

# DCWC Research Bulletin

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# Research Studies on Women and Children

## CHILD LABOUR

1. Jayaprakash Institute of Social Change, Kolkata. (2005).  
Report on baseline survey of selected villages of Bhagwanpur II Block East Midnapore. Kolkata : JISC. 149 p.

**Abstract :** Employing children for household chores is one of the oldest practices in all societies. The present study was undertaken to understand the dynamics of poverty which forces poor children to accept the jobs of child domestic workers (CDWs) and abandon their childhood. A baseline survey was conducted in the area in Midnapore (East) district on CDWs and their parents. There were 2366 households in the region where 75% families belonged to general category and the rest were SCs, STs and OBCs. Only 30.98% respondents had studied till secondary level, 21% were illiterates, and the rest were just literate or able to enter higher secondary classes. Nearly 31.51% of the population including children did not have any occupation, and the rest were farmers (8.4%), daily labourers (14.39%), rickshaw pullers, fishermen, etc., and housewives constituted 25.84% of the total population. About 21% respondents earned between Rs.1001-1500 per month. Only 12.5% respondents lived in *pucca* (permanent) houses, the rest were in *kutchra* (temporary) houses. There were 128 CDWs and of them 124 were females and only 4 were males. Majority of CDWs (87.5%) worked in urban areas. Most of the CDWs (41.4%) had 3-5 members in the family, 36% had 5-7 members in their family and 17.18% had 7 or more members. Most CDW families earned between Rs.500-1000 per month which was the main cause for the migration of poor children. Majority of CDWs (85.15%) had to work for more than 8 hours per day. Nearly 92% CDWs had no access to education as per the reports gathered from their parents. CDWs visited their houses once in 3 months or 6 months. Mode of payment to CDWs was generally direct payment to them (60%). About 50% CDWs felt that their salary was good whereas the rest felt it was average. Only 38% CDWs felt that their employer's behaviour towards them was good. Most CDWs (69%) were not satisfied with facilities like proper toilet, proper living conditions, etc. Majority of CDWs (87%) had studied till Class IV-VI. The study suggests that there is a need to make community people aware about the importance of education. Also,

Government should start some need based vocational training programmes for the economic upliftment of parents, and free education should be given for grooming a child's future.

**Key Words** : 1.CHILD LABOUR 2.DOMESTIC WORKER 3.SCHOOL DROPOUT 4.BASELINE SURVEY 5.WEST BENGAL.

2. Lakshmi Rani, D. and Roy, Manabendra Nath. (2005).  
Child domestic work : a violation of human rights : issues, causes and consequences in West Bengal. New Delhi : Save the Children. 40 p.

**Abstract** : The most vulnerable and exploited children of all, as well as the most difficult to protect, may well be those in domestic service. The present study was done to understand the factors responsible for leading children into domestic work and the situation of children engaged in domestic work in Kolkata city. The sample was taken from 3 endemic districts of West Bengal namely East Midnapur, 24 Parganas South and 24 Parganas North, and data was collected through surveys. It was found that most child domestic worker (CDW) families were landless and depended on wages of daily labour for their livelihood, which was seasonal and irregular. So children were sent as CDWs to reduce the food expense and earn money for purchasing food stocks. It was found that there were no high schools in the villages due to which many children had to quit studies and work as CDWs. Another reason was that families could not afford school expenses. Most parents of CDWs were illiterates due to which they did not understand the importance of education and considered their children as helping hands. CDWs generally came from large families with many mouths to feed so they had to work to pay for the essential requirements of their families. Sometimes due to chronic illness in the family or demise of the head of family, the child had to work to fill in the gap. In Kolkata, since the children were brought up amidst city life, they saw luxury items around them, and with a desire to experience these comforts, they took up domestic jobs. The study emphasized that though CDWs income improves the economic condition of their households, yet their own lives remain under dark shadows of deprivation and exploitation by employers. The Government should start development programmes for CDWs and community people, the anti-trafficking law should be reformed, children must be informed about their legal rights, some vocational training programmes should be started for parents and children, and free education should be provided to children.

**Key Words** : 1.CHILD LABOUR 2.DOMESTIC WORKER 3.WEST BENGAL.

3. Lakshmi Rani, D. and Roy, Manabendra Nath. (2005).  
Child domestic work : a violation of human rights : quantitative analysis of  
the situation in West Bengal. New Delhi : Save the Children. 33 p.

**Abstract :** In India, 20% of all children working outside the family home are in child domestic labour. The objectives of the study were to understand the socio-economic and cultural factors responsible for leading children into domestic work and to understand the situation / condition of children engaged in domestic work in the selected areas. A structured questionnaire was administered to heads of the households in selected villages in the districts of East Midnapore (6223), 24 Parganas South (2450) and 24 Parganas North (1993), and a structured interview was conducted with 652 children working in Kolkata city as links in domestic help. It was found that child domestic work (CDW) households belonged to the family income bracket of less than Rs. 1000 per month. The average family size in all the study areas varied between 5-9 members, giving rise to the need for higher incomes. Poverty played a dominant role in 80% of the cases, which eventually drove the families to earn money through the labour of children. Nearly 33% of all children who dropped out of school were in Class III or IV and they became CDWs. The main reasons why they dropped out from school were poverty, early marriage, and also due to lack of enough high schools. CDWs generally worked above 8 hours a day. There was very little scope for rest or free time in their daily routine. In 50% cases, working hours increased with age. 60% of CDWs were paid their salaries directly by the employers. 54.4% parents of CDWs ranked the employers' behaviour as good whereas 60% children felt insecure at their respective workplaces. The study found poverty to be the main reason for domestic work. So the Government should plan employment schemes and vocational training programmes for the parents of CDWs, and also free education up to high school should be given to the children, which would help eliminate most of their problems.

**Key Words :** 1.CHILD LABOUR 2.DOMESTIC WORKER 3.WEST BENGAL.

4. Vijaya Kumar, S. (2003).  
Economic implications on elimination of child labour from selected  
industries : research study in Andhra Pradesh. Hyderabad : Council for  
Social Development. 86 p.

**Abstract :** In the prevailing scenario, many children from poor families in rural and urban areas do not go to school because their labour is essential to

supplement as well as to substitute their family income. The study attempted to investigate the possible economic and social consequences that may affect (positively and negatively) the industries where child labour has to be replaced by adult workers. Data was collected by interviewing child labour from different industries namely cotton industry, leather industry, automobile workshops and beedi industry, their parents, and employers in Andhra Pradesh. In Andhra Pradesh, as per official statistics, there were 16,61,940 child labourers in the age group 7 to 14 years. Autonagar is one of the biggest and well organized automobile industry units which has 26 automobile workshops regulated by the Umbrella Body called Automobile Technicians Association (ATA). In 2001, there were about 2403 child labourers but at the time of visit there were only 446 child labourers working in different shops. These children worked for 6 hours and thereafter attended the education program at Bal Vikas Kendra at Autonagar which was financially supported and sponsored by ATA. In the leather industry, child labour was predominantly employed in slaughter houses, followed by tanneries and footwear units. The nature of jobs they were involved in slaughter houses and tanneries were unhygienic and hazardous. Leather products manufacturing units do not have child labour, but girls in the age group of 16 years and above worked there. In the unorganized units, mostly entire families were involved. In the cotton ginning industry, labour belonging to migrant families entered into a contract under family package deal, hence along with parents, children also worked. Girl child labour was found more in ginning units. Beedi industry was one of the oldest agro-based industries where most of the work took place manually by women in their houses. Children, mostly girls, helped their mothers in rolling beedis, and some children attended the schools. Majority of the girl children from poor families worked as daily wage labourers. Child labour who worked in semi-skilled jobs in auto workshops got Rs.100 to Rs.150 per day and a daily *batta* (allowance) of Rs.10 to Rs.20, whereas those who worked as helpers to skilled labour got Rs.25 per day. Girls who worked in ginning were paid Rs.25 per day, and boys who were in pressing units were paid Rs.30 per day. Children who worked in the leather industry were paid Rs.10 per day for 7 hours work, and child labour who worked for 14 hours a day were paid Rs.20 per day. Children who worked in the beedi industry earned Rs.10–15 for 12 hours of work. With regard to employers' perceptions, except the employers of leather industry, employers in the other industries did not show much interest to eliminate child labour. According to parents the main reason for sending their children to work was poverty because most families belonged to low income group. Majority of the child labourers were satisfied with their work, and some were also enthusiastic to learn more skills as they got more money at a very young age. Hence, while planning for elimination of child labour, it is advisable to adopt 'realistic strategies' instead of going by 'optimistic strategies', that is forcefully throwing child labour into schools, design flexible employment hours, and facilitate them with a recommended combination of work with education, not

just 'learning literacy', and also provide 'functional literacy' with skills development.

**Key Words** : 1.CHILD LABOUR 2.ELIMINATION 3.ELIMINATION CHILD LABOUR 4.ECONOMIC IMPLICATION 5.CHILD LABOUR ANDHRA PRADESH 6.ANDHRA PRADESH.

5. Vijaya, Kumar, S. and Ravi, R. Venkata. (2003).  
Elimination rehabilitation of child labour : successful case studies.  
Hyderabad : Council for Social Development. 26 p.

**Abstract** : Corporate social responsibility (CSR) has become an important developmental and global governance issue in recent years, and among such issues eliminating and mainstreaming child labour is one of the important focused social issues concentrated on by several Corporates. Considering this, Council for Social Development (CSD), Hyderabad had documented 3 different case studies which made an impact namely Dr. Reddy's Foundation for Human and Social Development (DRFHSD), Hyderabad; ICT-ILTD, Anarpanthi; and KREBS Bio-Chemicals Limited, Nellore. The objectives of these units were to identify and work with child workers, and also provide a sustainable livelihood education program to enable them to fight against illiteracy, ill-health and ill-fate. DRFHSD mainly worked on child development through its innovative program the Child and Police (CAP) Project started in 1997 with an aim to tackle the problem of child labour. Under the CAP Project, a Bridge School was started to provide education to slum children and child labourers. In the initial stage (1997), there were 250 boys in school but in September 2003, a total number of 5385 children were enrolled in the school. The Project provides free uniforms, books, pays the school fees and provides transportation. The CAP School Project worked in collaboration with 100 Government schools and it networked with various other organizations who provided technical expertise to improve the quality of education. CAP had also started an Incubator Program for young adolescents. CAP found that on an average 55% girls were married before the age of 15 years. So, this project was started to prevent adolescents from dropping out of schools and landing on the street before successful completion of high school. Another programme was Livelihood Advancement Business School (LABS) Program for disadvantaged young people, especially youth at risk and poor mothers who had difficulty with traditional learning systems. Another innovative program was started by ILTD, Anarpanthi, which is one of India's largest multi-business companies. ILTD decided to eliminate child labour from neighbourhood rural areas by starting campaigns in rural areas among poor families to sensitize

the community about the negative impact of sending their children to work, and at the same time motivate them to send their children to school. ILTD also designed the Supplementary Nutrition Programme for Child Labourers and implemented it in 14 villages of Andhra Pradesh. ILTD also improved the school infrastructure and provided floor benches, long benches, fans and tubelights to the identified 9 schools. KREBS Bio-chemicals is a pharmaceutical company which worked to eliminate child labour. KREBS started awareness campaigns in villages, and for the employee workers propagated a message "Children to School, Adults to Work" in the factory premises. KREBS also gave financial assistance of Rs.75 per month per child to workers so that the workers to sent all their children to school. KREBS also improved the infrastructure of schools and contributed for the purchase and provision of steel utensils for the noon meal scheme. All these 3 interventions studied were successful and well received by parents, but still more rehabilitation programmes, education programmes and funding programmes are required to eliminate the problem of child labour.

