: To find out the extent and depth of child labour on the cotton seed farms; to understand the recruitment process and the form of child labour use; to understand the work and living conditions of child labour.

Methods: A total of 80 farms were selected for the purpose of the study. Forty farms from each of the two areas Sabarkantha and Banaskantha were chosen for intensive field study. Survey was done during the second fortnight of September which is the peak period of cross-pollination work.

Findings: Out of the total hired labourers 32.9 per cent were child labourers; 9.5 per cent farms did not employed any boy and 28.6 per cent farms did not employed any girl child; the share of child labour was 50 per cent or more in total labour; the recruitment percentages of adolescents and total children up to 18 years came to 36.92 and 75.06 per cent respectively. The estimated child labour force was 83,333; about 42 per cent of the total labour force constituted of females; out of 26 MNC farms, only one had reported no child labour with majority up to five; child labour was observed in 95 per cent farms; the mode of recruitment had three important aspects, one, the recruitment was done by middlemen from within the community, second recruitment was linked with payment of advance thirdly, many workers were young and parents took the final decision whether the young one will go for work or not; of the 99 workers, 31 were children up to 14 years and 47 in the age group of 15-18 years; 85 per cent of the total workers were interstate migrant workers from Rajasthan; average duration of stay for workers was more than 60 days; most of the children who came for work on cotton seed farms did not came their on their

own; 67.7 per cent said that their fathers took decision to send them for work; children worked in two shifts; the working hours ranged between 9 to 12 hours depending upon the quantum of work; all the children reported that the wage rate was Rs 50 per day; there was lack of toilet facility despite the fact that a large number of workers were girls and women; 33.67 per cent reported that drinking water facility was not available on and off fields; in some places pakka rooms were available, most of the children slept in open; on most of the farms there were no separate arrangements for boys and girls; breathing problems; pain in the fingertips and joints were reported by all the children; no medical facility was available and labourers had to bear the medical had to bear the medical expenses during illness; 71 per cent children said that work did not started immediately after the arrival and they were not paid any wages during the wait period; children suffered verbal and physical abuse because of the mistakes they made; 73 per cent children were dropouts, 29 children wished to return to school but only three per cent were found attending schools.

Recommendations: Legal ban on child labour use in Cotton Seed Production (CSP) and revision of Minimum Wages in agriculture in Gujarat should be taken up immediately by the state government; recruitment of child labour for inter state placement should be declared trafficking; government should provide facility of residential schools to migrating tribal households; to realise the goals primary stake holders should take up the issue by lobbying with the governments, media advocacy and public action.

Key Words : 1.CHILD LABOUR 2.COTTON INDUSTRY 3.COTTONSEED PROTECTION 4.CHILD PROTECTION 5.EXPLOITATION 6.VIOLATION OF CHILD RIGHTS 7.MAGNITUDE OF CHILD LABOUR 8.EMPLOYMENT 9.SITUATION OF CHILD LABOUR 10.MIGRATION 11.GUJARAT.

20. Narayanaswamy, K. et al. (2010).

A study to understand the working conditions and context of Arunthaiyar bonded child labourers in Sathyamangalam Block, Erode district-Tamil Nadu. Erode : Arunthaiyar Human Rights Forum (AHRF).162 p.

Source : www.everychildindia.org

Background: Tamil Nadu is a large state in India. The child sex ratio with 942 girls per 1000 boys as per 2001 census shows a downward journey. This is due to issues of child malnutrition or neonatal mortality or prevalence of infanticide. Children are affected by the impact of socio-cultural identities and caste, gender urbanisation, and globalisation have a direct impact on women and children. Tamil Nadu is one of the states which has a high population of Arunthaiyar community. Arunthaiyars are considered to be the lowest in the dalit hierarchy. Their children are most exploited and abused and face discrimination at the hands of the upper caste community and lag behind in quality of education, health development and participation.

Objectives: To unearth the context and conditions of Arunthaiyar bonded child labourers and the nature of their work as bonded labourers; to identify the reach of the governmental programmes in rescue and rehabilitation of bonded child labourers; to suggest some corrective measures and recommendations based on the key findings.

Methods: 35 Arunthaiyar boys in agricultural bonded labour were covered in this study from Sathyamangalam Block, Erode District of Tamil Nadu.

Findings: The family status of Arunthaiyar children forced them to enter the system of bonded labour; most of the families had a size of four –five and few families had a size of six members; one third of these children were deprived of proper parental care; 36 per cent of the children were separated from their families and this was the major reason which influences and pushes children to bonded system; most of the labour indentures started at the age of ten; it was observed that by the age of 13/ 14 years most of the children totally dropped out of school; ten per cent children never attended school; by the end of the primary schooling 50 per cent of the Arunthaiyar children are out of the schooling system; the reasons for dropping out of school were their inability to cope with the class room teaching, harshness of teachers, humiliation etc. one third of the children quoted inadaptable school environment as reasons for their dropout; caste discrimination among higher caste teachers, head masters, students and parents formed a negative attitude towards the Arunthaiyar children; most of the families were landless and their source of income was through labour indentures and borrowing of money. The combined income of these families were in the range of Rs 1000 to Rs 2500 pm; economic status of the

Arunthaiyar family deteriorated day by day because of the cunning nature of the local money lenders who collected unfairly high rates of interest for the money given as loan to those families to help in an emergency situation; about 71 per cent of the loan size was between 10 to 50 thousand; three fourth of the bonded child labour's monthly income was one thousand and five hundred rupees, one fourth of them earned below two thousand rupees; all the children were engaged in cleaning the cow dung at the cattle while early in the morning; more than half of children were doing all types of farm works like watering crops harvesting etc; the minimum working hours were found to be 11 hours from dawn to dusk with a lunch interval in the afternoon; normal working hours went up to 13 hours depending on the requirement and the employer; staying late in the night was common; bonded labour children faced violations and atrocities at their work place; physical assault was reported by bonded labour children; verbal abuse or scolding up the children was a common practice with bonded child labourers from Arunthaiyar families; nearly one fourth of the children expressed interest to continue their education.

Recommendations: Special residential schools for Arunthaiyar children should be opened under the Adi Dravadiar Welfare Department; effective implementation of the bonded labour system (Abolition) Act 1976 should be done; SHGs should be formed by organising Arunthaiyar student's parents and create linkages with financial institutions to avoid obstacles over accessing subsidised loans; designing and employing of Community Driven Development (CDD) approach in collaboration with panchayats should be done.

Key Words : 1.CHILD LABOUR 2.BONDED LABOUR 3.EXPLOITATION OF CHILD 4.CHILD PROTECTION 5.WORKING CONDITIONS 6.SOCIO ECONOMIC FACTORS 7.CHILDREN IN NEED OF CARE AND PROTECTION 8.CHILDREN IN DIFFICULT CIRCUMSTANCE 9.EDUCATION 10.HEALTH 11.VIOLENCE OF CHILD RIGHTS 12.MAGNITUDE OF CHILD LABOUR 13.EMPLOYMENT 14.SITUATION OF CHILD LABOUR 15.REHABILITATION OF CHILD LABOUR 16.ARUNTHAIYAR 17.ERODE 18.TAMIL NADU.

CHILD WELFARE

21. Parthiban, K. et al. (2010).

A study exploring the discrimination and caste based violence aimed at Arunthathiyar children in schools in Coimbatore, Erode, Ramanathapuram, Shivagangai and Tuticorin district in Tamil Nadu. Erode, Tamil Nadu: Arunthathiyar Human Rights Forum (AHRF). 86 p.

Source : www.everychild.org

Background: Tamil Nadu is one of the states which has a high population of the Arunthathiyar community. Arunthathiyars are considered to be the lowest in the dalit hierarchy. Their children are most exploited and abused and face discrimination at the hands of the upper caste community and lag behind or outside the sphere of quality education, health development and participation. These children face rampant discrimination and are forced to clean toilets in schools; they are called by derogatory names and are treated as untouchables. Most of these children never go to school or have dropped out of school due to caste based discrimination. Arunthathiyar Human Rights Forum was formed in 2005. Its strategy is to mobilise and empower the Arunthathiyar Community by providing sustainable economic stability.

Objectives: To identify and understand the various forms of discrimination and caste based violence aimed at Arunthathiyar children in schools; to prepare the recommendations and suggest an action plan to eliminate the discrimination and caste based violence in schools.

Methods: A total of 666 Arunthathiyar students were covered in the study from Erode, Ramanathapuram, Coimbatore, Tuticorin and Shivagangai districts.

