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5, Siri Institutional Area, Hauz Khas

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Contents

RESEARCH STUDIES ON WOMEN & CHILDREN

CHILD LABOUR

1. Lakshmi Rani, D., Bhat, Aparna and Ray, Manabendra Nath. (2005).
Child domestic work : a violation of human rights : report on the legal position of child domestic workers in India. New Delhi : Save the Children. 38 p.

Abstract : There are approximately 20 million people working as domestic workers in India. 92% are women girls and children, and 20% are children under 14 years of age. ILO reports that domestic work is the largest employment for females under the age of 16 years. Child domestic workers are children under 18 years who work in other people's households, doing domestic chores, caring for children and running errands. They work for long hours, sometimes 15 hours per day, but get meagre wages or no payment. The Child Labour (Prohibition and Regulation) Act 1986 prohibits child labour in some cases and makes recommendations for regulating it in some instances. However, the pre-requisite for the applicability of this Act is that it applies only to an establishment. A private home does not technically fall under this. The Children's (Pledging of Labour) Act 1933 mandates that penalties should be levied against any parent, middleman, or employer involved in making or executing the pledge of a child's labour, or in return for any payment or benefit received or to be received by him. The Bonded Labour (Rehabilitation) Act was enacted with a view to prevent the economic and physical exploitation of weaker sections of society. It is clear that while the problem of domestic child labour is acute, the endeavour by the State has been very minimal. A reservation was made in 1992 when the Convention on the Rights of the Child was signed and ratified with respect to child labour. It is important that the State should progressively work towards abolishing child labour. As far as child domestic workers are concerned, the Government needs to realize that there is absolutely no legal protection available to protect child domestic labour. Children work in extremely vulnerable conditions when they are employed as domestic workers. They are vulnerable to physical abuse, sexual abuse, emotional abuse and neglect, and children have no access to any medical help, nutritious food, education or any other support, which is needed for overall development. It is important to categorize child domestic work as hazardous and the State should ban children from being employed as domestic workers, and make employing children as domestic workers a cognizable offence.

Key Words : 1.CHILD LABOUR 2.DOMESTIC WORKER 3.VIOLATION OF CHILD RIGHTS 4.GIRL CHILD LABOUR.

2. M. Venkatarangaiya Foundation, Secunderabad. (2006).
Elimination of child labour through universalization of education : annual report May 2005-April 2006. Secunderabad : MVF. 43 p.

Abstract : Andhra Pradesh has a large number of child labourers, and efforts are on to eliminate this problem. MV Foundation (MVF) implemented the programme for elimination of child labour by strengthening the institution building processes at the local level. Mandal Task Force was constituted in each mandal, that met once in a quarter to discuss children's rights in their constituency. One mandal covered 50 villages in Rangareddy District. Hundreds of girls in the 13-18 years age group joined the campaign for their rights, especially their right to education and against child marriage. Programme on health rights of children below 6 years was taken up under which every pregnant woman was monitored, along with every child born in that area. MVF also acted as a networking agency to take the lead on the programmes against child labour. Thus, it brought together about 40 NGOs to stop mass marriages of children in the temple town of Kalahasthi. This effort helped in preventing over 1000 child marriages, and built advocacy support to amend the Child Labour Act 1986. About 50 Gram Panchayats had been activated for protecting child rights. They began issuing birth certificates and registering marriages in their constituencies. MVF also works in Madhya Pradesh, Maharashtra, Tamil Nadu, Rajasthan and Bihar. In Bihar, the importance of education of older children was realized by the community, and pressure was created regarding dropout from schools, lack of teachers and other infrastructure in schools. After that, a residential camp was started for older girls, and other children were admitted in neighbouring EGS centres and schools. Soon the community learnt not only to focus their attention on out-of-school children, but also on retention of children in schools. MVF networked with national advocacy groups such as Campaign Against Child Labour (CACL), CRUWSF, HAQ, IACR and facilitated a campaign to bring about an amendment to the Child Labour (Prevention and Regulation) Act 1986. MVF helped to release 558 bonded labourers in Ranga Reddy and 563 in Nalgonda districts, and also rescued 542 girls from child marriages in the same villages. MVF had to take on the responsibilities of being a technical training and resource agency. It also focused attention on building its institutional capacity through systematic training and capacity building of its senior staff. Its senior programme personnel participated as resource persons in national and state level workshops on child labour and right to education hosted by the Government of India, State Government, NGOs and

others. The model of advocacy against child labour can be replicated in many states where the problem is endemic.