**Key Words** : 1.CHILD LABOUR 2.REHABILITATION 3.REHABILITATION CHILD LABOUR 4.CASE STUDIES 5.SUCCESS STORIES 6.BEST PRACTICE.

## **CHILD WELFARE**

6. Haq : Centre for Child Rights, New Delhi. (2006).  
What does union budget 2006-07 have for children ?. New Delhi : Haq.  
15 p.

**Abstract** : The budgetary allocations (2006-07) for over 440 million children (0-18 years) of India is about 4.91% as against 3.86% in 2005-06. Out of this, the share for Child Education, Child Development, Child Health and Child Protection is 71.06%, 16.92%, 11.32% and 0.7% respectively. Percentage share of allocation on Child Development in total Union Budget 2006-07 is 0.83% as against 0.658% and 0.422% in the years 2005-06 and 2004-05 respectively. A special head has been created in 3 parts (Child Welfare, Women Welfare and Nutrition) for provision to the North Eastern States and Sikkim. Rs.446.76 crores have been earmarked for implementing the ICDS Scheme, Rs.9 crores for Rajiv Gandhi National Crèche Scheme for the children of working mothers, and Rs.0.5 crores for NIPCCD. There is a Rs.761.64 crore increase in allocation for ICDS (Rs.3325.90 crore in Revised Estimates (RE) 2005-06 to Rs.4087.50 crore in Budget Estimates (BE) 2006-07). However, this is not enough to meet the

Supreme Court of India's directive of universalisation of ICDS in 17 lakh habitations as there was a shortfall of 10.08 lakh AWCs at the start of financial year 2005-06, with only 6.92 lakh operational AWCs. In 2005-06, 1.88 lakh AWCs were sanctioned and to provide for additional 8.2 lakh (10.08 lakh – 1.88 lakh) AWCs in 2006-07, the allocations should have increased by Rs.6069.31 crore. Hence, an increase of Rs.761.64 crore is inadequate by Rs.5307.67 crore. Also, apart from covering the other deliverables under ICDS, the money from the ICDS fund provides for programmes such as Kishori Shakti Yojana (Rs.64.68 crore in BE 2006-07) and Karyakarti Bima Yojana (Rs.12 crore in BE 2006-07). The increase in allocation for Rajiv Gandhi National Crèche Scheme for the children of working mothers is Rs.52.6 crore according to BE 2006-07 over RE 2005-06 and the programme seeks to create 14,719 more crèches in addition to the existing 12,470 crèches by the end of the 10<sup>th</sup> Plan. Although allocations for the programme increased in the last three years (2003-2006) but the number of crèches remained stagnant at 12,470. Percentage share of allocation on Child Health in Union Budget 2006-07 is 0.556% and the allocation on Reproductive Child Health (RCH) as gone down by Rs.48.44 crore from Rs.1814.27 crore (RE 2005-06) to Rs.1765.83 crore (BE 2006-07). The allocation on Rural and Urban Family Welfare Centres has been increased from Rs.1381.49 crore (RE 2005-06) to Rs.1617.06 crore (BE 2006-07). Earlier the Government presented a single programme for strengthening Immunization Programme and Eradication of Polio, but from the financial year 2006-07, the programme has been split into two parts namely Routine Immunization and Pulse Polio Immunisation, though the exact allocation of funds for both remains unclear. Child Protection received the lowest budget allocation (0.034%), and the allocation for Prevention and Control of Juvenile Social Maladjustment Programme has been raised from Rs.20.43 crore (RE 2005-06) to Rs.23.00 crore (BE 2006-07). This substantial increase remains inadequate to fulfil the requirement of actual number of homes and institutions required. The Working Group for Children Living in Difficult Circumstances set up under the 10<sup>th</sup> Five Year Plan advocated that 280 children's homes, 308 observation homes, 258 special homes, 101 after care homes, 410 child welfare committees, 596 shelter homes, 315 juvenile justice boards, and 704 special juvenile police units for children in need of care and protection and children in conflict with law are required and should be functional for effective Child Protection. There has been an increase in allocation from Rs.115.76 crore (RE 2005-06) to Rs.127.46 crore (BE 2006-07) for the Scheme for Improvement in Working Conditions of Child/ Women Labour. Percentage share of allocation on Child Education (Elementary + Secondary) in Union Budget is 3.487. The receipt from Education Cess is Rs.8746.00 crore which is to be pooled in the Parambhik Shiksha Kosh and spent exclusively for Sarva Shiksha Abhiyan (SSA) and Mid Day Meal scheme (MDM). The allocation for BE 2006-07 for SSA and MDM is Rs.16345.00 crore, and over two financial years (2004-05 to 2006-07) the increase is Rs.233.45 crore. Expansion of KGBV (Kasturba Gandhi Balika

Vidyalaya) to cover 430 more schools beside the 750 existing ones have also been approved, but the allocation has gone down to Rs.128 crore (BE 2006-07) as compared to Rs.250 crore (RE 2005-06). Hence, though the promise of an additional investment of Rs.172 crore and launch of some schemes for education of SC/ST/OBC and minority group girls is encouraging, the current budget does not reflect it.

**Key Words** : 1.CHILD WELFARE      2.BUDGET FOR CHILDREN 2006-07  
3.GOVERNMENT EXPENDITURE      4.EXPENDITURE      5.BUDGET  
ALLOCATION FOR CHILDREN      6.CHILDREN BUDGET ANALYSIS  
7.SCHEMES FOR CHILDREN.

7. India, Min of Statistics and Programme Implementation, National Sample Survey Organization, New Delhi. (2006).  
Well-being of children and women 2005 : results of a UNICEF baseline survey Medak, Andhra Pradesh : Government of India - UNICEF Programme of Cooperation 2003-07. New Delhi : NSSO. ~120 p.

**Abstract** : As part of Government of India (GOI) and UNICEF Country Programme of Cooperation for the Cycle 2003-07, the National Sample Survey Organization (NSSO) conducted a baseline survey on the well-being of children and women in the rural area of Medak district, Andhra Pradesh. The major areas of enquiry were sanitation and hygiene, health of children and mothers, education, child protection, and knowledge level of the community about RTI/STI and HIV/AIDS. With regard to availability of facilities, all the villages had electricity and about 86% villages were getting a regular supply of electricity. Some source of irrigation was available to 98.2% of those villages of Medak where agriculture was practiced, and about 81% among them had tubewells. About 83% villages had some drainage facility but mostly it was open drainage (97%) and very little was underground. The survey showed that 93% villages did not have community TVs and 85% did not have a medicine shop/ pharmacy. About 87% of the villages had a women's Self Help Group or a *mahila mandal*. A total of 153 schools within the sampled villages were surveyed, and of them 26 were privately owned schools, while the remaining were either Government or local body schools. 57% schools of Medak were up to primary level. Out of the total schools, 8% were running in *kutchha* (temporary) buildings, 56.6% schools had toilet facility and 33.4% had drinking water facility. The teacher student ratio was 5:161. In 65% villages, the nearest primary health centre (PHC) was at least 5 km away, and in 27% villages PHC was more than 10 km away. About 96% villages had an *anganwadi* centre (AWC), but the sanitation facilities were not

proper in these centres, and only 26% AWCs had drinking water facility within the premises. Nearly 48% villagers lived in *pucca* (permanent) houses and the rest were in *kutcha* houses, and only 39.6% had a source of drinking water within the premises. Sanitation was inadequate and only 26% of rural households had toilet facilities. About 44.6% people were illiterate in all villages. About 70% of the children were fully immunized. Only 8% adolescent girls received Iron Folic Acid Tablets (IFA) from AWCs. Only 6% women (15-49 years) had heard of RTI/STI and 31% had heard of HIV/AIDS, whereas 26.9% men (15-24 years) had heard about RTI/ STI and 74.8% about HIV/AIDS. Among men, 90% were aware that condoms were available at medical shops. Government should plan some educational programmes and health programmes related to HIV/AIDS, pregnancy, family planning, sanitation and hygiene, and child protection so that the community becomes aware about these issues.

**Key Words :** 1.CHILD WELFARE 2.SITUATION OF CHILDREN AND WOMEN 2005 3.WELL-BEING OF WOMEN AND CHILDREN 4.SITUATION OF CHILDREN ANDHRA PRADESH 5.SITUATION OF WOMEN ANDHRA PRADESH 6.BASELINE SURVEY 7.RURAL INFRASTRUCTURE 8.INFRASTRUCTURE 9.ICDS 10.ANGANWADI 11.AIDS AWARENESS. 12.ANDHRA PRADESH

8. Jha, Prabhat et al. (2006).  
Low male to female sex ratio of children born in India : national survey of 1.1 million households. Toronto : St. Michael's Hospital, Centre for Global Health Research. 6 p.

**Abstract :** There are fewer girls than boys in India, and sex ratio has become more skewed towards boys in recent decades. The present study was done to ascertain whether pre-natal sex determination affects sex ratios at birth as measured by previous birth sex, and to estimate the contribution of fewer female than male births to the estimated totals of so-called missing women in India. Data was obtained from the Special Fertility and Mortality Survey (SFMS) undertaken in 1998 which covered 6 million people, living in about 1.1 million households in 35 states and union territories in India. The 6671 (4436 rural and 2235 urban) Sample Registration System (SRS) units were randomly selected based on the 1991 Census to be representative of the population at the state level. Results showed that 136,457 births were recorded in SFMS of which 133,738 births were analysed; and of these, 95,561 were second order or higher order births. Overall there were 9,594 fewer female than male births. First order births represented 29% of all births, second order births represented 27% of all births, third order

births represented 18% of all births, and fourth order or higher order births recorded 27% of all births. The overall sex ratio was still biased against females and it was 899, in rural and urban areas. The absolute total of about 4797 missing females represented 37% of first order, 29% of second order, and 12% of third order missing female births, respectively. With respect to second order births, after a female birth, the more years of education the mother had, less likely was she to give birth to a girl; mothers with Grade 10 or higher education had a significantly lower adjusted sex ratio than did illiterate mothers. It was found that in all the states except Assam, the sex ratio was lower when the previous child was female than when the previous child was male. Even states such as Kerala or Tamil Nadu, in which women were generally better educated and child mortality rates were lower, showed clear difference between the sex ratio after a previous female birth versus a previous male birth. Still births and neonatal deaths were commonly male, and the number of still births were fewer than the number of missing births. Female infanticide occurs early, typically on the first day after birth, and would presumably be reported by the households as a stillbirth or a neonatal death. It was suggested that the Government should take measures to create awareness among the public about the adverse consequences of an imbalanced sex ratio. Measures should also be taken to eliminate sex-selective abortions.

**Key Words :** 1.CHILD WELFARE 2.SEX RATIO 3.DECLINING SEX RATIO  
4.FEMALE FOETICIDE 5.MISSING GIRLS.

9. Kalyanwala, Shveta, Acharya, Rajib and Deshpande, Sunetra. (2006).  
Influencing girls lives : acceptability and effectiveness of a livelihoods skill building intervention in Gujarat. Ahmedabad : SEWA Academy, Research Unit. 38 p.