Findings: Arunthathiyars use to send their children to other schools, not in villages but in nearly town and cities; majority of the children were in the age group of 11-14 years; 25 per cent were in the age group of 6-8 years and 17 per cent were in the age group of 9-10 years; 54 per cent were male students and 46 were female students; majority of the 534 students parents were daily wage earners; 13.86 per cent students were in class 6th, 11 per cent were studying in 7th class, 10.2 per cent were in class 5th; 230 students from 10 villages faced discrimination in seating arrangements, 436 students from 14 villages had not faced any discrimination in seating arrangement; Arunthathiyar students were forced to do cleaning work in the schools; 322 students from nine panchayats had faced discrimination in the noon meal scheme, 344 students from 15 panchayats had found no discrimination in the scheme provided; 262 students from 11 villages were teased by pronouncing caste names in the schools; many children were verbally reminded by both students and teachers around them in school about their lowly existence and status; 322 students faced discrimination

and 344 students had not faced any discrimination while playing games; Arunthathiyar girl students could not leave school while cleaning the common toilets and school premises; Arunthathiyar students achievement was not celebrated in the same way as it would have been for non-Arunthathiyar students; Arunthathiyar children were not encouraged to take part in many extra-curricular activities; about 363 students had faced discrimination in obtaining scholarship; discrimination in acquiring caste certificate was observed in 381 students; majority of the 475 students faced discrimination in obtaining bank loan facilities; sexual harassment was evident in 228 students, they were harassed in terms of physical verbal and mental abuse, about 532 students have dropped out from their school due to various factors; discrimination, harassment were the factors which forced the students to drop out of the school; more than 600 students married early at the age of 15 or 16; about 227 students faced discrimination in the anganwadi centres; Arunthathiyar children plates and vessels were often used by them only and never got mixed up with other children's vessels; 504 of the selected Arunthathiyar students have not obtained any benefits out of the Sarva Shiksha Abhiyan Scheme.

Recommendations: Organisation of Arunthathiyars students forum at schools and block level to impart awareness on the forms of school violence and methods to overcome it; Ngo's to organise awareness campaign at school level to alleviate the discriminatory practices among the students; legal awareness programmes should be conducted periodically to empower and enhance access to legal provisions/ actions to combat atrocities and harassment of school going Arunthathiyar children; SHGs should be formed by organising Arunthathiyar students' parents and create bank linkages to avoid the restriction over education loans.

Key Words : 1.CHILD WELFARE 2.VIOLENCE AGAINST CHILDREN 3.CHILD PROTECTION 4.DISCRIMINATION 5.CASTE BASED VIOLENCE 6.SCHOOL CHILDREN 7.EDUCATIONAL STATUS 8.DALITS 9.CASTE 10.CHILDREN IN DIFFICULT CIRCUMSTANCES 11.CHILD ABUSE 12.SITUATION OF CHILDREN 13.TAMIL NADU

DESTITUTE CHILD

22. Every Child India, Bangalore. (2008).
Children without parental care in North Karnataka : a research report.
Bangalore : ECI.76 p.

www.everychildindia.org

Background: All over the world, there is a growing concern with regard to children living without one or both parents. Millions of children are left to fend for themselves without stable care, either from their natural families or those provided by the government. There are 87.6 million child orphans in Asia constituting the highest number in the world. In India, no data is systematically compiled about these children at the national or sub-national level.

Objectives: To prepare a database of orphans in the nine blocks to develop an in-depth analysis of status of orphan children which includes causes and conditions of orphanhood; to develop and recommend a frame work for intervention that could be applied by Every Child in North Karnataka.

Methods: The study focused on the status of orphan and semi-orphan children in Northern districts of Karnataka. A total of 50,666 children were interviewed during the study. Majority of the children belonged to the age group of 6-14 years.

Findings: About 67 per cent of the total population belonged to the age group of 6-14 years; the total number of orphan and semi orphan children below three years was 2529; the highest number of orphans and semi-orphans below three years was found in Mudhol 572 children; of all the 50,666 orphan and semi-orphan children 55.5 per cent were boys and 44.5 per cent were girls; about 8390 children were orphans and 42,276 children were semi-orphans; 32.8 per cent children came from other backward castes; majority of the orphans and 38.6 per cent of the semi-orphans reported death as the main reason for orphanhood; 67 per cent of children were looked after by the mothers and 15.7 per cent were looked after their fathers; 11.3 per cent of the children were looked after the grandparents; wherever grandparents or the surviving parents were looking after the child, the proportion of children going to school or anganwadi was more than half; when other individuals from the neighborhood or other relatives looked after the children, the proportion of those who went to school was less than half; more than half of the children from 3-6 years and 6-14 years were in schools but more than half of those between 15-18 years were out of school; the number of boys who were out of school and irregular was more than the number of girls who were of school and irregular; 59.5per cent of the orphan children were provided with basis amenities as against 63.9 per cent of the semi-orphan children who enjoyed basic amenities; there was no

difference between provision of basic amenities to both and girls; among those who were provided basic amenities, the proportion of OBC was highest, followed by other castes; out of the 50666 children who were interviewed, 11924 children were found engaged in manual labour, 106 children were engaged as bonded labour, 5494 children were engaged in household work and 33142 children were found to be non-working; 65 per cent of the total orphan and semi-orphan children were not working; of all the children engaged in manual labour, 9750 were semi-orphans and 2174 were orphans; the proportion of semi-orphans was higher than that of orphans across all working status categories and in all taluks; the highest proportion of manual labourers came from OBC communities; amongst all caste groups, the number of non-working children was the highest; children who were looked after by others or by his own father were more likely to be working than looked after by the mother or grandparents. A total of 6668 children of mothers dedicated to the devadasi system were identified and interviewed, majority of the children were aged between 6 and 14 years followed by 15 and 18 years. 85.3 per cent of the devadasi mothers children were looked after their mothers; 15 per cent of them had lost their mothers and had become completely orphaned; 63 per cent of the children with devadasi mothers were provided with basic amenities while 37 per cent were not provided with any amenities; almost half of the children of devadasi mothers were out of school children or were irregular. 69 per cent children of devadasi mothers were non-working while 21.5 per cent were working as manual labourers. It was found that family and neighbourhood systems were used most commonly by children and their families. The secondary and formal networks such as community institutions, gram panchayats were rarely involved in care arrangements for such children although some amount of programmes did existed for these children from the Department of Women and Child Development.

Recommendations: Financial assistance, loans and credit should be available and must give reference and concessions to single parent families; residential schooling facilities should be adequately provided to children until they complete 18 years of age; government should regularly conduct a survey of orphan children so as to ascertain the magnitude of the problem and to determine areas for intervention; establishing independent monitoring bodies that can regulate care arrangements for these children.

Key Words : 1.DESTITUTE CHILD 2.ORPHANS 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.CHILDREN IN DIFFICULT CIRCUMSTANCES 6.REHABILITATION 7.VIOLENCE AGAINST CHILDREN 8.EXPLOITATION 9.HEALTH 10.EDUCATION STATUS 11.GUARDIANSHIP 12.LIVING CONDITIONS OF CHILDREN 13.SEMI-ORPHAN CHILDREN 14.ORPHANHOOD 15.ORPHAN-PROBLEM 16.PARENTAL CARE 17 18.STATUS OF CHILDREN 19.KARNATAKA.

23. Gupta, Sanjay et al. (2007).
Ensuring identity to street and vulnerable children : a study to identify status, extent and issues related to birth registration of children in difficult circumstances. New Delhi : CHETNA. 44 p.

www.chetna-india.org

Background: Right to identify of a child has been advocated vividly in the UNCRC Charter. Government of India has framed an Act known as Registration of Birth and Deaths Act 1969 and set up institutions in all the states to record the births and deaths in the country. More than 59 per cent children are born every year and are not registered with any civil authority making them invisible. The children living in difficult circumstances like street children, children of sex workers etc are far away from right to identify in absence of birth certificates.

Objectives: To estimate the number of children living in difficult circumstances who are not covered under birth registration in Delhi; to develop understanding on parents/ children perception for not getting birth registration and how children are affected in absence of birth registration; to develop a plan of action to initiate the process of birth registration for children in difficult circumstances.

Methods: A total of 1250 households were interviewed at six different locations with the help of five NGOs.