Key Words : 1.CHILD LABOUR 2.CHILD LABOUR EDUCATION 3.ELIMINATION OF CHILD LABOUR 4.COMMUNITY MOBILIZATION 5.SOCIAL CHANGE 6.CHILDREN IN SCHOOLS 7.UNIVERSALISATION OF EDUCATION 8.CHILD RIGHTS 9.CASE STUDIES 10.JOGINS 11.STATISTICS CHILDREN IN SCHOOL 12.CHILD MARRIAGE 13.SECUNDERABAD 14.ANDHRA PRADESH.

3. Sinha, Shantha. (2004).
From girl child labour to students in formal school : reallocation of work in families. Secundrabad : M. Venkatarangaiya Foundation. 15 p.

Abstract : For girls in rural areas, working is a widely accepted way of life from the age of 5 years. They support their mothers by doing outdoor work, look after their siblings, and they also work in stone and lime quarries, where they carry head loads of earth and rubble from pits at least 50 feet deep. Very few girls have spare time for play or school. This study was conducted in Rangareddy district of Andhra Pradesh. Nearly 1000 eligible girls aged 8-15 years from 225 families were contacted. The average family size was six, and literacy rate among the population was 50%. Only 20% had education up to primary level, and only 2% had accessed college education. About 90% children aged 5-14 years were in school and the remaining were engaged in one or the other form of labour. Girls also took care of animals after they came home from grazing, and if the girls went to school, animals were sold because no family member was available to look after them. Participation of girls in agricultural work was 20%, and a few went for wage work on holidays to supplement the family income. The MV Foundation program aimed at universalizing education among girls and made effort to encourage families to send girls to school. The main activities girls were involved in were fetching water, washing clothes, going to the market, delivering food, fetching firewood, cleaning the house and front yard, cleaning utensils, child care, house security and cooking. A significant part of the burden of the work done by girls subsequent to their enrolment was done by the female members of the family, especially the mother. Male members take up outside activities, but with the majority of boys in schools, the work was initially transferred to girls, and now it went back to adult male members. This study found that sibling care was not an issue as this work was not reallocated. The current study indicated the elaborate arrangements made by family members to retain their children in schools. The study also indicates that in order to withdraw girls from work, the mother has to be strongly motivated since

she is the one who has to bear the brunt of the withdrawal of the girl child from work.

Key Words : 1.CHILD LABOUR 2.GIRL CHILD LABOUR 3.GIRL CHILD 4.HOUSEHOLD ACTIVITY 5.ROLE OF GIRLS IN HOUSEHOLD 6.GIRLS EDUCATION.

CHILD WELFARE

4. Custer, Caroline et al. (2005).
Adolescent migration in Udaipur district : an investigation into the causes and consequences. Udaipur : Seva Mandir. 95 p.

Abstract : A large number of youth, both males and females, regularly migrate out of their families for work independently, and live away from their houses and villages for a significant part of the year. The present study was done to assess the causes and consequences of adolescent migration and its impact on the families and communities. Data was collected from 172 adolescents and 296 households through a survey in 9 villages from three blocks in Udaipur district Rajasthan. 68% of the respondents were between 15-18 years, 12% were 10-12 years of age, and 20% adolescents were in the age group of 13-15 years. The families studied were almost entirely small scale owner cultivators who met their basic consumption needs from their own lands. But it was found that due to drought, population growth and large families, land cultivation had decreased and overall crop production was far below normal levels. This led to widespread deficits. Data showed that adolescent migrant households not only contained more people and more adolescents, but they contained fewer dependent people, due to which the dependence of households increases on wage labour. The community people and households reported that due to low rainfall, cultivation of land had reduced and unemployment increased, which gave rise to adolescent migration. Around 40% adolescents reported that their family made the decision for them to migrate because their family would not be able to survive if they did not go. It was found there were also particular circumstances that contributed to distress conditions and led to the need to migrate. These particular compulsions related to social expenses on weddings, *mautana* (death)*, mehman jana* (guests), *mrityu bhoj* (death feasts), expenses on education, health, food deficits, etc. Adolescent migrants' income not only met these immediate demands, but also to made up for the loss of income of parents. Several parents reported that due to economic distress and compulsions they had to send their children/ adolescents to work. On the other hand, 16% adolescents reported that they migrated to earn money for themselves. Other

reasons given by adolescents for migration were for freedom and fun, and the influence of peers. Data showed that all the migrant adolescents had to suffer several problems at the work site, which included economic exploitation by contractors, sexual abuse of girls, risks associated with unsafe sex at the worksites, severe health risks posed by pesticides on the cotton fields, dangerous machinery in factories, eve-teasing, lack of facilities for cooking and bathing, living in the open, etc. On the more positive side, adolescents expressed satisfaction that they were earning money and controlling their own earnings, and adolescents also enjoyed working alongside and living with peers and friends. Adolescents had to leave school and around 94% adolescents had not attended school. There was no evidence found that their remittances were invested productively by their families. The study suggested that broad strategies should be made for interventions to mitigate problems faced by adolescent migrants and capitalize on the benefits.