**Abstract :** In India, adolescent girls continue to face economic and social disadvantages, significant minorities are neither at school nor engaged in wage earning activities, and for many marriage continues to take place before the age of 18. The Self Employed Women's Association (SEWA), in partnership with the Population Council, undertook an intervention programme in 30 villages of Ahmedabad and Vadodra districts of Gujarat to support adolescent girls aged 13-19 years (mostly unmarried, in school and out of school). The intervention was conducted over a period of three years (2002-2004) involving adolescent girls' groups (*kishori mandals*) and focussed on exposing girls to new ideas, building social networks, exposing them to the world around, and providing them the technical skills needed to enhance their income generating activities. Ten groups

facilitated by a group coordinator (Sahayika) were established each year and each group comprised 15-30 girls. Acceptability of the intervention was assessed by conducting in-depth interviews with 60 mandal members. Livelihoods training was imparted to adolescent girls in both traditional (embroidery, *mehendi* or henna, tailoring) and non-traditional (computer programming, hospital attendant) trades, and the latter required girls to have a minimum level of education and pass a written exam as well. Findings revealed that 45% respondents reported regular attendance (3 or more days a week and participation in one or more vocational skill training programmes) and the remaining 55% had either discontinued attendance or reported sporadic attendance throughout. Adolescents recall of the basic training received was relatively poor, and only about 50% could recall training related to savings or health, and fewer than 25% on topics such as history and philosophy of SEWA, agriculture or the formation of milk cooperatives. About 94% reported that they looked forward to attending mandal meetings, enjoyed being with friends, playing games and singing songs, but were less appreciative of the basic training modules. Of the eight sets of indicators measured, adolescents who were regularly exposed to the intervention showed significantly higher levels of functioning on five broad areas including decision making, self esteem, gender attitudes, reproductive health awareness and familiarity with safe spaces than those who had not been exposed to mandal activities. It was suggested that models should be implemented whose design and content address the needs and interests of rural adolescent girls and involve greater inputs from them; provide long term nurturing of adolescent girls; focus on building and developing social skills; develop orientation towards saving or controlling resources; and have a component for development of gatekeepers namely parents, community leaders, etc.

**Key Words :** 1.CHILD WELFARE 2.ADOLESCENT GIRLS 3.LIVELIHOOD  
4.SKILLS DEVELOPMENT 5.SEWA PROGRAMME 6.INCOME  
GENERATION ADOLESCENT GIRLS 7.VADODARA 8.AHMEDABAD  
9.GUJARAT.

10. Kalyanwala, Shveta and Sebstad, Jennefer. (2006).  
Spending, saving and borrowing : perceptions and experiences of girls in  
Gujarat. Ahmedabad : SEWA. 25 p.

**Abstract :** It is well recognized that adolescent and young women face limited life options and control over economic resources as they make the transition to adulthood. SEWA, a leading micro-credit non-governmental organization (NGO) in India, conducted research to understand the saving patterns and potential of

adolescent girls and young women. The study assessed their access to money, their saving and spending behaviour, their experiences as holders of savings accounts, and their preferences with regard to savings schemes for the young. The study was undertaken in one urban (Ahmedabad district) and two rural (Kheda and Banaskantha) locations in Gujarat. A total of 76 adolescent girls and young women, between 13-25 years were interviewed, and all interviews were tape recorded. All respondents indicated that they had access to money from at least one source - birthday gifts, gifts on Diwali, and some females worked outside and earned money. A large majority of respondents in Ahmedabad (37 out of 41) and Kheda (16 out of 20) and a few (5 of 16) from Banaskantha, kept some money with themselves, in a purse or a mud box, which was either spent on personal items or saved for use later. All the respondents reported that they saved money earned through wages and gifts either in a formal savings account or with their parents, husbands or other family members. All the 76 respondents were account holders, but their awareness about their accounts was limited and superficial. Around 27 respondents out of 41 in Ahmedabad, 9 out of 20 in Kheda, and 3 out of 15 in Banaskantha were able to describe the items of information passbooks contained. But the respondents remained unaware of the benefits and disadvantages of different savings schemes and were not consulted about their choice or preference. Several participants obtained their information related to bank account/ savings from the SEWA *sathin*. Most respondents had limited knowledge about deposits or withdrawals, whereas those who had individual accounts were more aware. Respondents were aware of bank loan facilities, but their knowledge about eligibility criteria and procedures required for availing loans was vague and minimal. In general, older, urban and better educated young females displayed greater control and awareness of their own accounts than others. The study suggested that financial literacy programmes are needed that apprise young females about the processes and mechanisms implied in opening and operating savings accounts.

**Key Words :** 1.CHILD WELFARE 2.ADOLESCENT GIRL 3.SAVING HABIT  
4.LOANS TO ADOLESCENT GIRLS 5.GUJARAT.

11. Pande, Rohini and Malhotra, Anju. (2006).  
Son preference and daughter neglect in India : what happens to living girls ?. New Delhi : International Centre for Research on Women. 6 p.

**Abstract :** Son preference in India is a well-documented phenomena, and its implications for skewed sex ratios, female foeticide and higher child mortality rates for girls have drawn research and policy attention. The present study was

done to understand the gender discrimination and gender preference of mothers and families. A rural sample of 50,136 ever-married women was selected and data was collected by interviewing them during the course of the National Family Health Survey, India 1992-93. It was found that 45.9% women preferred more boys than girls, 51.5% had no preference and only 2.6% stated that they preferred more girls than boys. The study showed that literate women were less likely to have son preference as compared to illiterate women. Women who belonged to wealthier families would be less likely to exhibit son preference. Greater exposure to various media sources was significantly associated with weaker son preference. Analysis showed that during early childhood, girls suffered health and nutritional discrimination. By the age of five, 6% more girls than boys were severely stunted, and 13% more girls than boys were unvaccinated. If parents already have sons, they were more likely to nurture a daughter. But if a family had a daughter they were less likely to nurture a second daughter. Girls with 2 or more elder sisters were the most neglected. The study suggests that while the specific focus of the policy on girl child is girl child survival, importance should also be given to what is happening to surviving girls. It is also important to address the nutritional and health needs of all surviving girls, in fact all children. Special attention should be given to nutrition and immunization programmes.

**Key Words** : 1.CHILD WELFARE 2.SON PREFERENCE 3.GIRL CHILD  
4.DISCRIMINATION AGAINST GIRL CHILD 5.MOTHERS OPINION  
6.OPINION OF MOTHERS.

12. Santhya, K.G, Haberland, Nicole and Singh, Ajay Kumar. (2006).  
'She knew only when the garland was put around her neck' : findings from an exploratory study on early marriage in Rajasthan. New Delhi : Population Council. 31 p.

**Abstract** : Early marriage, that is marriage below 18 years of age for girls, violates girls rights, truncates their childhood and denies them a say in the choice of partner and timing of marriage. The present study was done to examine the community perceptions and norms surrounding early marriage, and Government efforts to delay age at marriage. The study was conducted in Alwar and Tonk districts of Rajasthan and data was collected through interviews. The proportion of ever married girls aged 15-19 years was 42.3% in Alwar district, 59.2% in Tonk district, and 40.8% in the whole of Rajasthan. Findings showed that adolescent girls had a clear desire to marry after the age of 18 years and they were well aware of what they would have to give up after marriage - their

education, childhood, health and opportunities to explore their interests. A range of inter-related factors, including the economic burden of marriage in a setting of high poverty, anxiety about finding a “good” spouse, pressure to abide by societal norms, gender norms that view female sexuality as something to be controlled, and gender norms that limit effective access to education for girls, appeared to foster and perpetuate early marriage. The experiences of communities with various Government programmes related to early marriage were varied and fairly superficial. Most people had never heard of the government policy regarding registration of marriage. Data showed that laws, policies and programmes were implemented inconsistently. Moreover, the community itself appeared either unconcerned or still timid; few would register a complaint if a neighbour married their young daughter. Only a few participants knew of schemes that provided positive incentives to delay marriage, for example, the Raj Laxmi Yojana and the recently introduced Balika Samridhi Yojana, and no one was aware of anybody who had benefited from such schemes. The study participants made several suggestions for interventions that would go beyond the existing information campaigns and the level of policy formulation to address fundamentally the social norms and economic factors that were driving early marriage in the districts. The study suggests mobilizing the community to resist early marriage through active engagement rather than passive community efforts, promoting real access to education for girls, providing livelihoods training for girls, offering financial incentives to parents to delay the marriage of their daughters, eliminating dowry, enforcing existing laws and levying penalties for violators, and fostering gender equity as some strategies for action.

**Key Words :** 1.CHILD WELFARE 2.CHILD MARRIAGE 3.EARLY MARRIAGE  
4.AGE AT MARRIAGE 5.CHILD MARRIAGE RESTRAINT ACT  
6.REGISTRATION OF MARRIAGE 7.MASS MARRIAGE 8.RAJASTHAN.

## **DESTITUTE CHILD**

13. OASES, Organization for Applied Socio-Economic Systems, New Delhi. (1999). Evaluation of welfare programmes for street children in Delhi and Uttar Pradesh. New Delhi : OASES. ~80 p.

**Abstract :** Children roaming the streets are a common sight in India and such children live in an environment of poverty, unhealthy conditions, ignorant about personal hygiene and nutrition, and are vulnerable to many infections/ diseases

and nutritional deficiency. The present study assessed the functioning of various projects as part of the IPSC (Integrated Programme for Street Children) being run by select non-governmental organizations for welfare of street children, including children who were either orphans or abandoned by their parents; and to assess their present status. Information was supplied by 3 organisations from Delhi and 4 from Uttar Pradesh, and a sample of 400 children were selected, 200 children each from Delhi and Uttar Pradesh. A majority of children (61.8%) were in the age group of 11-15 years, only 5.5% children were in the age group 16-20 years, and the remaining 42.8% were between 6-10 years. Majority of children (49%) had studied up to Standard III, 39.7% children had studied up to Standard VI, and 11% were illiterates. Around 61% children were staying with their parents on the roadside. 53.8% children got information about the shelter/ daycare centre from the NGO/ social worker. 38% children had been staying at the shelter/ day care centre for more than 3 years, while rest had been there for less than one year. 28% children reported that they had facilities of bathrooms, separate bedding and space to sleep, and around 80% children mentioned that they were given food and drinking water, first aid and medical help, books to read, toys and indoor game facilities. Nearly 53% children had access to television, 72.9% children mentioned that they had counsellors/ social workers to talk to, and 43.8% said that NGOs had organized interesting activities, gatherings and sessions. Majority of children (54.5%) mentioned that they were given only one meal per day, and 20.5% got two meals. Around 44% children went to formal schools. Nearly 81.3% children mentioned that they did not face any problem in day-care centres/ shelters. Only 18.3% children reported that they had heard about 1098 and the rest were not aware of any helpline/ Childline. Of the 7 organisations, only two organizations in Delhi had Childline and shelter programmes, and no organization in Uttar Pradesh had these programmes. About 75.8% children had undergone vocational training such as tailoring, weaving, candle making, envelope making, etc., while 23.8% had not been trained. All the organizations reported that they never expelled any child from the shelter/ daycare centres. All the project organisers said that the funds arrived late, which put them to hardship. Poor infrastructure, overcrowding, shortage of staff, and poor quality of water and sanitation were other traits of the shelters/ daycare centres. Concerted efforts have to be made to check children joining the ranks of street children. This calls for proper implementation of poverty alleviation programmes, women's empowerment, and effective implementation of schemes providing affordable health and education facilities to all.

**Key Words :** 1.DESTITUTE CHILD 2.STREET CHILDREN 3.PROGRAMMES FOR STREET CHILDREN 4.WELFARE PROGRAMMES FOR STREET CHILDREN 5.DELHI 6.UTTAR PRADESH.

## EDUCATION

14. India, Ministry of Human Resource Development, National Literacy Mission, New Delhi. (1999).

Reaching the unreached : innovative strategies for providing out of school children with access to basic education. New Delhi : NLM. 102 p.