Findings: The families who lived in slums were mostly migrants from different states; 85 per cent families were living in Delhi since last ten years; 95 per cent families were following the Hindu religion; 34 per cent families were schedule caste, 13 per cent belonged to backward classes; a total of 2985 children between the age group of 0-14 years were covered in the study; out of the 100 per cent, 77 per cent families were having the identity cards and 23 per cent of them were not having any identity proof; 35 per cent of the families had voter ID cards, 11 per cent had ration cards; 50 per cent of the families could remember the date of birth; 50 per cent of the children were school going among which the highest number were of boys; 59 per cent of the families responded positively; out of the total number of children 51 per cent were males and 49 per cent were females; the age groups which were taken were 0-21 days, 21-30 days, 30 days-1 year, 1 year -5 years, 6-10 years, 10-14 years; the per centage of children between the age group of 1-5 years was 34 per cent; 10-14 years was 21 per cent, 30 days- 1year was five per cent; 86 per cent children were born in Delhi , and 14 per cent were born outside Delhi; 78 per cent of children were born at homes; 32 per cent children went to school; out of the total number of school going children between the age group of 6-14 years about 53 per cent of the children were out of school children; five per cent children were found working; 10 per cent children were working as well as going to school also; it was observed that some of the families had applied for the birth certificates; 14

per cent children had their birth certificates; birth certificates was found in the age group of 6-10 years; no birth certificate was found among the children who were between the age groups of 0-21 days and 21-30 days; 21 per cent of the birth certificates were found among the children between the age group of 10-14 years; 35 per cent families were aware of the importance of birth certificates; 32 per cent of the families had applied for the birth certificate; 67 per cent of families did not had birth certificates for their children due to lack of awareness and illiteracy; 45 per cent of the families complained that they received cold response from the department; 41 per cent were unable to fulfill the requirements of the form; 34 per cent knew that birth certificate was utilised at the time of admission; 31 per cent families faced problems due to the unavailability of the birth certificate and 69 per cent families did not faced any problems; 43 per cent families were aware of the NGOs working in their localities; 14 per cent children who had their birth certificate among which the higher number was of boys than girls.

Recommendation- Sensitisation on birth registration should be done in all areas so that families can take steps towards birth registration; Government should take effective measures to make the procedure of birth registration simple; a holistic programme should be made to ensure rights to identity for the children living in difficult circumstances.

Key Words : 1.DESTITUTE CHILD 2.STREET CHILDREN 3.CHILD PROTECTION 4.VULNERABLE CHILDREN 5.CHILDREN IN DIFFICULT CIRCUMSTANCES 6.BIRTH REGISTRATION 7.STATUS OF CHILDREN 8.BIRTH REGISTRATION 9.CHILDREN IN NEED OF CARE AND PROTECTION 10.CHILD SEX RATIO 11.SCHOOL GOING CHILDREN 12.WORKING CHILDREN 13.PARENTS PERCEPTION 14.CHILDREN PERCEPTION.

24. Pasi, Achhelal R. et al. (2011).

A Cross-sectional study of the sociodemographic profile of juveniles under institutional care in the city of Mumbai. *Journal of Family and Community Medicine*, August, 18(2) : 87-90.

Source : www.jfcmonline.com

Background: Government of India adopted a national policy for children on August 22, 1974. The policy recognises children as the “Nation’s supremely important asset” and states that it shall be the responsibility of the state governments to provide adequate services to children before and after birth and through the period of growth, to ensure their full physical, mental and social development. A strategic surveillance is needed to identify these children, the feeder areas and section of the society whose children are at risk of being institutionalised.

Objectives: To study the socio demographic profiles of children under institutional care; to identify the characteristic features of the families prone to have destitute children and suggest measures for prevention of destitution of children in the community.

Methods: A total of 170 children were selected from four different institutes for care and support. The study population consisted of boys and girls between 6 to 18 years of age.

Findings: Out of the total 170 children, 65.9 per cent and 34.1 per cent were from the age group of 6-12 years and >12 years, respectively; 75.3 per cent of the children were institutionalised between the ages of 6-12 years; 10.0 per cent and 14.7 per cent were institutionalised when they were <6 years and >12 years respectively; 63.5 per cent of children were Hindu and 34.1 per cent were Muslims; children of urban origin were 80.5 per cent while 19.5 per cent from the rural areas indicating an urban predominance of the children under institutional care; 82.4 per cent were from nuclear families, and 17.6 per cent were from joint and joint extended families; 40.0 per cent of the boys and 62.3 per cent of the girls were from lower socio economic status; 54.0 per cent of institutionalised children belonged to medium-sized (4-7) families, whereas 33.3 per cent belonged to small families and 12.7 per cent belonged to large families; gender distribution of the juveniles in relation to their family size was found to be statistically highly significant; 75 per cent of child labourers were boys and 25 per cent were girls; 75.9 per cent of the girls and 24.1 per cent of the boys had been engaged in other activities; more boys were engaged in physical labour while girls were involved in other activities.

Recommendations: Family assistance and family sponsorship schemes are necessary to give support to the socio economically deprived families in the upbringing of their children : counselling services should be provided for families and parents to help them during crises; juvenile guidance centers should be established for the prevention and control of delinquency at community level.

Key Words : 1.DESTITUTE CHILD 2.INSTITUTIONAL CARE 3.CHILD PROTECTION 4.CHILDREN IN DIFFICULT CIRCUMSTANCES 5.CHILDREN UNDER INSTITUTIONAL CARE 6.SOCIO ECONOMIC STATUS 7.JUVENILES 8.SOCIO ECONOMIC FACTORS 9.CHILD LABOUR 10.CHILD ABUSE 11.CHILDREN NEED OF CARE AND PROTECTION 12.MUMBAI.

HEALTH

25. Dongre, A.R. (2008).

Tobacco consumption among adolescents in rural Wardha : where and how tobacco control should focus its attention ?. *Indian Journal of Cancer, July-September, Vol.45(3) : 100-106.*

www.indianjcancer.com

Background: Adolescents are increasingly exposed to changing lifestyles that have very negative impact on health. About 12.9 per cent adolescents in the age group of 13-15 years consume tobacco products in Maharashtra. The most susceptible time for tobacco use in India is during adolescence and early adulthood (15-24 years).

Objectives: To study the pattern of tobacco use among rural adolescents and to find out reasons for use and non-use of tobacco products.

Methods: A total of 385 adolescents in the age group of 15-19 were selected for the study. 11 villages surrounding the Kasturba Rural Health Training Centre Anji were covered in the study.

Findings: Out of 385 adolescents 47.5 per cent were male and 52.5 per cent were female; two per cent adolescents were illiterate; 49.8 per cent adolescent were below poverty line; 28.2 per cent adolescent girls were members in community based organisation like Kishori Panchayat (KP) as compared to adolescent boys (6.6%) membership in Community Based Organisation (CBO); 68.3 boys and 12.4 per cent girls had consumed tobacco products in last 30 days; 78.7 per cent adolescents had history of tobacco products consumption in their family; 79.2 per cent consumed Kharra and 46.4 per cent consumed gutka; four per cent smoked tobacco in the form of beedi cigarette; 51.2 per cent boys consumed tobacco due to peer pressure; 12.4 per cent adolescent girls consumed tobacco; among tobacco user girls, 28 per cent did so due to peer pressure or developed addiction to it; more boys experienced peer pressure than girls; out of 235 adolescents who did not consume tobacco, 177 were girls and 58 were boys; the reasons for non-use of tobacco among girls were fear of cancer (59%); poor oral health (37.9%); among non-consuming boys it was fear of cancer (58.6%), poor oral health (44.8%) and fear of getting addiction (29.3%); the major sources of information for non-users were school teachers and community based organisations; in rural settings, family members and neighbours often asked young children to get tobacco from nearby shops; local media advertisements and colourful attractive packing of tobacco products

influenced children to take up the habit of tobacco; few adolescents did not consumed tobacco as they feared that their family members and parents will not give them money.

Conclusion: The current consumption of tobacco products among rural adolescents was found very high; A multi-pronged community based intervention strategy which ensures enforcement of law and awareness of parents and school children about side effects of consumption of tobacco is required to reduce primary uptake of tobacco especially smokeless tobacco among rural adolescents.

Key Words : 1.HEALTH 2.TOBACCO 3.CHILD PROTECTION 4.HEALTH HAZARDS 5.TOBACCO CONSUMPTION 6.SUBSTANCE ABUSE 7.CHILDREN IN NEED OF CARE AND PROTECTION 8.CHILDREN IN DIFFICULT CIRCUMSTANCES 9.TOBACCO CONTROL 10.ADOLESCENTS 11.REHABILITATION 12.CHILD ABUSE 13.HEALTH EDUCATION 14.WARDHA 15.MAHARASHTRA.

C. Research Abstracts on Women and Gender Issues

HEALTH

26. Iyengar, Kirti. (2012).
Early postpartum maternal morbidity among rural women of Rajasthan, India : a community-based study. *Journal of Health Population and Nutrition, June, 30(2) : 213-225.*

Background: Little rigorous research has been conducted on maternal morbidity in low-resource settings. The first postpartum week is a high-risk period for mothers and newborns. Very few community-based studies have been conducted on patterns of maternal morbidity in resource-poor countries in that first week. An intervention on postpartum care for women within the first week after delivery was initiated in a rural area of Rajasthan, India.

Objectives: To develop standard integrated interventions for mothers and newborns, a sound understanding of conditions affecting both; to develop an intervention to reduce maternal and neonatal mortality and morbidity in its rural field area.