Key Words : 1.CHILD WELFARE 2.ADOLESCENT MIGRATION 3.MIGRATION 4.MIGRANT WORKER 5.OUT OF SCHOOL CHILDREN 6.EXPLOITATION OF CHILDREN 7.ADOLESCENT 8.ADOLESCENT GIRL 9.WAGE EMPLOYMENT 10.EMPLOYMENT ADOLESCENT 11.UDAIPUR 12.RAJASTHAN.

5. Deolalikar, Anil B. (2004).
Attaining the millennium development goals in India : how likely and what will it take to reduce infant mortality, child malnutrition, gender disparities and hunger-poverty and to increase school enrollment and completion ? New Delhi : World Bank. 132 p.

Abstract : The Millennium Development Goals (MDGs) have become the most widely accepted yardstick of human development efforts by Governments, donors and NGOs which are to be achieved by 2015, from their levels in 1990 (UN 2000). This report focused on the attainment of 5 major human development related MDGs by sub-national units in India - child and infant mortality, child malnutrition, schooling enrollment and completion, gender disparities in schooling, and hunger – poverty. Data was collected state-wise through NFHS (1992-93, 1998-99) and NSS (1993-94, 1999-2000). Data showed that infant mortality (IMR) has declined impressively in India from 130-140 infants deaths per 1000 live births in early 1970s to 68 in 2000. States such as Uttar Pradesh and Bihar which had among the highest IMRs in the country in 1981, were among the top performers in IMR reduction over the period 1998-99. The study showed that if the poor states were simply brought up to the national averages in terms of coverage of sanitation, road access, electricity, antenatal care, tetanus immunization, female schooling, etc., the cumulative reduction in IMR in poor states would be of the order of 12 infant deaths per 1000 live births (16%), which showed that infant mortality in poor states could

decline substantially with a combination of interventions. A comparison of data on Child Malnutrition from two rounds of NFHS showed a modest decline from 52.7% to 47% between 1992-93 and 1998-99. Child underweight rates vary from a low 24-28% in the Northeastern States and Kerala, to a high 51-55% in the states of Bihar, Rajasthan, Uttar Pradesh, Madhya Pradesh and Orissa. Several factors contributed to the high rates of child malnutrition in India: poor maternal nutrition leading to low birth weights, poor infant feeding practices, large disparities in public expenditure on nutrition, etc. Gross primary enrollment rate, which was only 43% in 1950-51, reached 100% by 1990-91, and has fallen slightly since then. The average gross primary enrollment rate of 95% for the country in 1999-2000 masks wide variations across states. Kerala had the highest enrolment rate (92.1%), followed by Goa, Maharashtra, Karnataka and Tamil Nadu. The Northeastern states and Bihar, Madhya Pradesh, Uttar Pradesh and Rajasthan ranked at the bottom, with primary completion rates of 50% or lower. Results also show that crime against women, as proxied by the number of cognizable kidnappings of women and girls per capita in a district, was inversely associated with both school attendance and completion by girls. Gender disparity in school enrollment showed that between 1980-81 to 1999-2000, the largest relative gains for girls occurred in Haryana, where the ratio of females to males enrolled in primary school nearly doubled, whereas gross primary enrollment rate in females in last 50 years nearly doubled from 41% in 1950-51 to 81% in 1993-94. In 1999-2000, more than 53% of India's population consumed fewer calories than required, which came down from a level of 60% in 1993-94. There were large inter-state variations in the extent of hunger-poverty, with Assam topping the list, where nearly 78% of the population was calorie deficient, whereas Jammu and Kashmir, Rajasthan and Uttar Pradesh have the lowest rate of calorie deficiency (30-38%). The study suggested that there is need for systematically monitoring of Millennium Development outcomes and evaluating the impact of public programmes.

Key Words : 1.CHILD WELFARE 2.MILLENNIUM DEVELOPMENT GOALS 3.INFANT MORTALITY 4.CHILD MALNUTRITION 5.GENDER BIAS 6.GENDER DISPARITIES 7.HUNGER-POVERTY 8.POVERTY 9.SCHOOL ENROLLMENT 10.PRESCHOOL EDUCATION.