**Abstract :** The elementary education system in India has become one of the largest in the world but the dropout rate of girls is much higher than that of boys. The present study examined the causes of non-enrollment and dropout rates; attitude of parents, children and community towards education; and role of Government and NGOs towards education system. The study was conducted in 3 districts of Rajasthan namely Bharatpur (Kaman), Dungarpur (Sagwara) and Jaisalmer (Pokharan). Data was collected through interviews of 600 people, of whom 300 were children aged 6-14 years and 300 were the parents/ guardians of these children. Out of 300 children who comprised the sample, 63 were literate in terms of both literacy and numeracy, and the remaining 273 were illiterate. There were 11 formal schools in the 12 sampled villages (Pokharan had no school), and only one school had upper primary classes. Six of these 11 schools were located in one corner of the village and children from the other corner had to cover a distance of 1-2 km to reach it. The other 5 were located in the centre of the village. All schools had 2 or more teachers except one single teacher school. A class-wise analysis revealed that the proportion of under-age and over-age children in individual classes was much more in Classes I-V than the number of suitable age children. In Class I, 54% children were either under-age or over-age. Children mostly stagnated in Grade I, and 40% of the children enrolled in primary classes of the 11 sampled schools were in Class I alone. 141 children had dropped out from school during the last academic session. There were 15 Non-Formal Education (NFE) centres in the 12 sampled villages, and all centres distributed free textbooks to their pupils. Of the 15 instructors in all the centres, only 2 were female, and only 3 centres were running at night. Among the 15 local leaders (of whom 3 were women), 4 were not sending their daughters to school. Women leaders were illiterate and were not aware of the relevance or importance of education. The main reason for non-enrolment according to local leaders was the lack of awareness and perception of parents regarding education. Several NGOs namely URMUL, Vihan and Lok Jumbish worked in this area. According to Vihan (who worked in Kaman area), the main reason for backwardness of the area was lack of education and lack of Government

development activities. Awareness generation programmes should be launched by local Governments, with the help of NGOs for parents, families and community members of vulnerable sections.

**Key Words :** 1.EDUCATION 2.OUT OF SCHOOL CHILDREN 3.INNOVATIVE PROJECTS 4.INNOVATIVE PROJECT EDUCATION 5.PRIMARY EDUCATION 6.UNIVERSALIZATION OF ELEMENTARY EDUCATION.

## **GROWTH AND DEVELOPMENT**

15. Bhargava, Shruti, ed. (2004).

Human development, early childhood care and education and family studies : compendium of researches vol 5. Vadodara : MS Univ., Fac of Home Science, Department of Human Development and Family Studies. 119 p.

**Abstract :** The present study was done to assess the development pathway of children. The specific objectives were to understand psychological dimensions of development of self of 18-20 months infants with reference to self knowledge, self control, empathy and performing responsibility tasks; language competencies of infants in terms of vocabulary, expression and comprehension; and assess differences in language development with reference to gender and ordinal position. A sample of 20 infants for self-development and 20 infants for language development from Hindu Gujarati families and their employed and non-employed mothers were taken, and data was collected through observation of events that naturally occurred and specific tasks designed to be performed by the infants. Regarding self-development, infants showed self-recognition as they were able to distinguish self from others. They could identify body parts but naming was not fully established. Infants also showed self-conscious emotions like crying, shyness, feeling scared, etc. They performed both self and object related tasks. In terms of verbal praise, smiling and neutral behaviour was displayed more. They were capable of performing a few tasks without adult instructions but approached the mother if they were not able to do the tasks themselves. They showed more concern towards self and empathy towards others. On language development it was found that infants were better in identifying than naming persons or things around them. Most of the infants verbally expressed their needs and wants, and the rest of their requirements were expressed through gestures. Most of the infants spoke two words sentences, though there were infants who made more use of action words than

pronouncement of adjectives. The study suggests that more tasks should be assigned and observations are required to understand the development of self in infants. There is also need to give more emphasis to vocabulary techniques which help in the language development of infants.

**Key Words** : 1.GROWTH AND DEVELOPMENT 2.HUMAN DEVELOPMENT  
3.INFANT DEVELOPMENT 4.ECCE 5.CHILD DEVELOPMENT 6.MOTHER  
INFANT INTERACTION 7.TELEVISION VIEWING 8.HOME ENVIRONMENT.

## HANDICAPPED

16. Dak, T. M. (2004).

Disabled women in Rajasthan : a study of their access to aids, appliances and facilities made available to fight disability. Udaipur : Institute of Social Development. 106 p.

**Abstract** : Disability among women compounds the situation and puts women in a most vulnerable position. Objectives of the study were to assess the social and psychological profile of disabled women; assess the use of available aids, appliances and facilities by disabled women, and their impact on the beneficiaries; and examine the perception of beneficiaries. Data was collected through interviews of 400 disabled women - 55 visually disabled, 54 with hearing and speech disability and 291 physically handicapped drawn from the rural and urban areas of 4 districts of Rajasthan namely Jaipur, Jodhpur, Udaipur and Sri Ganganagar. The study also covered 86 members of the family, community and other officials of the Government of Rajasthan. Nearly 50% respondents were 25 years of age or below. About 57% women were literate, illiteracy being more among blind and deaf and mute women. Findings showed that 88% suffered from disability since birth and 12% had disability due to accidents. Only 15% women were wage employed or self employed and had an income up to Rs 500 per month, but 81% were totally dependent on their family. The Central and State Government and local bodies had provided medical facilities and aids and appliances to these disabled persons. With regard to the availability of assistive devices, out of the total visually handicapped, 14.5% received optical devices and only 5.45% received walking sticks. Around 20.3% women suffering from hearing disability got hearing aids, 40% physically handicapped women got the benefit of artificial limb and only 7.5% received calipers/ *vaisakhi* (crutches). About 22.7% of the polio affected women received calipers/ *vaisakhi* and 9.96% tricycle. 85.25% respondents got the treatment from government hospitals and

13% from private hospitals. The benefit availed by highest number of disabled women was the disability pension (12.25%), followed by bus concession (7.75%) and scholarship (7.25%). Access to schemes of social development was extremely poor and only 3.5% women had received benefits from the scheme of economic independence. Awareness related to assistive devices among visually handicapped was 48%, physically disabled 33.6%, and hearing and speech disabled women 40%. Many women (43.25%) were aware about facilities given to disabled women. About 4.5% women felt fully satisfied by the treatment and 55.7% experienced moderate difference. Regarding movement, 57 disabled women (14.2%) found marked improvement and 44% experienced moderate benefit after treatment. According to caregivers, polio was viewed as a major cause of disability rather than accidents or diseases. The combined and co-ordinated approach towards rehabilitation, education and employment with emphasis on awareness generation, resource mobilization, concentration towards neglected areas, and sensitization of caregivers can go a long way in helping women with disabilities and making them useful citizens of society.

**Key Words** : 1.HANDICAPPED 2.DISABLED WOMEN 3.AIDS AND APPLIANCES 4.REHABILITATION OF DISABLED 5.RAJASTHAN.

17. Indian Council for Medical Research, New Delhi. (2006).  
Prevention of disability among preschool children (0-6 years) : final report :  
ICMR Task Force Project. New Delhi : ICMR. 350 p.

**Abstract** : Avoidable disability is a major socio-economic and public health problem in developing countries. The present study was done to assess the prevalence of disability among preschool children, epidemiology of disability, and develop and evaluate strategies for prevention of disability. The study was conducted in urban resettlement colonies of Delhi, namely Dakshinpuri and Madangir located approximately 10 kms from Safdarjung Hospital; Sanganer Tehsil of Jaipur which was covered by a total of 8 PHCs/ Block PHCs/ CHCs under SMS Medical College, Jaipur; Sarojini Nagar Block of Lucknow covered by King George Medical College. Data was collected through field surveys. The number of households surveyed in Delhi were 8830, in Jaipur 9337, and in Lucknow 11100. The number of disabled children below 6 years of age in Delhi were 95, in Jaipur 621, and in Lucknow 1241; and prevalence of disability was 13.24 per 1000 children in Delhi, 40.27 per 1000 children in Jaipur, and 84.3 per 1000 children in Lucknow. Children with single disability viz locomotor, mental, hearing, speech, and visual disability were the maximum in all the 3 centres. Prevalence of disability was higher among males than females (1.3 : 1) in all the

3 centres in the age group 5-6 years. In all the 3 centres, lack of mother's education was associated with increase in the number of disabilities. Sanitation facilities in all the 3 centres were not satisfactory. Water supply in all the 3 centres was proper, but in Jaipur, the fluoride content in water was above normal. Garbage collection points in all centres were not proper, and drainage system was open. Public toilets were available only in Delhi centre, whereas in Jaipur and Lucknow there were very few community toilets, and their condition was also very bad. Health services, namely general OPD services, ante-natal, natal and post natal services were available in all the 3 centres, but there was shortage of specialized doctors. Training material for health education of community and para-medical workers was prepared in all the 3 centres and regularly circulated in the project area. To prevent disability, IEC (information, education and communication) activities were undertaken in all the project areas in the form of street plays, TV shows, health talks, messages and slogans. These activities have changed the attitude of the people regarding disability, as was evident in the Re-KAP (knowledge, attitude and practice) survey that was done during the final phase of the project. Nearly 90% of the population in Delhi and Jaipur, and 95% of the population in Lucknow perceived the relationship between illness and disability, and a majority of them became aware of vaccine preventable diseases. It was suggested that rehabilitation centres should be established where full fledged services are available, and cases should be referred there. NGOs should have linkages and work with AWWs, ANMs and health officials to provide services to disabled children in rural areas.

**Key Words** : 1.HANDICAPPED 2.PREVENTION CHILDHOOD DISABILITY  
3.PREVENTION DISABILITY 4.DISABILITY PREVENTION 5.EARLY  
DETECTION 6.EARLY DETECTION OF CHILDHOOD DISABILITY  
7.ANGANWADI WORKERS 8.PRESCHOOL CHILD 9.DISABLED  
PRESCHOOL CHILD.

## HEALTH

18. Alexander, Mallika, Garda, Laila and Kanade, Savita. (2006).  
Formation of partnerships among young women and men in Pune district,  
Maharashtra. New Delhi : Population Council. 53 p.

**Abstract** : In India, pre-marital partnerships, including those that may not involve sexual intercourse are taboo, and little is known about the lives of young people and the contexts in which they form romantic, marital and other partnerships.

This study was conducted by the KEM Hospital Research Centre and the Population Council in Pune district, Maharashtra (2003-2005) to examine the formation of partnerships among young women and men aged 15-24 years. The study focussed on formation of the following partnerships, romantic and casual, pre-marital and marital, with and without physical and sexual contact. It also explored young people's own capabilities, notably their decision making authority, perceptions of self worth, mobility, gender role attitudes and awareness about sexual and reproductive matters, as well as their family relations and social networks. The research was conducted in three phases: a pre-survey qualitative phase that explored norms and experiences; a community survey of 8,595 young people; and a post survey qualitative phase in which survey respondents reporting romantic or non-romantic relationships (in all, 28) were interviewed in depth. Findings suggest that opportunities for the formation of romantic and sexual partnerships existed and 25% - 40% young men and 14% - 17% young women reported friends of the opposite sex. About 25% rural men and over 33.3% urban men reported either receiving or making a proposal of romantic partnership. In contrast, 13% married and 26% unmarried rural women and 13% married and 31% unmarried urban women reported receiving or making such a proposal. In total, 16% - 17% rural men and 24% - 31% urban men reported having a pre-marital opposite sex romantic partner, whereas only 5% - 8% women reported such an experience. Gender differences were also evident with regard to the number of partners reported, and as compared to about 7% women, 25% men reported more than one romantic partner. Respondents also engaged in a range of intimate behaviours and their awareness of sexual and reproductive health matters was far from universal. In contrast with pre-marital relationships, partnership formation within marriage is subject to a different set of norms of interaction. The median age at marriage was 21 years for men and 17 years for women. Majority of marriages (88% - 96%) were arranged and fewer than 20% respondents had met their future spouse before marriage. Married women reported low levels of communication with their spouse and marital family in the first 6 months of marriage. While 14% urban women and 24% rural women did not go out with their husband even once during the initial marriage period, however, majority of both men and women (73% - 80%) reported speaking with their spouse about whether/ when to have children, money matters and love. High rates of domestic violence and sexual coercion existed, and there were limited choices in the area of contraception and child bearing for both men and women. Hence, just 10% and 17% rural and urban men, respectively, and fewer than 5% women practiced contraception before their first pregnancy and 32% - 44% experienced pregnancy within 6 months of marriage, though 40% of all respondents wanted to delay the first birth. Pre-marital partnership formation and sexual activity among young people is not rare, and calls for attention to significant multiple steps such as universalization of sex education; building skills and agencies among young women; promotion of new concepts of masculinity

and femininity among youth; development of programmes to address parental inhibitors and encourage greater openness and interaction between parents and children. Findings highlight the need for India's reproductive health programmes to be inclusive of unmarried young people and argue strongly for services and programmes that enable both unmarried and married youth to make their partnership safe, wanted and informed.