Methodology: ARTH has implemented a field-level health service programme in a rural population of 58,000 in southern Rajasthan. Its field area comprises of 49 villages surrounding two health centres that provide 24-hour delivery and newborn-care services through nurse-midwives. Hence, Action Research and Training for Health (ARTH), was aimed to develop the required intervention. Data was collected through developed interventions which included structured examination checklists, especially developed data-management systems and formats for reporting of births. A senior nurse-midwife or a physician accompanied the nurse-midwife during five per cent of postnatal visits and assessed the quality of care provided at the postnatal visits; a research manager also visited 70 per cent of women at 4-8 weeks after delivery and made enquiries, using a standard checklist regarding some procedures, such as measuring blood pressure, haemoglobin, weighing of the newborn, and counselling.

Findings: A minority (1.1%) of women visited by the nurse-midwives refused the postnatal check-up; during examination, 12.8 per cent of the women refused haemoglobin test; for another 10.2 per cent of the women, the nurse-midwives did not offer haemoglobin test. This happened particularly in the first year when nurse-midwives did not conduct a haemoglobin test if the woman had undergone a haemoglobin test during the antenatal period; there has been a major shift in the place of delivery from home to institutions—starting with 53 per

cent in 2007 and increasing to 82 per cent in 2010; in all 68.2 per cent of the reported deliveries occurred in institutions; 31.1 per cent at home, and 0.7 per cent on the way to the institutions; the nurse-midwives made home-level postnatal visits to 4,975 women (94.5% of the women whose births were reported and 87.1% of the expected number of births in the area); In 5.5 per cent of the women, the postnatal care (PNC) visits could not occur despite receiving a report of delivery and this was primarily due to the leave schedule of nurse-midwives; more than one-third of the women delivered at home while nearly 68.6 per cent delivered in institutions ranging from village-level government subcentres to the district hospital, with 33.0 per cent delivering in the ARTH's health centres; only 2.2 per cent delivered through caesarean section; the remaining women had vaginal delivery, during January to December 2009, the recorded information on blood transfusion and episiotomy were 1,156 births. It showed that 1.4 per cent of the women received a blood transfusion in pregnancy or around the time of delivery; 7.1 per cent reported having an episiotomy; the most common serious morbidity detected was severe anaemia present in 7.4 per cent of women whose haemoglobin was tested (5.7% of all women); fever was present in 4.0 per cent of the women although signs of uterine infection were present in only 1.3 per cent of the women; the remaining women with fever had an upper urinary tract infection or respiratory infections; the incidence of puerperal sepsis was 1.4 per cent following home-delivery and 1.2 per cent following institutional delivery; the incidence of other kind of infective illness after delivery was six per cent following home-delivery and 5.7 per cent following institutional delivery; conditions relating to breasts (breast engorgement, mastitis, or flat nipple) were detected in 4.9 per cent of the women; none, however, had a breast abscess on the day of the postnatal visit; conditions relating to the perineum (perineal pain, tear, or infection) were detected in 4.5 per cent of the women; the prevalence of perineal conditions was significantly more frequent among women who had institutional deliveries (6%) than among those who had home-delivery (1.1%); urinary incontinence was reported by 0.1 per cent of the women; none of the women had genito-urinary fistula; life-threatening complications such as severe anaemia, uterine infection, secondary postpartum haemorrhage (PPH), and severe hypertension or eclampsia, were experienced by at least 7.6 per cent of the women, of which 5.7 per cent had severe anaemia; and 1.8 per cent had one of the other conditions. Since haemoglobin was not tested in 22 per cent of the women, it is possible that the actual prevalence of life-threatening conditions was higher; life-threatening conditions were present in 9.7 per cent of those who had home-deliveries and 6.6 per cent in those who had institutional deliveries; a large proportion (28%) of the women also reported lower abdominal pain, backache, or pain in arms and legs.

Recommendations: There is a need to screen all women properly before discharge from the health facility; the results also suggest that it is feasible for skilled birth attendants to visit women's homes and provide postpartum maternal and neonatal care to them in an integrated manner.

Key Words : 1.HEALTH 2.MATERNAL HEALTH 3.WOMEN HEALTH 4.MORBIDITY 5.MATERNAL MORBIDITY 6.ANAEMIA 7.COMMUNITY-BASED STUDIES 8.HOME DELIVERIES 9.MORTALITY 10.PERINATAL MORTALITY 11.POSTPARTUM CARE 12.RURAL WOMEN 13.RAJASTHAN.

27. Population Research Centre, Department of Statistics, Baroda. (2011).
Baseline study in the four semi rural talukas of Vadodara districts for
implementation of the safe motherhood and child survival project.
Baroda Reporter, November, 44 : 2-9. (Source : www.prcbaroda.org)

Objectives: To undertake a baseline survey in the four semi-rural talukas of Vadodara district namely Vadodara, Karjan, Padra and Sinor in order to contribute to the intervention strategy and also to prepare benchmarks of indicators for monitoring and evaluation of safe motherhood and child survival programme which DCT has initiated in these areas.

Methodology: Interview schedules were of three types: First, the household schedule was administered to any adult member of the household to obtain data second the women's schedule was administered only to currently-married eligible women in the age-group of 15-49 years to know about their obstetric history. Third, the Beneficiary Schedule canvassed among potential beneficiaries who were pregnant at the time of survey or had given a live birth during last two years preceding the survey to gather information on utilisation of various maternal and child health services. Field work was carried out in the months of Nov 2008 to April 2009 and covered 1,12,220 households.

Findings: Household characteristics indicated that 14 per cent of households were large having a family of seven or more members; about half of the households belong to APL category, one-third to BPL category and a substantial number of households (17 per cent) do not have any type of card. To know about reproductive aspects and behaviour, relevant information was collected through Women's Schedule from 1.02 lakh currently married women in the age of 15-49 years; about half of them belonged to BPL category, more than half belonged to low SLI group; about three-fifths could not read or write and less than one-third were engaged in any economic activity (mainly agricultural sector); average number of pregnancies, live births and surviving children per women were seen to be 2.5, 2.3 and 2.1 respectively; It was seen that less than half of the teenagers were either pregnant at the time of survey or had been pregnant earlier. Further more than one-fourth of teenagers had one live birth and a few had two or more live births; the proportion of high-risk pregnancy among teenagers was seen in higher proportion in Karjan and sinor talukas among Muslims, among scheduled tribes, among BPL or low SLI group and among illiterates; about family planning, 69 per cent of women were current users of any method of family planning, one per cent past users, and 30 per cent were never users; among current users the proportion of limiting method users were 65 per cent, spacing method users were three per cent and traditional method users were less than two per cent. To know about extent of utilisation of health delivery services by the potential beneficiaries relevant

information was collected from 21,786 potential beneficiaries who were either pregnant at the time of survey or had a live birth during the two years (2006-2008) preceding the survey. About three fifths of the beneficiaries were young, aged 15-24 years; more than half belonged to BPL group and about three-fifth to low SLI group. About consumption of at least 100 IFA tablets were found limited to less than one-third women; almost all have received two doses of TT, three or more checkups during pregnancy were provided to less than half of the women; full ANC care was limited to 17 per cent varying from four per cent in Padra to 30 per cent in Vadodara. Regarding place of delivery more than three-fifth of the deliveries were institutional; talukas-wise differential in institutional delivery was noticed; compared to about three-fourths of the deliveries in Vadodara, half of the deliveries in Karjan were institutional; for more than one-third of the women the delivery was at home. About immunisation services received by children aged 12-23 months, almost all children were vaccinated; it has observed that 95 to 99 per cent of the children received BCG, three doses of OPV and measles whereas 79 per cent of the children received three doses of DPT. High proportion of measles vaccination seemed to be doubtful.

Recommendations: Use of spacing method needs to be promoted between marriage and 1st child, between 1st and 2nd child; after 2nd child limiting method should be promoted; there is a need to evolve area specific programme to reach the unreached clients in tribal areas; women should be exposed to mass media, inter-personal and inter-spousal communication; in this context messages on ANC/ PNC, child care, family planning should be widely promoted; thus programme efforts through the public-private partnership (PPP) should be envisaged to reach out to underprivileged sections and bring them under the programme.

Key Words : 1.HEALTH 2.SAFE MOTHERHOOD 3.CHILD SURVIVAL
4.INFANT 5.MORTALITY RATE 6.TOTAL FERTILITY RATE 7.PREGNANCY
8.LIVE BIRTHS 9.FAMILY PLANNING 10.CONTRACEPTIVE
11.INSTITUTIONAL DELIVERY 12.CHILD IMMUNIZATION.