6. Jhajharia, Shweta. (2001).
Impact assessment of bal samuh on the educational status, social awareness, and value systems of the associated children. Udaipur : Seva Mandir. 30 p.

Abstract : Bringing about social change through the involvement and participation of children was tried by Seva Mandir in rural areas of Udaipur district. Bal Samuh

(Children's Group) was started on 14 November 1986 at Chamanpura and Ambamata villages of Udaipur district. It is a group of young children aged 6-15 years, and the Samuh provides a conducive environment to Harijan children where they can study. Bal Samuh Study, Bal Mela (fair), awareness camps, and Bal Samuh Library are the various activities conducted by Bal Samuh. It also helps poor children through donations and teaches them English. Bal Samuh had a positive influence on Harijans families via their children, and it advocated strongly about social issues like untouchability, reservations, and vices like alcoholism, drugs, tobacco usage, etc. The Bal Samuh teacher mentioned that parents did not show involvement initially and the enrollment was very poor, but when meetings were conducted with around 8-10 ladies and the credibility of the initiative explained, their involvement increased immediately. Mothers got their children enrolled and there was positive impact on their studies and enrolment. Two new Bal Samuhs were opened on 1st October in Shivaji Nagar, and their target was increasing enrollment. When the categorization of Bal Samuhs was done on the basis of relevance and performance, some Bal Samuhs were high and some were low on relevance. This did not mean that education effort was not required in that area. It was found that even elders had a very negative approach towards education, which needs to be changed. Regarding this problem, only Bal Samuhs can make a difference, and it is hoped that new Bal Samuhs will be high on relevance and high on performance parameters. Regular meetings should be conducted between Bal Samuh instructors and parents. Performance based incentives should be given to teachers, and frequent and surprise supervision should be done of the Bal Samuhs.

Key Words : 1.CHILD WELFARE 2.GROUP FORMATION 3.GROUPS 4.CHILDREN'S GROUPS 5.BAL SAMUH 6.EDUCATION CHILDREN 7.IMPACT OF BAL SAMUH 8.UDAIPUR 9.RAJASTHAN.

7. United Nations, Secretary General, Geneva. (2006).
Violence against children in the countries of South Asia : the problem, actions taken and challenges outstanding. Geneva: UN-SG. 24 p.

Abstract : No one knows better than children the violence that they face in their daily lives. In India, an estimated 30 million children belong to families living in conditions of acute distress and deprivation. Violence against girls, child labour, children living on the streets, trafficking, violence in schools and violence in conflict situations are some hard realities of society. Although there are frameworks and policies in place to tackle violence, implementation has lagged behind. Even with scarce resources much can be done, but social services need to be prioritized in the allocation of the national budget, and spending on children is important. In India, Crime against Women Cells in police stations investigate cases of violence against women and children. Of the 900,000 sex workers in India, 30% are

reported to be girls below the age of 18 years. India has the largest number of working children in the world. According to International Labour Organisation (ILO), the number of child labourers is now near 23 million. There are almost 75 million children who do not go to school, who are not counted in these figures, and they may also be working. Violence varies from physical punishment meted out in the guise of discipline to organized trafficking and sexual exploitation; from female foeticide and infanticide to the violence of malnutrition and neglect, early marriage of girls, and abuse of working children by the people who employ them. Actions to end violence and protect children begin with developing a solid platform for action, national plans and a legislative framework that has children at its heart. Integrated Child Development Services (ICDS), an early childhood care and development programme in India, reaches out to almost 9 million expectant and nursing mothers and 54 million children under the age of 6 years. Its focus is child survival and growth but it also provides a framework in which work is now beginning to protect children from violence. Emergency helpline services, called Childline now exist in India, and there are some shelter and transit homes for children, where medical care, legal services, counselling and vocational training is provided. The issue of violence can be addressed by empowering children, building their self-esteem, and providing them with information and options. While a number of existing projects and programmes aim generally to reduce children's vulnerability and support children in need, specific violence reduction programmes and initiatives aimed at protecting children from violence in its most extreme forms are still lacking. In the Penal Codes of India, rape laws do not protect boys. Enforcement of laws needs priority attention. Child friendly mechanisms should be set up to allow children to seek help and lodge complaints. More support services for children who have suffered violence are required. Violence against children needs to be put on the agenda of national and international donors, including international NGOs.

Key Words : 1.CHILD WELFARE 2.VIOLENCE AGAINST CHILDREN 3.CHILD ABUSE 4.CORPORAL PUNISHMENT 5.CHILD LABOUR 6.EXPLOITATION OF CHILDREN 7.SOUTH ASIA.