**Key Words** : 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH  
3.PARTNERSHIPS 4.MALE INVOLVEMENT 5.REPRODUCTIVE HEALTH  
6.DECISION MAKING ADOLESCENT 7.FAMILY VIOLENCE 8.DOMESTIC  
VIOLENCE 9.SOCIALIZATION.

19. Pande, Rohini, et. al. (2006).

Improving the reproductive health of married and unmarried youth in India  
: evidence of effectiveness and costs from community based interventions  
: final report of the Adolescent Reproductive Health Programme in India.  
Washington, DC : International Centre for Research on Women. 77 p.

**Abstract** : Youth reproductive and sexual health has become a priority in India due to its large adolescent population and high rates of child marriage and child bearing. The International Centre for Research on Women (ICRW) worked with five in-country partners namely Christian Medical College (CMC, Vellore, Tamil Nadu), Foundation for Research in Health System (FRHS, Ahmednagar, Maharashtra), KEM Hospital Research Centre (Dhamari, Maharashtra), Institute of Health Management (Pachod and Pune, Maharashtra) and Swaasthya (Delhi) to coordinate six intervention studies across India. This program of intervention research aimed to develop models that could improve adolescent reproductive and sexual health for married and unmarried adolescents and youth; build and strengthen the capacity of implementing partners to carry out intervention research; and link programs and research with policy so that research could feed into policy implementation. Results of the formative research (1996-1999), which were used for intervention research (2001-2006), highlighted gender-based constraints as a primary obstacle to youth's access of reproductive and sexual health information and services. Project specific results showed an increase in age at marriage for girls by one year (from 16 years to 17 years), improvement in nutritional status of unmarried adolescent girls, increase in young married women's knowledge and use of services for a wide variety of reproductive and sexual health concerns, greater support by decision makers in young married women's lives (husband, mother-in-law) for their reproductive health needs, and an overall rise in unmarried girls' self-confidence and their ability to negotiate with

parents and their social environment. The projects also suggested various processes and models to achieve desired health outcomes such as preparation of life skills and adolescent development models, development of an integrated health care programme with reproductive health education, clinical referrals and sexuality counselling, training of village level female health aides, and community involvement and mobilization for creating awareness and building a supportive environment for youth reproductive health. The research program identified four themes namely developing cost effective strategies, reducing gender constraints, involving communities, engaging men and boys as crucial to successful youth reproductive health interventions. By integrating these suggestions into policy and program design, policy-makers and programmers can improve youth reproductive and sexual health in India to a great extent.

**Key Words :** 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH  
3.ADOLESCENT HEALTH 4.EARLY MARRIAGE 5.COMMUNITY  
INTERVENTION 6.INTERVENTION PROJECT 7.INNOVATIVE PROJECT  
8.INNOVATIVE PROJECT ADOLESCENT HEALTH.

20. Pradhan, Basanta K., Sundar, Ramamani and Singh, Shalab K. (2006).  
Socio-economic impact of HIV and AIDS in India. New Delhi : National  
Council for Applied Economic Research. 252 p.

**Abstract :** India, with an estimated 5.206 million people living with HIV in 2005, accounts for nearly 69% of the HIV infections in the South and South-East Asian region. The present study was done to assess the impact of HIV and AIDS on households in six high prevalence states, namely Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur and Nagaland. Data was collected through surveys which covered 2,068 HIV households and 6,224 non-HIV households spread over the rural and urban areas of the six HIV high prevalence states. The households covered had low income and educational levels, though the non-HIV households were better educated and also had a marginally higher average annual income. Most heads of HIV households (60%) and non-HIV households (53%) were in the age group of 20-50 years. It was found that saving in HIV households was low as compared to non-HIV households, in both rural and urban areas, due to the increased expenditure on medical treatment. The school dropout rates were also found to be higher in HIV households as compared to non-HIV households. Around 43% - 44% of the people living with HIV and AIDS (PLWHA) had reported hospitalization and the percentage was much higher for men as compared to women. Nearly 33% of the PLWHA had not disclosed their HIV positive status in the community due to the fear of stigma and discrimination.

The survey showed that 74% male and 70% female HIV positive respondents reported that their families were quite supportive, however, more women were supportive of their HIV positive husbands (12.4%) than men were of their HIV positive wives (8.5%). About 12% of the female sample and 14.4% of male PLWHA reported that they had faced discrimination at health facilities. In the households surveyed, 502 cases of AIDS deaths were observed. Regarding knowledge about HIV and AIDS, everyone had heard about HIV and AIDS but not all of them had knowledge about details. The survey of general population indicated that there was a gender gap in knowledge and attitudes towards PLWHA. The most common misconceptions seemed to be that sharing razors (more than 75%) and mosquito bites (about 36%) could spread AIDS. The survey found that around 5.5% female PLWHA have been asked to leave home, compared to 1.9% of the male PLWHA. Some HIV positive samples were those of widows and their condition was worse off as compared to others, as they had to face discrimination on 3 counts, for being a woman, for being HIV positive, and finally for being a widow. Mostly all the widows were fairly young in the age group 20 to 30 years, and their households were economically and socially worse off than other households. Urgent policy formulation and action are needed to mitigate the negative impact generated by HIV and AIDS. National poverty reduction strategies should be scaled up, and special social protection programmes are required to support people, households and communities that are hardest hit by the AIDS epidemic.

**Key Words :** 1.HEALTH 2.AIDS 3.IMPACT OF AIDS 4.HIGH PREVALENCE STATES 5.ECONOMIC IMPACT OF AIDS.

21. World Bank, New Delhi. (2006).  
AIDS in South Asia. New Delhi : World Bank. 114 p.

**Abstract :** South Asia is facing a severe HIV epidemic, large in magnitude and scope, with an estimated 5.5 million to 6 million people infected. The present report focused on the HIV epidemic in order to provide a basis for rigorous, evidence – based HIV policy and programme in India. Findings showed that about 60% of all people with HIV in Asia, lived in India. India's epidemic was concentrated in eight states with over 1% HIV prevalence in pre-natal clinics. These states were Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Goa, Manipur, Nagaland and Mizoram. These 8 states contained less than 30% of India's population but almost 70% of its HIV cases. Bangalore was one of the high prevalence districts in Karnataka. A diverse range of structural factors that amplify HIV vulnerability and risk included widespread poverty and inequality,

illiteracy, low social status of women, trafficking of women into commercial sex, a large, structured sex work industry, porous borders, widespread rural-urban, interstate and international migration, high levels of mobility, stigma and cultural impediments to sexual discussion, high rates of sexually transmitted infections (STIs) and limited condom use. A high proportion of female sex workers (SWs) in India came from other parts of India or outside the country, and the mobility of SWs could contribute to HIV transmission by connecting high risk sexual networks, and thereby increasing HIV prevalence in those sub-populations. Approximately 60-70% Indians live in rural areas and growing evidence suggests that the HIV epidemic was as advanced in some rural areas as it was in urban areas. With the rapid expansion of HIV epidemic among Injecting Drug Users (IDU) in northeastern states, a growing number of women, many of them widows of men who have died from HIV/AIDS, engage in sex work. South Asia requires a dual approach to HIV prevention. It is most important to have effective large scale programs for SWs and clients, IDUs and their sexual partners, and men having sex with men (MSM) and their sexual partners. It should also include information on HIV prevention for the general population, and community people in rural areas.

**Key Words :** 1.HEALTH 2.AIDS SOUTH ASIA 3.AIDS INDIA 4.AIDS.

## NUTRITION

22. Gragnolati, Michele, Das Gupta, Monica and Shekar, Meera. (2006)  
India's undernourished children : a call for reform and action. New Delhi :  
World Bank. 120 p.

**Abstract :** The prevalence of child undernutrition in India is among the highest in the world, nearly double that of Sub-Saharan Africa. The present study explored the dimensions of child undernutrition in India and examined the effectiveness of the Integrated Child Development Services (ICDS) program in addressing them. It was found that 47% children under 3 were underweight or severely underweight, and a further 26% were mildly underweight, so almost 73% children were undernourished in India (1998/99). Findings showed that underweight prevalence was higher in rural areas (50%) than in urban areas (38%) and also higher among girls (48.9%) than among boys (45.5%). Statistics showed that at least one in two children were underweight in six states namely Maharashtra, Orissa, Bihar, Madhya Pradesh, Uttar Pradesh and Rajasthan. Micronutrient deficiency was widespread in India. More than 75% preschool children suffered

from iron deficiency anaemia (IDA) and 57% preschoolers had sub-clinical Vitamin A deficiency (VAD). Iodine deficiency was endemic in 85% districts. With regard to ICDS, it was found that its dominant focus was on food supplementation for improving child nutritional status, but not enough attention was given to improve child care behaviours and on educating parents how to improve nutrition using the family food budget. Service delivery was not sufficiently focused on the youngest children (under three) who could potentially benefit most from ICDS interventions. In addition, children from wealthier households participated much more than poorer ones, and ICDS only partially succeeded in preferentially targeting girls and lower castes, who were at higher risk of undernutrition. The program faced substantial challenges namely inadequate worker skills, shortage of equipment, poor supervision, etc. Community workers were overburdened because they were expected to provide pre-school education to children 4-6 years old, as well as nutrition service to all children under six. ICDS program also had lowest levels of funding and low coverage in the states where undernutrition levels were very high. Urgent changes are needed to bridge the gap between the policy intention of ICDS and its actual implementation. Monitoring and evaluation activities need strengthening through the collection of timely, relevant, accessible high quality information, and this information needs to be used to improve program functioning by shifting the focus from inputs to results, making informed decisions, and creating accountability for performance.

**Key Words** : 1.NUTRITION 2.MALNUTRITION CHILDREN  
3.UNDERNOURISHED CHILD 4.ICDS 5.NUTRITION IN ICDS.

23. Ziegler, Jean. (2006).

The Right to food : report of the Special Rapporteur on the Right to Food,  
Ziegler : Addendum : Mission to India : 20 August to 2 September 2005.  
Geneva : United Nations, Economic and Social Council. 23 p.