28. Visaria, Leela. (2012)
Maternal mortality in India : socio-economic and cultural determinants.
Ahmedabad : Gujarat Institute of Development Research. 33 p.
Source : www.gidr.ac.in

Background: The magnitude of maternal mortality and morbidity in the world and the huge disparity in their levels between developed and developing countries have been major concerns addressed by researchers and the international aid agencies. In India, an expanded verbal autopsy questionnaire was piloted in 2005 in a district in West Bengal known as “Maternal and Perinatal Death Inquiry and Response” (MAPEDIR), and then canvassed in 16 districts in seven states with high maternal mortality (UNICEF, 2008). This questionnaire was to deepen understanding of the environmental and socio-economic factors contributing to maternal deaths and in the process to facilitate a process of raising awareness of getting people concerned and involved about issues impacting on maternal deaths and make relatives more knowledgeable about how they can do something about them.

Methodology: Maternal history of 27 women who died was examined using the pathways to maternal death framework.

Findings: Information is about the characteristics of six of the 27 women who died at home either during pregnancy or after child birth at home. Out of the six women who did not visit health facility at any time during their pregnancy, three died during pregnancy and three died after delivering at home. Except for one, the others were under 25 years of age. Two delivered live births and one had still birth. Both the live born children died within one week of birth, according to the health workers, the mothers refused to breastfeed the babies since they were born out of wedlock and were not wanted. Four of the six women came from not very poor households. Three of them were illiterate but two had studied up to 10th standard; four were currently married; the other two had become pregnant outside socially sanctioned relationship. All died at their parental home; about death at first facility or at home after returning from the facility were that out of seven women, it was first pregnancy for only one women, others were multi-para and hence were somewhat older than women listed in the earlier finding. Four of the seven were illiterate; apart from being pregnant, three women had other health problems such as tuberculosis and hypothyroidism which compromised their health during pregnancy; one woman had sickle cell disease or trait resulting in severe Anaemia. Four of them lived in poor households; family of one owned land, grew banana and lived in well-built house; three of the seven women died in the health facility and four died at home after returning from the health facility. However, the health condition of all of them was quite serious when they were taken to a health facility for

treatment. For death at second or third facility or at home after returning shows that in all 13 of the total 27 deceased women had been taken to at least two health facilities for pregnancy and child birth related complications; of the 13 women, only two were more than 30 years old; all others were less than 25 years of age; except for two all of the others were illiterate and also belonged to poor households where husbands were mostly illiterate and had no regular employment; five of the 13 women died in pregnancy. Of the remaining eight women, four had still births and two live born children died within few days of birth. Of the total 30 pregnancies, seven resulted in miscarriages, and five still births; only 19 pregnancies resulted in live births, but three babies died within a few hours or days of their birth. Almost half of the 27 women or 13 women had visited more than one health facility for delivery or treatment of complications after delivery; out of these 13 women, of SEWA hospital was the first point of treatment for seven women.

Key Words : 1.HEALTH 2.MATERNAL MORTALITY 3.CHILD MORTALITY 4.MATERNAL AND CHILD MORTALITY 5.MATERNAL DEATH 6.SOCIO-ECONOMIC STATUS 7.MORBIDITY 8.VERBAL AUTOPSY TOOL.

SOCIAL WELFARE

29. Soman, C.R. et al. (2009).
Suicide in south India : a community-based study in Kerala. *Indian Journal Psychiatry, Oct-Dec, 5(4) : 261-264.*
www.ncbi.nlm.gov/pmc/articles

Background: According to the National Crime Record Bureau, the official agency responsible for suicide data collection in India, Kerala, south Indian state has the highest suicide rate among Indian states.

Objectives: To estimate the rates and age-specific incidence of suicide in a rural community in Kerala; to set up a community-based registry for lifestyle diseases and; to reliably assess the causes of deaths in the cohort.

Methodology: A prospective cohort design was used involving a long-time follow-up of the residents of seven villages in Kerala. The physician conducted a validation study during the first year of data collection (2002-2003) and analysed 647 deaths reported by the health workers. A simplified, structured questionnaire based on WHO verbal autopsy instrument as a tool to assist the workers in assignment of cause of death.

Findings: The health workers reported 4720 deaths for the period 1 July 2002 to 30 June 2007; of these deaths, 284 cases were classified as suicides; suicide was responsible for 6.6 percent of all deaths (7.3% in males and 5.8% in females); the median age of suicide was 42 years for males and 34 years for females and suicide rate was 44.7/1,00,000 for males and 26.8/1,00,000 for females. Male to female suicide rate was 1:7; no mass/family suicides were reported during the period. Suicides constituted more than 50 per cent of all deaths among females aged between 15 and 24 years; out of 175 male suicides, 88 occurred in the age group of 15 to 44 years; while 66 deaths were suicides, out of 109 female deaths. Female suicide rates exceeded those of males in the very young and very old age groups. Female suicide rates declined after 24 years reaching the lowest rate of 12.6/1,00,000 in women aged between 45 and 54 years; women aged 75 or above had the highest suicide rates (132.6/1,00,000). Male to female suicide ratio varied from 0.4 in the youngest age group to 4.5 in the 45-54 year age groups. Method of committing suicide was available for only 140 deaths. Hanging was by far the most frequently used method (64%), followed by poisoning (10%), drowning (9.3%), self-immolation/burning (6.4%) and jumping in front of trains (6.4%).

Conclusion: The analysis above shows that the level of under-reporting of suicides in Rural Kerala was much lower than those reported in Tamil Nadu. Suicide rates in this rural community were higher than those reported by official agencies. Studies from rural Tamil Nadu have reported the highest suicide rates in the world analysis highlights the need to carry out further studies to understand the underlying causes of high suicide rates in this apparently peaceful region.

Key Words : 1.SOCIAL WELFARE 2.SUICIDE 3.RURAL COMMUNITY
4.SOCIAL PROBLEM 5.SUICIDE-CAUSES 6.SOUTH INDIA 7.KERALA. 8.
TAMIL NADU

WOMEN LABOUR

30. Sarkar, Sudipta. (2012).
Migration livelihood and experience of paid domestic workers in Delhi.
Man and Development, September : 105-115.

Background: The demand of women in care services especially in domestic work in urban areas is very high today. Paid domestic work is one of the emerging earning avenues which acts as an important source of income for poor women who step in the world of work in the informal sector.

Findings: Primary survey in Delhi shows that neighbours and friends were the most important sources which help and encourage women to find a new workplace; women workers also act as an important source of transferring information regarding employment to their friends, neighbours or kin (38.2%); most of the part time domestic workers in Delhi (53 %) have their own jhuggi whereas 47 per cent lived in rented households; about 80 per cent of them have one-room hutment whereas about 20 per cent have more than a room; about 92 per cent of households cook their food where they sleep; electricity was available in 99 per cent of households; in most of the households drinking water was obtained from government tap/ hand pump; very few (5.3%) had access to individual tap and tube well; about 86 per cent of domestic workers and their families used government toilet facilities and very few of them about 5 per cent had recourse to independent toilet facility; about 37 per cent of the domestic workers used LPG, whereas 32 per cent used kerosene; only 9.2 per cent of the households use wood as the source of fuel; about 55.3 per cent of domestic worker households do not access to Public Distribution System (PDS), among 45 per cent who get PDS, 84 per cent belongs to the BPL category. Reasons for not getting PDS was that about 51 per cent of households do not have them; about 23 per cent households have not applied yet for it, about 12 per cent households applied for the scheme, but were yet to get the ration cards at the time of survey, working hours ranged from 8 to 18 hours a day; majority were part-time workers in Delhi, who worked eight hours or below a day, very few have longer working hours; mean monthly wage of part-time domestic workers in Delhi was 2474/-, about 65 per cent of the workers experience no wage increment; 30 per cent had an increment of wages; the increment was anywhere from 50/- to 200/- covering 72.2 per cent of workers; about 49 per cent of women workers reported the fear of job loss due to sudden absence (i.e. without informing) from work up to 5 days or less might cause job loss, majority of women i.e. 65 per cent responded that they have no long breaks and among

those who get, a majority of them were un-paid; about 67 per cent of the workers had no holidays during festivals throughout the year.

Conclusion: Institutionalising domestic work brings peace and decency among domestic workers world-wide. Introduction of decent work for domestic workers gives dignity to the age old women's 'reproductive work' the status of 'real work' i.e. mainstream work.

Key Words : 1.WOMEN LABOUR 2.DOMESTIC WORKER 3.MIGRATION
4.PUBLIC DISTRIBUTION SYSTEM 5.HOUSEHOLDS 6. STATUS OF
WOMEN

WOMEN WELFARE

31. Aggarwal, Savita, Punhani, Geeta and Kher, Jagriti. (2012). Does women's education translate into economic participation ? mapping the gender gap index at sub-national level for India. *Indian Journal of Adult Education, April-June, 73(2) : 55-74.*

Background: Gender Gap Index (GGI) is a relatively new index to assess the male-female gap in attainments in various sectors such as economic participation and opportunity, educational attainment, political empowerment and health & survival. The present study was to quantify the CGI for the different states of India.