DESTITUTE CHILD

8. Jong, Kaz de et al. (2006)
Kashmir : violence and health : a quantitative assessment on violence, the psychosocial and general health status of the Kashmiri population. Amsterdam, Netherlands : Medecins Sans Frontieres. 30 p.

Abstract : The Kashmiri population living in India has been both witness to and victims of violence, involving a number of groups with different aims over the past

few decades. The study focused on assessing psychosocial and general health status, as well as psychosocial coping mechanism of the Indian Kashmiri population. The survey was undertaken in two rural districts, namely Bedgam (Beerwah medical block) and Kupwara (Kralpora medical block) during mid 2005. Data showed that almost half of the respondents (48.1%) mentioned that they felt safe only occasionally or never, and they had to suffer crackdowns, frisking by security forces, round-up raids, damage to property, burning of houses, mistreatment, humiliation and threats. It was found that nearly one in ten people (9.4%) lost one or more members of their nuclear family because of violence. Violence or threat of physical violence seemed to have a significant effect on mental health. Just under half of those interviewed reported that they were unhappy to the extent that a substantial number of people admitted to having thoughts about ending their life (33.9%). A substantial number of people reported their physical health as being bad (22.7%) or very bad (7.1%) in the 30 days prior to the survey. Around 63.9% respondents reported that they visited clinics frequently, and some (15.3%) had visited doctors even four or more times in the past 30 days. Nearly half (49%) of those interviewed reported being able to carry out their usual activities for four or more days. Almost 11.6% interviewees mentioned that they had been victims of sexual violence since 1989. People dealt with stress by isolating themselves (22.3%) or becoming aggressive (16%). Among children the major effect of the violence reported was fear (24.6%). School related problems also scored high, such as being unable to attend school (15.5%). The study suggested there is urgent need of community based mental health services all over Kashmir. Also, health authorities should implement their stated policies, and prioritize the immediate implementation of community based psychiatric and counselling services in Kashmir.

Key Words : 1.DESTITUTE CHILD 2.TERRORIST VIOLENCE 3.TERRORIST VIOLENCE VICTIMS 4.VICTIMS OF TERRORIST VIOLENCE 5.WOMEN AND CHILDREN 6.CHILD VICTIM 7.KASHMIR.

9. Seva Mandir, Udaipur. (2005).
Abuse of children. Udaipur : SM. ~60 p.

Abstract : Child abuse is both shocking and common place. Child abusers inflict physical, sexual and emotional trauma on defenseless children everyday. The present study was undertaken to find out the incidence of child abuse in schools. The study also reveals the probable reasons for child abuse, and suggests ways that can help Seva Mandir in preventing occurrence of child abuse. The study was carried out in 3 villages of Kherwara block in Udaipur district. Data was collected using a self designed questionnaire administered to the sample surveyed,

unobtrusive observation of children, and visit to schools. A mix of quota and snowball sampling technique was used. Parents of 84% children were satisfied with the level of their performance. The use of a stick to correct the faults of children was considered right by 96% parents, while 20% parents said that they would do nothing to correct the situation. Only 6% parents believed that they should go to the teacher and converse with them. 47% students stated that they became fearful when they thought about their teachers. 40% of the students became very uncomfortable when they thought about their teachers. 93% students confirmed that they felt very happy going to school. When asked which animal would best represent their teacher, 57% of the respondents chose the picture of a black cobra, 14% a black panther, 10% a tiger, and 20% a beautiful horse. Parents can play a major role in determining the degree of abuse a child is subjected to. If the parents continue to believe that physically abusing the child is a necessary part of education, then very little can be done to prevent the incidences of child abuse. There is need to make parents aware of the rights of the child to a life without abuse, and parents should delay their need for personal gratification from the child. Teachers should be aware of alternative means of establishing discipline among students. Parents must be made aware of the need for a healthy atmosphere at home for the complete development of the child. There is also a need to involve the common man in all these efforts

Key Words : 1.DESTITUTE CHILD 2.CHILD ABUSE 3.CHILD SEXUAL ABUSE 4.CORPORAL PUNISHMENT 5.BEATING 6.DISCIPLINE IN SCHOOLS 7.RAJASTHAN.

EDUCATION

10. Juneja, Nalini and Nandi, Nabanita. (~2000).
Metropolitan cities in India and education of the poor : the city of Indore : an educational profile. New Delhi : National Institute of Educational Planning and Administration. 47 p.