**Abstract** : India has the largest number of undernourished people in the world, and one of the highest levels of child malnutrition. The present report showed the situation of hunger, malnutrition and food insecurity in India, and examined the main findings and concerns regarding the realization of the right to food. According to Government statistics, levels of malnourishment fell from 62.2% to 53% between 1990 and 2000, and the proportion of stunted children fell from 54.8% to 47%, but this was not fast enough to reach the goals. Reports of more than 250 starvation or malnutrition deaths in the last 2 years (2004-05) in the

states of Rajasthan, Jharkhand, Bihar, Madhya Pradesh and West Bengal were presented to the Special Rapporteur at the Judicial Colloquium on the Right to Food. Most of the victims of starvation were women and children, members of Scheduled Tribes and Scheduled Castes, with their deaths due to discrimination in access to food or productive resources, evictions or the lack of implementation of food based schemes. The Special Rapporteur received numerous complaints about forced displacement of communities as a consequence of state development projects without adequate resettlement and rehabilitation. Around 11,000 families in Madhya Pradesh, 1500 families in Maharashtra and 200 families in Gujarat were still to be rehabilitated, and all these factors affected the right to food of the people. Due to mining, many tribal communities had been forcibly evicted from their land to allow private mining activities and the Government had also not provided any rehabilitation for these tribal communities. There was also lack of implementation of the food based schemes in most states of India, namely Bihar, Jharkhand and Uttar Pradesh, who had not even begun to implement its directions to supply cooked Mid Day Meals. Still in Arunachal Pradesh, Assam and Manipur, severely malnourished children were not covered by the programme, and many of the most vulnerable persons have not been granted ration cards. Implementation of all food based schemes must be improved by incorporating the human rights principles of non-discrimination, participation, transparency and accountability, and monitoring done of all food based programmes to reduce severity of chronic undernutrition. A system must be put in place or instituted to prevent malnutrition deaths.

**Key Words :** 1.NUTRITION 2.RIGHT TO FOOD 3.FOOD SECURITY  
4.NUTRITION SITUATION INDIA 5.ICDS 6.NUTRITION IN ICDS 7.HUNGER  
8.MALNUTRITION. 9.SPECIAL RAPPORTEUR REPORT.

## **RURAL DEVELOPMENT**

24. Reddeppa, L. (2004).  
Performance of self-employment enterprises promoted under PMRY scheme : a study in Andhra Pradesh. Hyderabad : Council for Social Development. 81 p.

**Abstract :** The Prime Minister's Rozgar Yojana (PMRY) is one of the important schemes aimed at promoting self-employment of the educated unemployed

youth in the country. The present study assessed the inter – district variation in achievement of targets in terms of number of loans disbursed for setting up self – employment enterprises against the targets; extent of profit generation to the beneficiaries and its determining factors; level of repayment of loans and influencing factors; and the issues and problems involved in the utilization of banks loans in the state of Andhra Pradesh. Data was collected through primary and secondary sources. The PMRY scheme was launched in the middle of financial year 1993-94 in urban areas with a target of 3335 beneficiaries, and was extended in rural areas with a target of 18,200 beneficiaries in the year 1994-95. In the years, 1995-96 to 2002-03, the target number of beneficiaries increased from 31,000 to 35,000. Data showed that cumulative achievement of targets against the numbers sanctioned was 87.3%. The achievement of target in terms of cases disbursed with loans by the banks was highest at 74% in the year 1994-95 which declined to 61% in the year 2003. It was found that PMRY programme was more attractive to the educated unemployed youth in backward districts than in developed districts. The study showed that the profitability in different income class intervals was comparatively better in urban than in rural areas. Better results in urban areas were due to higher investment, better market conditions due to the availability of a better economic and social infrastructure, and concentration of people with regular incomes to purchase goods and services. It was observed that the net profit was equal or more than equal to their expectations in the case of 22.3% of the total beneficiaries. On the other hand, the net profit generated from the enterprise was below their expectations in the case of 66.28% beneficiaries. The poor performance of profit generation was due to lack of adequate demand of product/ services, etc. The recovery of loan was nil in the case of 6.9% beneficiaries and it was up to 25% of the demand in 19.9% cases. The main reasons were inadequate profit and diversion of funds. The success of the scheme largely depends on finding solutions to the issues involved in implementation and also problems faced by beneficiaries in running the enterprises.

**Key Words** : 1.RURAL DEVELOPMENT 2.PRIME MINISTER'S ROZGAR YOJANA 3.EMPLOYMENT 4.EMPLOYMENT RURAL YOUTH 5.ENTERPRISES 6.RURAL ENTERPRISES 7.RURAL EMPLOYMENT 8.EMPLOYMENT SCHEMES 9.EMPLOYMENT RURAL AREAS 10.ANDHRA PRADESH.

## SOCIAL DEFENCE

25. Jayaprakash Institute of Social Change, Kolkata. (2004).  
Situational analysis of the commercial sex workers towards safe motherhood. Kolkata : JISC. 53 p.

**Abstract :** The condition of commercial sex workers (CSWs) in relation to safe motherhood is very miserable, because they are considered to be the most high risk group in the spread of sexually transmitted diseases (STDs) and HIV/AIDS. The objective of the study was to assess the knowledge level of CSWs regarding antenatal check-ups, immunization, practice level regarding breastfeeding of their children and awareness regarding STDs during pregnancy. Data was collected through interviews with 50 CSW mothers having children between 0-5 years of age in Budge and Bagihat areas of South 24 Parganas district of West Bengal. Findings showed that 57% CSW mothers were in the age group of 26-30 years. Around 38.7% had children upto 2 years of age, 34.69% had children up to 3-4 years, and 26.54% had children up to 5 years and above. Most CSWs were addicted to smoking, eating *gutka* (flavoured tobacco) or consuming alcohol. Majority of CSW mothers (51.02%) earned between Rs.3501 to Rs.4500 per month. Around 77.4% CSW mothers had gone for induced abortion and 22.5% had spontaneous abortion. Majority of CSW mothers (77.5%) went to hospitals for antenatal check-ups and only 10.2% went to private nursing homes. About 83.67% respondents mentioned that they had undergone blood tests, immunization and took iron folic tablets during pregnancy. It was found that 55.1% CSWs entertained clients throughout pregnancy and nearly 63% of them used condoms. Very few CSWs (6.12%) suffered from STDs in the antenatal stage and only 2.04% in the post natal stage. Nearly 95.9% CSW mothers got their children immunized, but 4.09% children had taken only oral dose of polio vaccine. Out of 59 children, 19 had good weight at birth, 24 had medium weight, 10 had low weight and 6 had very low weight at birth. The Government should organize educational programmes and awareness camps on reproductive and child health, safe motherhood for CSW mothers and community members, and mental health counselling services may be promoted in the community.

**Key Words :** 1.SOCIAL DEFENCE 2.PROSTITUTION 3.REPRODUCTIVE HEALTH 4.HEALTH STATUS 5.PROSTITUTE 6.AIDS PREVENTION 7.SAFE MOTHERHOOD 8.HIGH RISK GROUP 9.ABORTIONS.

26. Jayaprakash Institute of Social Change, Vidyasagar School of Social Work, Kolkata. (2004).

A study of sexual health status of commercial sex workers of Lebubagan brothel at Baranagar. Kolkata : JISC. 86 p.

**Abstract :** Commercial sex workers (CSWs) are one of the most vulnerable sections of society who are at risk of being infected by STDs (sexually transmitted diseases) in large numbers. The objective of the study was to explore the sexual practices followed, health seeking behaviour of CSWs, assess how many of them use safety measures, and study their awareness level about STDs and HIV/AIDS. The study covered 60 CSWs in the Lebubagan Brothel which was located in Kolkata. Data was collected through interviews, case studies and from secondary sources. Findings showed that 23.3% CSWs were in the age group of 27-33 years, 21.66% were between 33-39 years, and only 3.3% were between 18-22 years. Majority of CSWs (44.33%) were found to be illiterate. Around 48.3% were married and they had joined this profession due to loss of income of husband and poverty. 60% respondents lived on rent whereas 36.6% CSWs shared accommodation. Respondents aged 38 to 40 years entertained 5 to 6 clients per day and earned Rs.30-60 from each client and CSWs aged 19-37 years interacted with 6-7 clients per day and earned Rs.60-80 per day. Majority of respondents (73.3%) had the habit of saving, whereas 26.6% could not save because of family burden and huge medical cost. 40% CSWs did not practice protected sex and 60% practiced it sometimes. Majority of CSWs (75%) could not use condoms regularly because they had to perform according to the desire of clients. Majority of respondents (61.6%) had suffered from abdominal pain, and the rest had suffered from cold, cough and stomach problems. All the respondents were addicted to *pan masala* (tobacco flavoured mouth freshener), 35% were addicted to alcohol, 18.3% had tobacco addiction, and 26.6% were addicts of *gutkha* (tobacco flavoured mouth freshener). All CSWs practiced vaginal sex, 58.3% practiced oral sex, and 18.3% practiced anal sex. 51.6% CSWs continued their profession even during menstrual days, and 28.3% even during pregnancy. Majority of CSWs (81.6%) suffered from different types of STDs whereas no respondent among the 60 suffered from HIV/AIDS. Nearly 73% CSWs had very little knowledge about HIV/AIDS and STDs and the rest had not even heard these names. Awareness campaigns should be started for all CSWs to educate them about HIV/AIDS and STDs, and to make CSWs aware that the use of condoms was not only to avoid pregnancy but a protection against HIV/AIDS and STDs. There is need to advocate for protective laws, better working conditions and offer services that protect their health. Also, some skill

training programmes should be started for CSWs that offer alternative means of employment to sex workers.

**Key Words :** 1.SOCIAL DEFENCE 2.PROSTITUTION 3.SEX WORKERS  
4.HEALTH STATUS COMMERCIAL SEX WORKER 5.HIGH RISK GROUP  
6.AIDS PREVENTION 7.WEST BENGAL.

## **SOCIAL WELFARE**

27. Habitat International Coalition, Housing and Land Rights Network, New Delhi. (2004).

Acts of commission acts of omission : housing and land rights and the Indian state - a report to the United Nations Committee on Economic, Social and Cultural Rights. New Delhi : HIC-HLRN. 60 p.

**Abstract :** The present report focused on the human right to adequate housing which includes legal security of tenure, availability of services, materials, facilities and infrastructure, affordability, habitability, accessibility, location and cultural adequacy among 7 vulnerable groups, that is urban slum dwellers, the urban homeless, forest dwellers, rural dalits, victims of the 2002 riots in the State of Gujarat, communities displaced due to large-scale development projects, and nomads. The primary data was based on in-depth civil society reports and other documentation available from Habitat International Coalition – Housing and Land Rights Network (HIC-HLRN). On 27 July 2002, authorities, with use of the police force and bulldozers, demolished over 2300 homes (out of a total of 7,000) of the urban poor in Nilangarai Canal Puram, in Chennai. Tamil Nadu Slum Clearance Board had selected Pallikaranai as the slum relocation site for rehabilitation. But many individuals reported that they suffered from acute bronchitis and tuberculosis due to the dumping ground/ garbage area which was adjacent to it. Another most controversial and brutal eviction of the urban poor was in Kolkata which occurred at Tolly Nala on 22 September 2001. The authorities evicted 1,400 households without providing any alternate land, compensation or rehabilitation plan. The land was required for Metro Railway extension. In March 2003, the Delhi High Court issued an order to remove all unauthorized construction along the banks of river Yamuna and the demolitions started in 2004. Nearly 50,000 slum dwellers were forcibly evicted from their dwellings and beaten in many instances. As per the order, less than half the evictees were entitled to any kind of alternate housing and resettlement. The resettlement rites (Bawana and Holambi Kalan) provided by the Government lacked sanitation and

potable water facilities. It was found that political disenfranchisement of many forest dwellers, as well as their lack of access to secure tenure for land, had made them particularly vulnerable to forced eviction in the name of both development projects and environmental conservation. A survey was conducted in 14 districts of Andhra Pradesh in August 2003 of land distribution to Dalits, and it was found that there were 102,000 acres of undistributed land. An independent survey conducted in Gujarat under the auspices of the National Human Rights Commission estimated that at least 250,000 families were displaced due to riots in 2000. About 50% of these families were still living in extremely low cost permanent housing provided by NGOs. Either these housing colonies were not being given electricity, water and basic sanitation services, or State authorities were requesting exorbitant amounts for providing these services. Development projects have resulted in the displacement of millions of people in India. The Sardar Sarovar Project on Narmada river affected 40,827 families from 193 villages in Madhya Pradesh, 33 villages in Maharashtra and 19 villages in Gujarat. Large dam projects like the Man Dam Irrigation Project, Maheswar Dam, and Upper Beda Dam have displaced lakhs of people and uprooted several families. Nomadic communities had been perceived as social outcasts by the Criminal Tribes Act due to which they had suffered forced evictions by the local authorities and villagers. The new settlements which were given to them for habitation were located on the hillside and were in unhygienic surroundings. The Government of India should provide detailed information to all displaced persons about their legal rights related to adequate housing, and provide full rehabilitation to evicted persons according to the International Human Rights Standards.