Methodology: The methodology used for computation of the Gender Gap Index was the same as that followed by the World Economic Forum (Housemann et. al 2010). Fourteen indicators have been used in the Global Gender Gap report 2010 to capture the gender gap index. In order to calculate the value of Gender Gap Index, data must be available for atleast 12 out of the 14 indicators. From the indian perspective, the suitability of the above indicators was examined keeping in view the data availability at the State level. Data pertaining to the above variables was collected for 24 states of India representing more than 90 per cent of the Indian population. Madhya Pradesh and Bihar include Chattisgarh and Jharkhand, respectively, since the data for these new states was not available for all variables. Most of the data collected referred to the period between 2001 and 2006.

Findings: The present study has shown that there were large gaps in all the states in terms of equitable distribution of resources and opportunities between women and men. Eleven out of 24 states had not even covered 60 per cent of the gender gap. The progressive northern states including Punjab and Haryana were a part of this group. Other 13 states had covered more than 60 per cent but less than 70 per cent of the gender gap in various sectors; southern as well as North Eastern States were a part of this group Madhya Pradesh was also a part of this group because of better performance in economic participation. On the other hand, Bihar, the worst performing state had covered 97 per cent of the gap in health, but faltered on all the other three components and managed to cover only 62 per cent gap in education, 32 per cent gap in economic and a mere 10 per cent gap in political empowerment; performance of most states in terms of reducing the gender gaps in education was generally good although the sub-index value for educational attainment showed a fairly wide variation from 0.62 in Bihar to 0.96 in Kerala; the states of Bihar, Rajasthan and Orissa were in the bottom category since they had covered less than 80 per cent gap in

education. On the other hand, eleven out of 24 states had been able to cover more than 90 per cent of the gender gap in terms of educational attainments; in terms of literacy rate, Bihar had closed only 56 per cent of the gender gap as against 95 per cent in Mizoram, Rajasthan, U.P., Madhya Pradesh, Orissa and Haryana were the poor performers which had been able to close less than 75 per cent of the gender gap in literacy; by contrast, North eastern states, Punjab and Kerala had performed better and had closed more than 80 per cent of the gap in literacy rate; at all India level, 71 per cent of the gender gap in literacy had been covered indicating the need for more sustained efforts in the field of adult education targeting women. Overall the index values for economic participation were very low ranging from 0.26 in West Bengal to 0.75 in Nagaland indicating that West Bengal had been able to cover only a quarter of the gender gap in economic participation, conversely, Nagaland had been able to cover three quarter of the gender gap. Out of 24 states, half of the states had not been able to cover ever 50 per cent of the gender gap in economic participation and the other half had covered between 50 and 75 per cent of the gap.

Recommendation: Gender equity is a necessary pre-condition for progress of a country or region. The Gender Gap Index can therefore be used not only to monitor the progress of women in different sectors but also to trigger targeted action. The analysis done in this study can serve as a show window to other developing countries and give an idea to policy makers and planners about prioritising programmes for women and facilitate gender mainstreaming.

Key Words : 1.WOMEN WELFARE 2.WOMEN EDUCATION 3.GENDER GAP INDEX 4.MAPPING 5.ECONOMIC PARTICIPATION 6.HEALTH 7.EDUCATION 8.POLITICAL EMPOWERMENT.

32. Chandra Singh, M.M. et al. (2003).
A Study of contraceptive use among ever-married muslim women in an urban Slum of Delhi. Health and Population-Perspectives and Issues, 26(1) : 10-15.

Background: The growth rate of Muslim population in India during the last three decades is somewhat higher than that of Non-Muslim population. Sample surveys showed that Muslim have higher fertility and prefer large families. The present study was carried out among Muslim population of a Delhi slum, characterized by deficient civic facilities, overcrowding, inadequate housing and poor sanitary conditions.

Objectives: To map out the existing population characteristic by a situational analysis; to focus on house to house survey; to focus on group discussions (FGDs); and to do the chi-square test for comparison of categorical variables and chnge into version 6.04 for data analysis.

Methodology: The present study was undertaken in Lok Nayak Colony, a slum area near Guru Nanak Eye centre, New Delhi, between February and April 2000. There were 457 ever-married women aged 15-45 years of which 449 were Muslims and 8 were Hindus.

Findings: The mean age at marriage was 17.2 years; occupation wise, 44.8 per cent of them were engaged in work such as house-maids, 44.3 per cent petty shop owners, 32.3 per cent and 23.4 per cent had household business of making decorative and ornamental materials and assembling electronic goods etc; 418 women who had a per capita income per month of less than ₹200 and the rest 81 had an income of ₹200-499; Majority (84.36%) of women belonged to a joint family; the contraceptive use rate was 8.6 per cent of which 67.4 per cent were in the age group of 21 to 30 years. None in the age group of 41-45 years used any contraceptive method. Tubectomy was adopted by older women aged 26 years and above; condom was used popularly by intrauterine contraceptive device (IUCD); 418 of the subjects and 402 of their husbands were illiterate. Literacy status of the women did not show any significant association with contraceptive use. However contraceptive use was most prevalent among women whose husbands had education for five or less years (P= 0.013); about 49 per cent had used contraceptive method for 2 to 5 years especially a spacing method and 69.9 per cent users were married for a period ranging from 11 to 15 years; awareness about modern contraception methods was universal among the subjects.

Recommendations: There is a need to spread contraceptive specific messages emphasizing the positive aspects and dispelling the misconceptions; there is a need for improving the infrastructural facilities and quality of education; programme managers should also plan special strategies for motivating and educating the community.

Key Words : 1.WOMEN WELFARE 2.MUSLIM WOMEN 3.URBAN SLUM
4.CONTRACEPTIVE AWARENESS AND PREVALENCE 5.IMPOTENCY
6.TUBECTOMY 7.VASECTOMY

33. Gupta, Namrata. (2012).
Women undergraduates in engineering education in India : a study of growing participation. *Gender, Technology and Development*, 16(2) : 153-176. (Source : <http://gtd.sagepub.com>)

Background: In most parts of the world, women lack representation in Engineering, which has generally been regarded as the men's sphere. This term implies a high number of men in Engineering and the existence of cultural stereotypes that consider Engineering as being more suitable for men. In India also, Engineering has traditionally been regarded as a men's sphere.

Objective: To determine the strata of society sending their daughter for the Engineering programme and to understand the operation of tradition and modernity and of continuity and change in the nature of patri-focality operating in career decisions.

Methodology: A private college for Engineering for women in Kanpur (situated in the state of U.P., it has a population of about 2.5 million) selected for the study.

Findings: In a patri-focal society, children's education was a family affair, so it was not surprising that there was family support for Engineering education for women. About 44 per cent of respondents had help from family members in studies until Class XII. Mothers (of 92.5 per cent respondents) and fathers (of 96 per cent respondents) did not want their daughters to take up Social sciences after class X, when streams of education were decided. Mothers of 92.5 per cent respondents and fathers of 96 per cent respondents did not want their daughters to take up Social sciences after class X, when streams of Education were decided. Mothers of 23 per cent of the respondents were educated up to class XII or less, while those of 43 per cent of the respondents were graduates in non-science subjects. Thus, in about two-third of the cases, daughters' pursuance of Engineering reflected a generational change towards technical education. Fathers of 96 per cent of respondents and mothers of 93 per cent respondents believed that "women were no less capable than men in Science and Maths". Building a career by landing a good job emerged as one of the significant motivating factors both for the respondents and their parents. About 68 per cent of respondents had chosen Engineering because of the higher chances of obtaining a good job after completing the degree, and about 27 per cent had opted for it because they had a liking for Engineering. The rest had enrolled to fulfill their parents' expectations. About their parents' expectations, many of them (71%) answered that their parents wanted them to have a highly successful career, about 28 per cent responded that parents

wanted them to be independent. Almost 40 per cent would perhaps give up their jobs after marriage if required”, and most of them believe in traditional norms yet, it is heartening that almost all the respondents fervently aspire to a professional career and are willing to challenge the patrifocal forces that might restrain their ambition at least at this point in their lives.

Key Words : 1. WOMEN WELFARE 2.WOMEN EDUCATION 3.WOMEN'S PARTICIPATION 4.WOMEN ENGINEERS 5.PARTIFOICALITY 6.MASCULINE IMAGE 7.SOCIO ECONOMIC STATUS 8.MARKET.