Abstract : In Indore, an estimated 343,000 children in the population will be entitled to free and compulsory state-provided education in the year 2001. 77.1% of the total population of 1,091,674 were literate in 1991 (84.9% males and 68.4% females). About 33% of the city's population was living in slums, and the literacy rate in slums was 46.4% for males and 20% for women respectively, as against 71.92% and 57.61% for the city. Indore has a higher average literacy rate than the rates for the urban population of Madhya Pradesh state and India, but the literacy rate of weaker sections of the population lags far behind. Indore would have to

achieve the enormous task of enrolling and retaining almost 343,968 children in the age group 6-14 years in Classes I to VIII in 2001 before it can claim to have achieved universalisation of education. In 1998 there were about 261,206 children enrolled in various schools. This enrollment information may not be accurate because many private schools allegedly did not send information to the district office. 'Nirmay', a UNICEF sponsored project started in 45 slum areas, found that out of 13833 children 12962 were enrolled. In Indore the largest number of schools were under private management of religious bodies, charitable trusts, private educational foundations, industrial houses and companies. The private unaided sector runs 71.5% of the number of schools, but carries only 48.02% of the enrollment. The State government schools, though fewer in number, carry 38.5% of the enrollment, while the aided sector with only 4.8% of the schools carries 13.04% of the enrollment. In 1998 there were only 2 central government schools. Slum children are grossly affected by the present urban set up. They are forced to live a life of struggle. The problem of street children is the inevitable consequence of urbanization. A few organizations like Shradha and World Vision are working for street children but all the agencies are able to cover only 28.5% of the slums, and they have generally failed to reach the poorest of the poor. In the absence of planned areas, migrants continue to settle in new slums on pavements and roadsides, so their children do not appear to be the concern of educational authorities, are not focused on adequately by NGOs, and there is no constant review of the situation in respect of new settlements and their access to rightful facilities. In the absence of complete information, any educational statistics are meaningless and this situation may also need to be resolved. Identifying the role of educational authorities at the city level is the first step towards the setting up of a mechanisms for periodic diagnosis of the situation. The present 'shot in the dark' strategies can not hold much hope for purposeful change for the future.

Key Words : 1.EDUCATION 2.EDUCATION FOR ALL 3.SLUM CHILDREN 4.INDORE 5.ROLE OF NGOS 6.ROLE OF VOLUNTARY ORGANIZATIONS.

11. Pratham, New Delhi. (2007).
Annual status of education report (rural) 2006 : provisional : January 5, 2007. New Delhi : Pratham. 174 p.

Abstract : The purpose of Annual Status of Education Report (ASER) 2006 rapid assessment survey in rural areas was twofold: to get reliable estimates of the status of children's schooling and basic learning (reading, writing and math ability) at the district level; and to measure the change in these basic learning indicators and school statistics from last year, ASER 2005. In ASER 2006 rural, the sample size was 30 villages per district and 20 households per village at all India levels.

Data showed overall enrollment in ASER, 2005 to be 93.2% in the 6-14 years age group, which remained steady in ASER 2006 (93.2%). In the 7-10 years age group, national enrollment stands at 95.3% and in the 11-14 years age group it was 91.1%. Among girls in the 7-10 years age group, more than 95% girls were enrolled in school in most states except Rajasthan, Bihar, Orissa and Jharkhand, and 10% - 20% girls in the age group 11-14 years are out of school in many states, particular in Rajasthan and Bihar where there are 19.6% and 17.6% girls out of school. Data showed that eight states have more than 30% children in non-government run schools and 10 states have between 15% and 30% children in non-government run schools. Overall more boys (20.4%) were in private schools than girls (16.8%). Learning levels for Standard I-II in reading at all India level was 74.5% in 2006 which increased by 4.3% compared to last year (70.3%). Reading learning levels for Standard III-V in 2005 was 67.4%, and in 2006 it was recorded to be 66.2%, which was a very minor change. Learning levels for Standard I-II mathematics showed a gain of 5.3% points up from 55.3% (2005) to 60.6% (2006), and in Standard III-V a gain of 4% points from 60.7% (2005) to 64.7% (2006) was found. Comprehension was measured for the first time in ASER 2006, and it showed that if a child could read Level 2 text fluently, his ability to answer comprehension questions was high, and by Standard IV, over 90% fluent readers were able to answer simple comprehension questions. Among mothers in the age group 17-55 years, 52.02% had not been to school, but 52.87% could read a Level 1 text book; and among those mothers who had no schooling, the chances that their children will be out of school was much higher, almost 10% compared to their schooled counterparts (2.5%). At all India level, enrollment in anganwadi or balwadi was 68.6% for 4 year olds, and by the time they were 5 years old, a large majority (84%) were either in anganwadi/ balwadi or in school, and at the age of 6 years most of them (88.4%) were in school. The study suggested that the quality of adult literacy programmes should be improved. Attention should also be paid to learning programmes that allow children to complete the elementary cycle in 4 years instead of the usual eight, with an emphasis on reading comprehension. Efforts should target to educate mothers, as mothers serve as a multiplier when it comes to educating their children.