**Key Words :** 1.SOCIAL WELFARE 2.HOUSING RIGHTS 3.LAND RIGHTS  
4.RIGHT TO ADEQUATE HOUSING 5.DALITS RIGHTS TO HOUSING  
6.SCHEDULED CASTE HOUSING 7.HOUSING SCHEDULED CASTES  
8.DISPLACED PERSONS 9.VULNERABLE SECTION 10.EVICTIONS  
11.NOMADIC TRIBES 12.URBAN POOR 13.HOMELESS 14.GUJARAT  
RIOTS 15.RAJASTHAN.

28. Nabakrushna Choudhary Centre for Development Studies, Bhubaneswar. (2003).

Towards a poverty reduction strategy for Orissa : some analytical and policy issues. Bhubaneswar : NCCDS. ~70 p.

**Abstract :** This report focused on the poverty reduction strategy for Orissa which was reported in the World Bank's "World Development Report 1990" (WDR). The per capita income of Orissa was about 76% of that of all India in 1981-82 which reduced to 56% by 1999-2000 mainly because of the better performance of

middle income states like West Bengal, Andhra Pradesh, Karnataka, Gujarat, and Tamil Nadu. The rate of growth of Orissa's population between 1991-2001 had been 15.94% as against 21.84% for all India, which showed third lowest rate of growth of population among major states of India, higher than only Kerala and Tamil Nadu. According to NSS (National Sample Survey), the poverty ratio in rural areas was 68.4% in 1983-84, which reduced to 48.1% by 1999-2000. Data on cereal consumption by decile group (0-100 years) from 1961-2000 by NSS showed that cereal consumption had declined or remained more or less stagnant in rural (1962-18.2% and 2000-15.12%) and urban Orissa (1962-15% and 2000-14.5%), whereas a difference of 10% points in calorie intake was found in rural Orissa compared to urban Orissa, which showed that nutritional stress and food insecurity was more in rural than urban Orissa. The degree of casualisation had sharply increased in respect of rural female workers from 41.2% in 1987-88 to 51.5% in 1993-94. On the other hand in the urban sector, percentage of female workers who were in regular employment had increased from 27.5% in 1987-88 to 38.3% in 1993-94, while open employment was not high and showed a decline between 1993-94 and 1999-2000. A shift from coarse cereals to costlier but superior cereals had taken place due to changed output conditions during the years 1967-68 to 1993-94. This affected the total consumption of cereals and increased landlessness and casualisation of rural labour in rural Orissa. It was found that Revenue Deficit (RD) had grown faster than Fiscal Deficit (FD) by around 30% in the years between 1993-94 and 1999-2000. There had been a steady decline in the percent share of capital expenditure in total governmental expenditure from 26% in 1980-81 to 8.6% in 1999-2000 which affected the growth prospects of the economy in the long run. The share of capital expenditure in total developmental expenditure also declined from 27% in 1980-81 to 12.37% in 1999-2000. In the year 1987-88 the PDS (Public Distribution System) had started to meet the food security of the poor by distributing food grains. But it was found that the extent of such transfers was relatively greater to the non-poor than to the poor in both rural and urban Orissa, thus schemes for food security had again been re-targeted. A rough estimate showed that total number of physically handicapped in Orissa was about 8 lakhs in 1999-2000 and budgetary expenditure for them was only Rs. 15,025. Sustained growth has to be thought of as a necessary condition to make a major dent on poverty from a long term perspective, particularly in a context in which institutional mechanisms and political processes are not effective enough to carry out redistributive measures of income transfers through non-market means.

**Key Words :** 1.SOCIAL WELFARE 2.POVERTY ERADICATION 3.POVERTY  
4.POVERTY REDUCTION 5.PUBLIC DISTRIBUTION SYSTEM 6.POLICY  
IMPLICATION 7.ORISSA

29. VANI, Voluntary Action Network India (UP), Lucknow. (2006).  
Realizing rights demanding Government accountability for change :  
Citizen report on primary health care and girl child education in Uttar  
Pradesh. Lucknow : VANI. 96 p.

**Abstract :** The present report evaluated the role played by institutions of governance in promoting girl child education and primary health care in Uttar Pradesh. The study covered the time span from 2000 to March 2006 and primarily looked all relevant policies, programs and state initiatives. The study area was entire Uttar Pradesh which was divided into four regions namely the Western, Central, Eastern region and Bundelkhand. Data was collected through primary and secondary sources. Findings showed that 40,000 maternal deaths took place every year in Uttar Pradesh and according to SRS (Sample Registration System) 2004 infant mortality was 72 per 1000 live births. Several national level health programmes were implemented by the Government of Uttar Pradesh (GoUP) but there was very little reduction in mortality rates, and very little improvement in mother and child health. Nutritional profile prepared by the Department of Planning (GoUP) 2006, showed that every sixth malnourished child in India lived in Uttar Pradesh, and it ranked second with respect to prevalence of malnutrition among children under 3 years of age in India. Almost 30% pregnant women suffered from chronic energy deficiency and 5% women were severely malnourished. Most PHCs were in a bad condition and not utilized by people due to several reasons that were apathetic staff in PHCs, absence of navigable roads and suitable modes of transport, some PHCs were inaccessible in case of complicated pregnancies, absentee doctors, no laboratories for blood tests and other tests, non-availability of medicines, etc. The education scenario in Uttar Pradesh was very dismal, and female literacy (43%) lagged far behind the national average, according to a study done by UNICEF in 2004. According to a State report (2005), majority of parents were interested in educating their children, but lack of quality education acts as a blockade. Another study conducted by PRATHAM showed that in government schools, 61.3% of children in Standards II-V could not read even Standard I level textbooks, whereas in private schools only 35.8% fell in this bracket, but the education there was expensive. Parents did not give much importance to girls education. The condition of primary schools in rural areas was not good. Irregular staff and timings, improper sanitation facilities, over crowded classes, shortage of staff, and some schools were very far from the village so due to transport problems children could not attend the school. In spite of all the International commitments made by the Indian Government for improving educational level, Uttar Pradesh still stands on the margin. It was suggested that Government should plan policies and programmes on health and education according to the

convenience of community people, and a proper feedback from the community is also essential, as several national programmes are framed but the people do not even have knowledge about these programmes, so they should be informed about them.

**Key Words** : 1.SOCIAL WELFARE 2.FUNDAMENTAL RIGHTS  
3.ACCOUNTABILITY 4.GOVERNMENT ACCOUNTABILITY 5.RIGHT TO HEALTH  
6.RIGHT TO EDUCATION 7.GIRLS EDUCATION 8.SOCIAL AUDIT  
10.UTTAR PRADESH.

## **WOMEN LABOUR**

30. Jayaprakash Institute of Social Change, Kolkata. (2002).  
Women vendors in urban informal sector : a study in West Bengal. Kolkata  
: JISC. ~100 p.

**Abstract** : A sizeable proportion of the street vendors are women in the urban informal sector, who provide an important service by supplying fresh vegetables, fruit, food items and household goods to the urban population. The present study focused on the situation of women vendors, their working environment, need for a license system, access to social welfare programmes including education and training, need for credit support, the nature of attainment of autonomy and respect as earners, nature of inputs and market facilities available, etc. About 500 women vendors were selected for the study in four corporation areas in West Bengal, and data was collected from different organizations who were connected in any way with issues concerning vendors. Nearly 41% respondents were in the age group 36-45 years, 38.60% belonged to the age group 26-35 years, and 9.4% were in the age group 15-25 years. Majority of women vendors (93%) were Hindu. Most of the respondents (82.2%) were illiterate, only 12.40% had education up to primary level. About 62% women vendor were found to be selling vegetables, 31.68% were selling fruits, 11.2% were selling flowers, and only 8% were found to be selling fish. Majority of respondents (78.4%) stated that they procured their goods from the wholesale market. The major problems faced by women vendors were shortage of space due to which they were chased/ harassed by police, unhygienic working environment, open area without any shelter from the sun, wind and rain, and no toilet facilities. Nearly 97.2% women vendors were not even aware of the license system due to which they had to pay money/ fees to police and members of political parties. Average daily income of 44% respondent ranged between Rs.30 to Rs.40, and only 6% earned more than

Rs.1200 per month. A large proportion of respondents (64.80%) could not save any money due to family expenses. Findings showed that 67% women vendors had borrowed money from moneylenders and other people. Most women vendors (60%) have suffered from several diseases viz jaundice, TB, asthma, malaria, and typhoid. A large number of vendors (86%) had also suffered from occupational health hazards like backaches due to inconvenient seating position, headaches, cold and cough, joint pains (95.2%) etc. Around 64.2% of the married vendors had adopted some kind of family planning measures. Women vendors had very little time for leisure. Majority of women vendors (96%) mentioned that they were not satisfied with their profession. The Government should provide adequate space/ shops with sanitation, water facilities, and a hygienic environment to street vendors to sell their goods. License/ identity cards should also be given, and an educational programme and health programmes should be organized twice a month for women vendors.

**Key Words :** 1.WOMEN LABOUR      2.WOMEN LABOUR VENDOR  
3.VENDORS    4.WOMEN VENDORS    5.PROBLEMS WOMEN VENDORS  
6.WEST BENGAL.

## WOMEN WELFARE

31. Bokil, Milind S. (2003).

Micro-enterprises and gender division of labour : an empirical study of self-employed women in Maharashtra. Pune : Development Support Team. 32 p.