34. Maiti, Sameera. (2011). Health and wellbeing as factors affecting quality of life : a study among the Tharu women of Uttarakhand. *The Eastern Anthropologist, Oct-Dec, 64(4) : 443-457.*

Background: Women, in general were responsible for maintaining not only their own health but also that of others in the family by keeping a hygienic and clean surrounding both at home and in the locality. This responsibility of helping others, many a times leads to neglecting their own health and ultimately affecting the overall quality of life. The current paper was based on information gathered from the Tharu tribal women of district Udham Singh Nagar in Uttarakhand.

Methodology: Data was collected primarily via in-depth interviews with women of 145 households residing in five villages namely Amaun, Bhudai, Bigrabagh, Gosikaun and Sripur Bichwa of block Khatima in 2009. Interview schedule consisted of a total of 40 questions including 25 open ended questions and 15 close ended questions. This data was further substantial with details derived from FGDs and observations made.

Findings: The Tharu women of Uttarakhand believe it was essential for a woman to be careful and conscious about health, not for herself but for her family and children; on fallings sick, 63.4 per cent women at the first instance went to the nearest doctor, be it private or government; 23.4 per cent women went to the government hospital; 10.3 per cent women stated that before consulting a doctor they went to meet the Bharra (traditional medicine man) and only on his/her recommendation they visited a medical practitioner; 2.7 per cent women preferred home remedies at the first instance even for serious health problems; regarding special care provided for pregnant women with nutritious food, 46.8 per cent women said yes, 16.5 per cent informed that generally attention was paid to provide pregnant women with proper diet; 17.2 per cent said occasionally pregnant women were given a special diet, while 3.4 per cent and 15.8 per cent said there was 'no need' of any extra care and 'no extra care was taken about their diet' respectively. All the women in the age bracket of 18 to 40 years mentioned having received tetanus injections along with calcium, vitamin and iron tablets during pregnancy, while most women above this age bracket had not received them due to lack of knowledge and fear of its effects; besides a few environment related health problems, the woman in the area enjoy physically and mentally healthy life; a majority of women however were dissatisfied with the Government endeavours due to the abstinence of such facilities from their home and inadequate information about various health schemes.

Recommendations were: special and informative camps should be held at the villages itself to spread awareness about the various ailments/ health problems; separate hospital should be opened for women where they can discuss their health related problems in an unembarrassed manner with the lady doctor; medicines should be distributed free or at a subsidised rate and not mainly prescribed; village drains and garbage should be cleaned and sprinkling of DDT and fogging be done so that hygienic conditions are maintained in the villages; and more government hospitals be opened and operations should be conducted free of cost at government hospitals; aim of all the women's health care programmes should not be just to identify the cause of ailment but also to manage the disease.

Key Words : 1.WOMEN WELFARE 2.WOMEN HEALTH 3.HEALTH AND WELLBEING 4.PHYSICAL HEALTH 5.REPRODUCTIVE HEALTH 6.FAMILY PLANNING 7.PREGNANCY 8.MOTHERHOOD 9.ASHA 10.ANM 11.PSYCHOLOGICAL HEALTH 12.MEDICAL INTERVENTION 13.NUTRITION 14.MATERNAL HEALTH 15.HEALTH CARE 16.THARU WOMEN 17.HYGIENE 18.FOLIC ACID 19. UTTARAKHAND.

35. Megha Shree. (2012).
Female tribal migrants as domestic workers : a study of their compulsions
and working conditions. *Man and Development, March, 34(1) : 45-66.*

Background: Migration is not a new phenomenon in any part of the world. Ever since the world existed people have been and are still migrating. Almost 400 million people, more than 85 per cent of the working population in India work in the unorganised sector. Moghe (2007), states that at least 120 million were women which include tribal women too.

Objectives: To explore the trends of the female tribal migration; to explore the reasons responsible for their migration and; to identify the nature of work and the problems they face in urban areas.

Methodology: Data from National sample Survey Organisation, Govt. of India reports, viz. Migration in India (49th, 55th and 64th round). Secondary data was used as published literature from internet, journals, books etc. As migration in India covers three main rounds (49th, 55th and 64th round), it gives the details regarding the migration scenario in India. The basic nature of research is descriptive.

Findings: Out of the domestic workers 41 per cent belonged to the age group of 21-25 years; while 39 per cent belonged to the 15-20 years age group; majority i.e. 45 per cent were high school drop outs; 23 per cent were from no formal education background; while very few were graduates i.e. about 0.5 per cent and the rest belonged to others; compulsion for employment even forced some graduate females to engage in domestic work; as per NSS data, it does not give specific information regarding the domestic workers; UNDP research paper (Apter and Deshingkar, 2009) states that some 20 million people mainly women and girls, migrate for domestic work to Mumbai, Delhi and other cities from the eastern states of Bihar, Orissa, Chhattisgarh, Jharkhand, Assam and Mizoram. Reason for migration was mainly earning money for household for 92.15 per cent in Delhi, 73.27 per cent in Orissa and 65.13 per cent in Jharkhand; other reasons were unemployment in native place, attraction to urban life, problem in family and released of mortgaged loans; very few statistics was found on the migration of female tribals.

Recommendations: It is necessary to provide tribal women and girls some basic educational facilities along with vocational guidance and training for development of their skills with a view to make them aware of themselves and surroundings; also there should be proper legislation for the workers in the informal sector.

Key Words : 1.WOMEN WELFARE 2.TRIBAL WOMEN 3.DOMESTIC LABOUR 4.MIGRANT TRIBAL 5.MIGRATION 6.EMPLOYMENT 7.STATUS OF TRIBAL WOMEN.

36. Rakesh K. Singh. (2012).
Elected women representatives in Panchayat Raj. *Social Action, Jan-Mar, 62(1) : 45-63. (Research Article)*

Background: Panchayati Raj is not a recent phenomenon in India. Its description in history goes back to more than a thousand years. It has its roots in ancient Indian institutions when the villages were little republics ruled by their Panchayats. During this period, women were not too keen to join politics due to the patriarchal system.

Findings: Average of women representation in Panchayats across the country was 36.94 per cent; a few states have gone beyond the mandated 33 per cent and provided for more reservation for women. For instance, Bihar and Madhya Pradesh have reserved 50 per cent seats for women in Panchayats and Sikkim has reserved 40 per cent seats for women. Roughly 54 per cent of elected representatives in Bihar were women. Barriers for women's participation were: even deprived, illiterate, marginalised women could become competent and concerned elected representatives. Also it was flawed because the women have to function in a society that would not accept that they can think independently, understand matters of governance, and take responsibility outside the four walls of their homes; Women representatives face many social constraints including restrictions in going out of the house, lack of literacy and education, the household chores, fetching water and fodder, cooking and raising children that affect their performance in office. Though India scored well in political participation of women with a rank of 19, probably due to more women elected to Panchayati Raj institutions, the percentage was abysmal: 31.2 per cent. Also inadequate organisational support directly affects the political participation of women. The participation of women in Panchayats is certainly one mechanism through which such change can take place and the strategic gender interests of women advanced.

Key Words : 1.WOMEN WELFARE 2.PANCHAYATI RAJ INSTITUTIONS
3.WOMEN IN PANCHAYATI RAJ 4.ELECTED WOMEN REPRESENTATIVES
5.EMPOWERMENT WOMEN 6.POLITICAL PARTICIPATION OF WOMEN
7.WOMEN RESERVATION 8.LEGISLATION

37. Tripathi, Parul and Bhattacharjee, Sandeep. (2012).
A Study on psychological stress of working women. *Zenith International Journal of Multidisciplinary Research*, February, 2(2) : 434-444.

Background: Women in India have come a long way after independence. From just a skilled homemaker, women today have acquired skills and capabilities of not just being a homemaker but being at par with their male counterparts. The present status of women in the current working environment can be illustrated using some recent data on the working women culture.

Methodology: The study includes exploratory research on the concerned areas relating to working women and the stress levels being felt by them.

Findings: Some researchers reveal that mothers who return to work after their baby is born risk causing serious damage to the child's prospects in later life. Such children are more likely to do worse at school, become unemployed and to suffer mental stress than youngsters whose mothers stay at home to bring them up. Working mothers perform most of the households chores, while childcare costs can eat up much of their wages. Stress loads were high for working mothers; women's access to jobs may be a political issue but in today's tough economic climate, working is now a necessity for most mothers. If a mother works then childcare has to be arranged. For low-income families, a second wage may leave the family in the same or worse financial position than a single wage, simply because the parenting allowance is income-tested. Over 60 per cent of working mothers felt that they take out their stress on their families; close to half of all working mothers would prefer to be fulltime mothers; around one fifth would like to work from home; just four per cent of working mothers would elect to work fulltime if they had the choice; nearly eight out of 10 working mothers would quit jobs if they could. Working mothers still perform most of the household chores; fulltime mothers and women who work full-time have similar working hours; working mothers work more hours than working fathers, mothers who work part-time have the longest working hours of all and most divorces are initiated by women. Even when both parents are working, the responsibility of care and sick children usually falls on mothers; around one in 10 working mothers feel guilty about their childcare arrangement; working mothers want more flexible working hours, parental leave, workplace facilities for unwell children and more understanding from employers.