Key Words : 1.EDUCATION 2.PRIMARY EDUCATION 3.SCHOOL EDUCATION 4.LEARNING ACHIEVEMENT 5.QUALITY EDUCATION 6.EDUCATION RURAL AREAS 7.OUT OF SCHOOL CHILDREN 8.EDUCATION STATISTICS 9.STATISTICS EDUCATION 10.RURAL EDUCATION 11.MOTHERS' EDUCATION.

12. Treutner, Anne. (2004).
Educational needs of the young in the village : a qualitative study on livelihood, educational standard and perspectives in Palesar, Kotra Block. Udaipur : Seva Mandir. 19 p.

Abstract : The present study was done to understand the educational needs of rural youth by assessing their life skills and knowledge sources, their life standard and their perspectives in Palesar, Kotra block, in Udaipur district, Rajasthan. Data was collected by interviewing 32 persons. Out of 32 persons, 21 were literate and 11 were illiterate. All respondents belonged to joint families with 3 generations living in one house, and having at least 3 children per couple. The daily routine of the respondents was a little bit different because they were all farmers. They got up early in the morning, ate breakfast, fetched water, fed the cattle, children either went to schools or to the fields, one person always stayed at home to look after the animals (cows, buffaloes, goats, oxen and chicken). Usually men and boys worked in the field, and women and girls worked both in the field and households. An average family owned 5-10 *bighas* (1-2 acres) of land, where they usually grew wheat, corn, *channa, tuar dal* (pulses) and mustard. Mostly money was spent on seeds, food, clothes and domestic expenses. The food variety consumed was also limited like *maki-roti* (corn bread) and chilli curry, and sometimes *dal* (pulses); vegetables were rarely eaten. Most of the people interviewed claimed to be in very good health and rarely took any treatment. Drinking water came either from hand pumps or from the well, and everybody filtered it, but there was shortage of water. All villagers mentioned that being literate was very important and useful. Apart from farming, everybody in the village knew some other skills like carpentery, tailoring, etc. Everybody loved their village because of good fresh air, clean water, spacious grounds, no disputes among the villagers, location near the river, etc., and nobody wanted to leave Palesar and move to a city. None of the youth saw leaving the village and getting a job in the city as a future prospect, and all said they would marry, have children and be farmers. The study suggested that educational training should be given to both men and women for strengthening their economic position and help them in having better self-esteem.

Key Words : 1.EDUCATION 2.EDUCATION NEEDS 3.EDUCATION NEEDS YOUTH 4.NEEDS OF YOUTH 5.NEEDS OF ADOLESCENTS 6.ADOLESCENT NEEDS 7.ADOLESCENT.

HEALTH

13. Anand, Harpreet. (2005).
Condom promotion study among migrants HIV/AIDS project. Udaipur : Seva Mandir. 35 p.

Abstract : More than 5 million people are estimated to be living with HIV in India, and it is the country with the second highest number of HIV/AIDS people in the world. 84-86% of the HIV infection transmitted in India is due to unsafe sexual contact. Seva Mandir in Udaipur city works among the migrant community to educate them about condoms and bring long term behaviour change about sex and sexuality in the target group. CARE, the project supported by Seva Mandir, advocated the social marketing of condoms to combat the HIV/AIDS epidemic. In this study, 89% migrants interviewed were males and the remaining 11% were females. 90% were married and 10% were unmarried. 80% said that they had knowledge about condoms, and 37% utilized them. Condom use was not high among the migrant group; 63% have never used it, 35% sometimes and 2% always used condoms. 11 migrants used it with their wives; 12 with others; 13 with both, their wives and others. 63% of the migrants engaged in extra marital relations. 19% used free government condoms, 10% used condoms bought from stores, and 8% used both sources. 52% had knowledge regarding correct condom use. 27 persons reported that they could not afford to buy them. 22 said that they felt shy purchasing condoms. The findings of the study revealed that 80% of the migrants knew about condoms. 52% had correct knowledge, but only 37% had used condoms in the past. It was critical to the Project Team to understand the gaps in knowledge about condom usage. To bring about effective behaviour change related to condom use, the Study Team needs to plan a condom promotion strategy. Gender inequality and negotiating safe sex with their partners is very difficult for women and often results in violence. Thus, educating and empowering women is an important component of the condom promotion strategy. As most of the migrant population is illiterate it would be useful to create information education communication (IEC) material that is more visual and relies more on pictures rather than words. An effective condom social marketing strategy is one that improves access, increases awareness, and generates demand.