**Abstract :** In recent years, the traditional roles of women have undergone some changes due to economic needs, and some efforts were made to bring visibility and mainstream women's contribution to the overall growth and development of society. An empirical study was done by Development Support Team (DST) on women engaged in micro-enterprises in Maharashtra. A sample of 150 women were taken from rural (n=97) and urban (n=57) areas of Maharashtra, and data was collected through a questionnaire. Most of the respondents (61%) were in the age group of 31-45 years and 25% were between 19-30 years of age. A large majority of women (88%) were married, and 36% women were illiterate (rural 38% and urban 19%). In urban areas, majority of the women were staying in *pucca* (permanent) houses (72%), whereas in rural areas no respondent had a *pucca* house, so nearly 50% respondents were staying in *kaccha* (non permanent) houses. Only in 21% urban cases and 10% rural cases were houses

owned by women, rest of the houses were owned by families or by mothers-in-law. As for basic amenities like electricity, bathrooms and toilets, only 28% in urban areas and 26% in rural areas had private toilets. The other facilities were found to be in good condition. Domestic utilities in both rural and urban areas were found to be average. Majority of both rural (62%) and urban (75.4%) families had monthly income less than Rs.3000. Mostly the respondents in urban areas (60%) and rural areas (40%) were engaged in petty trade such as selling of bangles, clothes, footwear, vegetables, plastic, items, stationary, general utility items and grocery. Tailoring was a favoured occupation in both urban and rural areas, whereas in villages, agriculture and dairy were key occupations. As all the respondents were involved in micro-enterprises so a total of 92 loans were accessed by 57 urban respondents and 196 loans were accessed by 107 rural respondents. The ratio works out to be 1.61 loans for urban and 1.83 loans for rural respondents. In urban areas, women spent 5.83 hours per day in the business/ occupation, whereas in rural areas women spent 6.93 hours per day in this occupation. In the other domestic chores, rural women spent 5.23 hours per day, whereas urban women spent 4.96 hours per day. Being overburdened, around 60% urban and 70% rural respondents reported health problems, the most notable being backache and body ache. Almost all respondents mentioned that they did not get time for themselves. Self-employed women need to be engaged in wider community activities by freeing their energies, which at present are imprisoned in domestic chores and occupational responsibilities. Then alone would their human potential be fully utilized, and be a true indicator of development.

**Key Words :** 1.WOMEN WELFARE 2.MICRO CREDIT 3.CREDIT FOR WOMEN 4.LOAN 5.MICRO ENTERPRISES 6.SELF HELP GROUP 7.WOMEN LABOUR 8.LABOUR WOMEN.

32. Eapen, Mridul. (2004).

Women and work mobility : some disquieting evidences from the Indian data. Thiruvananthapuram : Centre for Development Studies. 43 p.

**Abstract :** The present paper attempted to raise the issue of sex segregation of jobs and its perpetuation over time to the disadvantage of women workers, in the context of the nineties, the period of globalization in India. Attention was also drawn to the female work participation rates in Kerala. Data showed that horizontal segregation indicated by the index of dissimilarity had declined during the period 1987-88 and 1993-94 in urban areas, but had increased slightly in rural areas. Findings showed that only 3-4% of women workers were in regular/

salaried employment in rural areas, whereas women of urban areas in regular employment were about 29% in 1993-94. In terms of establishments, the gender disparity was negligible in urban areas but much higher in rural areas. With an overall context of low work participation rates, higher levels of literacy in Kerala had certainly enabled women to procure a higher share of regular employment due to its much higher share in rural areas compared to all-India levels. The larger proportion of women in Kerala continued as agricultural labourers, plantation workers in rural areas and as production workers in urban areas. According to Time Utilisation Survey (TUS), the combined estimates for states showed that for rural Indian women the work participation rates were almost double at 50% compared to 25% as found by the NSSO, and even more than double for a state like Haryana, as it increased from about 18% to 38%. It was found that women in Kerala enjoyed higher wage rate (casual) in both rural and urban areas than in other parts of the country, and hence their annual earnings may be still higher. Kerala had highest female literacy rates among all states of India, yet it scored poorly in non-conventional indicators, attempting to capture power and subordination. A strong ground must be made in which 'appropriate' work for women, their own job preferences and opportunities are shaped.

**Key Words** : 1.WOMEN WELFARE 2.WORKING WOMEN 3.GENDER DIVISION OF LABOUR 4.GENDER DISCRIMINATION 5.GENDER ROLES 6.ROLE OF WOMEN 7.KERALA

33. Jayaprakash Institute of Social Change, Kolkata. (2000).  
A Study on situational analysis of Bengali hindu widows living in Karidhya village, in Suri block - I of Birbhum district, West Bengal. Kolkata : JISC. 83 p.

**Abstract** : Widows are viewed as objects of pity, sad, unfortunate women, destined to suffer for the rest of their lives. Objectives of the present study were to understand the perception of their status as a widow, and identify the cultural and social sanctions imposed on widows. A sample of 22 respondents were selected from Birbhum district of West Bengal, and data was collected through interview schedule. It was found that about 22.72% of the respondents took only one meal consisting mainly of rice, a day after they became widows, while 77.27% respondents took 2 meals a day. None of respondents took part in any rituals of marriage as they were considered to be inauspicious or *ashubh*. About 59% widows were found in white sarees, 27.27% in light coloured sarees, and 13.6% in coloured sarees, which were part of the rigid restrictive dress code prescribed by society. Majority of the respondents went to Government hospitals

during illness as they faced shortage of funds. In 59% cases, the medicines respondents took during illness were financed by their children. 77.27% respondents suffered from chronic illnesses. About 27.3% respondents did not share this problem with anyone. Only 13.6% respondents reported that the property left by their husbands was adequate for their sustenance, and the remaining 86.3% reported that the property left was inadequate even for their basic sustenance. Sanctions on food were imposed on widows of upper castes only. Widows need to be informed about their legal rights. Also, Government should undertake supplementary nutrition programmes for widows to help maintain their health and nutritional status, and self employment schemes need to be started for financial empowerment of widows.

**Key Words** : 1.WOMEN WELFARE 2.WIDOWS 3.HINDU WIDOWS  
4.PROBLEMS OF WIDOWS 5.BENGALI WIDOWS 6.HISTORICAL  
PERSPECTIVE WIDOWS 7.CUSTOMS WIDOW 8.WEST BENGAL.

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Indian family : trends and trauma : summary of the desk study : based on the data from Central Social Welfare Board's Family Counselling Centres. New Delhi : Rambhau Mhalgi Prabodhini. 18 p.

**Abstract** : The family is the first instrument of socialization. This study looked into the trends and traumas of family in India, through a record of 16,270 cases out of total 3,00,000 cases registered with the Family Counselling Centres (FCCs) funded by the CSWB (Central Social Welfare Board). About 72.88% cases were reported by female clients and the remaining 27.12% by male clients. Data was gathered from 91 FCCs from seven states, namely Maharashtra, Delhi, Kerala, West Bengal, Madhya Pradesh, Meghalaya and Manipur. The study focussed on the factors leading to instability of the family; identified newly emerging trends in the Indian family; and suggested possible interventions to overcome the disorders. Results revealed the following reasons for discord in the family – alcohol/ drug addiction (11.94%), personality clash (8.87%), extra-marital/ pre-marital affairs (8.20%), interference of parents (6.7%), psychological problems (4.78%), dowry demand (4.55%), economic crisis/ poverty (4.43%), harassment by in-laws (3.73%), desertion (2.92%), interference by in-laws (2.1%), physical or mental torture (2.05%), and conflict with other relatives (1.87%). As the main reasons of family discord were reported to be addiction,

alcohol and drug abuse, and personality clashes, recruitment of counsellors and mental health professionals is important for the FCC scheme. Findings highlight the need for a gender-sensitive family centered approach to be adopted in counselling practices of FCCs, and suggest that activities like awareness generation camps should be organized, combined with pre-marital counselling for prevention of family discord.

**Key Words** : 1.WOMEN WELFARE 2.FAMILY COUNSELLING CENTRES  
3.FAMILY PROBLEMS 4.COUNSELLING 5.CSWB PROGRAMME  
6.SUMMARY REPORT.

35. Ravi, R. Venkata and Venkataramana, M. (2002).  
Empowerment of women through self help groups : a micro level study in  
Andhra Pradesh. Hyderabad : Council for Social Development. 53 p.

**Abstract** : The Self Help Group (SHG) strategy is one of the instruments for empowerment of women through economic intervention. The study focused on the effect of the SHG strategy on women's economic activities and possible occupational change, analysed the intervention of SHG strategy in asset creation and owing by the women, and also the level of participation of women in decision-making process in domestic issues and group activities. The study was conducted in Naskal village, Ramayampet Mandal in Medak district of Andhra Pradesh. Four SHGs, one each from SC (n=20), ST (n=15), BC (n=15) and FC (n=9) community were selected and a total of 59 women were interviewed for data collection. The SHGs in Naskal were promoted by an NGO, namely Human Action for Rural Development (HARD). The survey indicated that a majority of women in the sample (68%) were from joint families and mostly the women were married. Nearly 50% women were aged less than 31 years. Most of the women (90%) were illiterates. Majority (74.7%) of the women's family income was found to be less than Rs. 15000 per annum. Data showed that the majority of women from weaker sections (BC, SC, ST) had individual savings of more than Rs.10,000 with the SHG, whereas the FC women had less savings than other women. While borrowing also, most of the women from weaker sections (BC, SC, ST) had borrowed more than Rs.10,000 from the SHG. Figures showed that majority of women had borrowed money for agriculture operations (86.4%) and for income generating activities (84.7%). The SHG strategy initiated a shift in the occupation of women among the weaker sections (ST, SC, BC), specially ST women, who had done nothing before but after the formation of SHG all the 15

ST women were engaged in farming their own lands. About 94.9% women involved in SHGs had taken the responsibility to decide on the domestic matters of their families. After SHGs had formed, women took part in organizing activities, participated in group discussion and also arranged SHG activities. There is need to focus on other diversified activities for women beyond farming. Focus should also be given on identification of local resource based and need based activities, both production and services, that can support the farming activities.

**Key Words** : 1.WOMEN WELFARE 2.SELF HELP GROUPS  
3.EMPOWERMENT WOMEN 4.ECONOMIC EMPOWERMENT WOMEN  
5.ANDHRA PRADESH.

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Impact assessment of awareness generation project : a comprehensive project. Kolkata : VSSW. 115 p.

**Abstract** : The scheme of Awareness Generation Projects (AGP) has been implemented through NGOs by Central Social Welfare Board (CSWB) to create awareness on issues relating to status, rights and problems of women, especially rural women. The objectives of the present study were to assess the activities of AGP and its impact on the target population, and also to check out the programmes undertaken by voluntary organizations during and after AGP. Data was collected from five states namely Uttar Pradesh (UP), Tamil Nadu (TN), Delhi, Gujarat and West Bengal (WB) through interviews of 804 women beneficiaries who attended the camps, 119 chief functionaries of voluntary organizations, and 110 organizers. It was found that nearly 50% of all the voluntary organizations were new and they had been first time recipients of grants. The amount given for training participants was not sufficient for quality training. Voluntary organizations did not follow the guidelines for deputing participants. The areas most liked by trainees related to women's status, family conflict and income generation, but they did not like talks on HIV/AIDS and STDs. Training institutions were not involved in actual implementation of the project. Many NGOs had not conducted any preliminary appraisal/ survey/ assessment study to identify the needs and problems of women in that area. Most of the respondents pointed out that major problems of women were violence against them, alcoholic husbands, illiteracy, general and reproductive health issues, and lack of infrastructural facilities. Women had little access to formal or informal educational facilities and consequently lacked even basic

information on issues and problems directly confronting them. In AGP camps, lecture method was commonly used to teach which created boredom. Most women felt that AGP camps were appropriate, but they criticized the duration of camps as lengthy and tedious. Involvement of community and the local power structure was not encouraging. Majority of women were either illiterate or educated up to primary level (70%). AGP camps were organized for a period of 8 days and due to one reason or the other, more than 60% participants did not attend the camp on all 8 days. Awareness level of participants in terms of domestic violence, female foeticide, dowry, reproductive and child health issues increased. Many women felt that the camp was not at all effective on issues like economy and governance. Majority of the women wanted training on income generation activities to raise their financial status. The study showed that AGP scheme suffered due to non-availability of support services, absence of a network at district and local level, shortage of funds, time lag in organizing camps, and lack of proper planning for sustained action. The study suggested that AGP activities should be planned, efforts should be made to build a strong communication network through use of programmes and media tools, and there is need to assess the activities of AGP.

**Key Words :** 1.WOMEN WELFARE 2.AWARENESS GENERATION PROJECT  
3.CSWB PROGRAMME.

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