Recommendations were: to understand gender differences in stress; prioritise and eliminate what we can; alter or change our perspective; have some quick stress relievers and maintain regular stress-relieving habits.

KEYWORDS: 1. WOMEN WELFARE 2.WORKING WOMEN 3. STRESS 4.WORK PLACE 5.SOCIAL STATUS 6.WORKING MOTHERS.

38. Vashist, Nilisha. (2012). Economic empowerment and self assertion among women in an urbanized village of Delhi. *The Eastern Anthropologist, Jan-Mar, 65(1) : 69-79.*

Background: Women Empowerment has been an important milieu in most development programmes and policies in recent times across the world. Stromquist (1993: 15-16) has identified four dimensions of empowerment: cognitive empowerment, psychological empowerment, economic empowerment and political empowerment.

Methodology: The study was conducted among the women belonging to Dhanak caste-group in an urbanised village named Paprawat, Najafgarh located on the south-west margins of Delhi. The Dhanaks live mostly in the outer circle of the village in households numbering roughly 35-40. A total of 15 women were interviewed using an interview guide. Only married women were chosen as respondents.

Findings: Overall the level of empowerment is considerably low among the Dhanaks. The women among the Dhanaks were thought to be caretakers of home and children. Most of them own cattle, cattle tending and milk selling, being an important side business. The women keep busy in collecting fuel, managing household and bringing up kids. The general educational level among the Dhanaks were low both among males and females. Major discrimination between sexes of children in schooling was not reported with admission rate in local government primary school being almost equal. However, most of the girls drop-out in primary itself or during secondary schooling. Same is true for males also. A strong correlation can be seen between economic empowerment and self-assertion among the women under study. The women whose husbands have steady income or a fixed government job were less mobile and were not allowed to do any work other than households chores and in a few cases such as cattle-tending. The mobility of women in terms of side sources of income were directly linked with the economic self-dependence. Most of the times, the patriarch controls the income and women have only a meager say in its allocation and utilisation. Level of education, was low, even though no major discrimination was reported against the education of girl child by parents.

Key Words : 1.WOMEN WELFARE 2.WOMEN EMPOWERMENT
3.ECONOMIC EMPOWERMENT 4.WOMEN DEVELOPMENT 5.DHANAKS
COMMUNITY 6.DELHI.

39. Victoria Devi. (2012). Exploring the lives of Manipur's women weavers. *Indian Journal of Gender Studies*, 19(1) : 31-55. (Source : <http://ijg.sagepub.com>)

Background: In north-eastern India, especially Manipur, weaving is exclusively the women's domain. Traditionally, the Manipuri have associated weaving with a goddess rather than a God, believing that the Goddess of handicrafts taught them the art of textile weaving as well as the mystique of dance creation. Also weaving was one of the criteria used in the selection of a mate, with girls knowledgeable in the art looked upon as better brides (Gailangam, 1997).

Methodology: A schedule was prepared for in-depth personal interviews of 300 weavers, pre-tested by conducting a pilot study using 30 women weavers; two hundred samples from 11 blocks in Imphal East and 11 blocks in Imphal West were randomly selected on the basis of information provided by these informants. Of the 564 WCSs registered in Manipur, a check of their balance sheets, production and loan sanctions and returns revealed that only 10 were working efficiently stratified as five in Imphal and two in Imphal municipality. From these, using a random sampling, 100 CWs (10 from each WCS) were selected for this study.

Findings: Out of 124 married women, 25.8 per cent chose weaving as an occupation because it is an easy source of income and confides to home; also a quarter of the unmarried weavers were found to be attracted to the occupation because it was an easy way to earn money; a quarter of the widowed or divorced respondents were attracted to weaving as it was done at home and required no formal training; towards attitudes to differing working conditions, a majority of Merchant Weaver's (MWs) (74%) and over half of weaving cooperative society (CWs) (61%) expressed the opinion that self-employed weavers (SEWs) earn more than them; only a third of the SEWs (34%) agreed for the SEWs it was freedom that scored over economics (54%), that is the freedom to dictate production, prices, sales and work hours; among the disadvantages faced by an SEW, marketing was a problem mentioned by more than half of the MWs (59%) and 50 per cent of CWs, but by only third of the SEWs; nearly an equal proportion of SEWs and MWs said income as an SEW was insufficient. Irregular work was one of the disadvantages listed by 21 per cent of SEWs, seventy eight per cent of the MWs studied, 51 per cent of the SEWs and 56 per cent of the CWs said the advantage of working under merchants was that they could be kept supplied with work. Low wages, no freedom and an irregular supply of both wages and yarn were listed as the disadvantages of being an MW. Average earnings of weavers were found to be

between ₹200 and ₹600 a month. Of them all, more SEWs could earn out from ₹600 to ₹1,000 or more of the respondents, 21.4 per cent agreed that engaging in a productive activity, rather than just housework increased their social status and a majority of the weavers said their status had risen once they took to weaving with more SEWs and CWs than MWs giving this positive response. As for the reason, 57.7 per cent said weaving, enabled them to contribute financially to the family. On the other hand 39.2 per cent felt that the occupation itself was viewed as having low social status, 32.6 per cent said that weaving did not increase status when seen as a part-time job, 10.8 per cent felt that it brought only a low income or when done at home.

Recommendation: Organised cooperative societies that are sustainable and effective will enable them to avail of government schemes and health insurance; there is a need for openness to new concepts and to acknowledge that their occupation gives women self-respect whether they are educated or illiterate and contributes to their family's income and survival, suitable policies for the handloom sector increases employment, opportunities in Manipur help immensely in raising the socio economic status of the women.

Key Words : 1. WOMEN WELFARE 2.WOMEN WEAVERS 3.HANDLOOM
4.SELF EMPLOYMENT WEAVER 5.MERCHANT WEAVER 6.WEAVING
COOPERATIVE SOCIETY 7.LOOMS 8.MANIPUR

40. Patra, Aditya Kumar and Acharya, Arabinda. (2012). Household management and women empowerment in decision making. A spatial study of social disparity in India. *Man and Development, September* : 37-48.

Background: Traditionally men were bread earners and women were engaged in household chores. This was a worldwide phenomenon. Historically the world over, either by law or by custom, the status of women was undermined by asymmetrical power relationships in decision making, personal and social rights, access to resources and entitlements. Household as a reckoning unit in the analysis of gender equality occupies an important place. Here, the role of the female member in the household decision making and management carries utmost importance.

Objectives: To examine the following aspects:

Gender development and women empowerment in India; empowerment of women with respect to 'household management and decision making capacity at the state level; and examine the differences in 'Empowerment of Women' of the 'General Category' vis-à-vis the 'Excluded Groups' across the states.

Methodology: The methods employed in the study were: the Principal Components Analysis (PCA) for the computation of Women Empowerment Index (WEI) in different states. PCA is a data reduction technique where the primary goal is to construct linear combinations of the original variables that account for as much as possible. The successive linear combinations were extracted in such a way that they were uncorrelated with each other and account for successively smaller amounts of the total variation.

Findings: The values of WEI along with the ranks of states (the best performing state was awarded rank 1 and 21 for the worst performing one); the states according to the value of Women Empowerment Index in the two groups, were divided into (i) developed states and (ii) backward states under each social category. The developed state category has positive value of WEI and the 'backward state' category has negative value of WEI; result shows that south-western states like Andhra Pradesh, Kerala, Karnataka, Tamil Nadu, Goa, Gujarat and Maharashtra, and the eastern states Bihar and Jharkhand were categorised as developed states; on the contrary northern central states such as Jammu and Kashmir, Punjab, Haryana, Delhi, Rajasthan, Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, and the eastern states of Assam, Odisha were termed as backward states; scheduled women were better in Andhra Pradesh, Kerala and Karnataka, Bihar and Jharkhand as against

general category women; among the backward states, Delhi, Haryana, Jammu and Kashmir, Rajasthan, Uttar Pradesh, general category women were better off in comparison to scheduled women; as far as the General Empowerment measure is concerned, all states except Goa, Delhi, Jammu and Kashmir and Rajasthan exhibit improvement during the period 1996 to 2006; in 2006, Andhra Pradesh tops the list followed by Goa, Haryana, Kerala. At the same time Jammu and Kashmir is at the bottom of the ladder followed by Jharkhand and Odisha.

Key Words : 1.WOMEN WELFARE 2.HOME MANAGEMENT 2.WOMEN EMPOWERMENT 3.DECION MAKING 4.GENDER DEVELOPMENT 5.GENDER DISPARITIES 6.HOUSEHOLD.

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