Key Words : 1.HEALTH 2.FAMILY PLANNING 3.CONDOM 4.AIDS PREVENTION 5.HIV/AIDS 6.SEVA MANDIR PROGRAMME 7.RAJASTHAN.

14. Desai, Nimesh G. et al. (2004).
Urban mental health services in India : how complete or incomplete ? New Delhi : Institute of Human Behaviour and Allied Sciences. 18 p.

Abstract : Urban health is likely to be one of the momentous challenges of the 21st Century. The present study assessed the distribution, availability of tertiary mental health services and human resources in specialist mental health facilities, average service load, mental health service gap, and perception of the users and service providers. Data was collected from 3 cities namely Chennai, Delhi and Lucknow through survey and interview. The results indicate uneven availability of mental health services, human resource deficit specially for non-medical mental health professionals, and mental health service gap ranging between 82% to 96%. The service load carried by the private sector ranges from 46% in Lucknow and 47% in Chennai to 62% in Delhi. The Relative Mental Health Service Gap was large in each of the three cities, 96% in Chennai, 92% in Delhi and 82% in Lucknow. Around 33% to 50% of the patients that reached the treatment centres in Delhi and Lucknow had Common Mental Disorders (CMD). The major barriers regarding mental health services were financial problems, transport related problems, stigma and lack of awareness in all the 3 cities. The average mental health service load in the primary care general health services was largely carried by the private sector, with significant contribution from the non-formal service providers. It was suggested that there should be assistance, facilitation and reorientation of the National Mental Health Services/ Programme in different sectors in urban areas, and also active policy planning and implementation for building human resources for specialist mental health services, mainly of non-medical mental health professionals.

Key Words : 1. HEALTH 2.MENTAL HEALTH 3.MENTAL HEALTH SERVICES 4.URBAN AREAS 5.URBAN MENTAL HEALTH SERVICES.

15. Gross, Miriam. (2001).
An Evaluation of Seva Mandir's HIV awareness programme. Udaipur : Seva Mandir. ~150 p.

Abstract : Seva Mandir's programme on AIDS prevention first started in 1992 with a large proportion of truckers and commercial sex workers (CSWs) operating on National Highway Number 8 in Udaipur. CSWs lived in and generally married into villages along the side of the highway and they were instrumental in transmitting STDs to local communities. Seva Mandir's programme was enlarged to include AIDS Awareness Programme. A few factors that define the current mindset towards HIV are traditional attitudes towards sexuality, gender relationships,

poverty, illiteracy and population size. The growing population of India makes it very difficult to find resources to make substantive changes medically, educationally or economically. Although premarital sex is not socially acceptable in rural communities, estimates range widely from 1% to more than 50-60% of the tribal people having had sex before marriage. According to Dr. Bohra, a researcher involved in the survey, most girls marry before puberty around 11-13 years, but they generally remain at home for 2-3 more years until after puberty. Dr. Kirti, a researcher involved in the survey, guesses that among adults extra marital sex might possibly be around 10-20%. Seva Mandir had made condom boxes available in *dhabas* (eating places) on the highways and in road side villages. The situation regarding STDs was more difficult because wives did not know what husbands had been doing. When they had been working outside, the wife herself could be accused of extra-marital relations if her STD status was discovered. The total number of patients treated in STD clinics in 1999 was 4,285. In Rajasthan, the State Government conducted awareness campaigns to educate and identify individuals with STDs and a pilot HIV/STD and sex education programme was launched. Seva Mandir also began an HIV Awareness Programme. There are a wide variety of messages that doctors felt would be helpful in preventing HIV disease. They felt that the final goals of the programme should include not only HIV and STD awareness and knowledge, but also induce behaviour change in terms of condom use, if the initial awareness programme was really good. Dr. Ashok, a researcher involved in the survey, believed that in terms of impacting on prevention, it is extremely crucial to try and convince people to get tested for HIV/AIDS. It must be done carefully, otherwise one can implicate the whole male population as being immoral.

Key Words : 1.HEALTH 2.AIDS AWARENESS 3.SEVA MANDIR PROGRAMME 4.HIGHWAY PROSTITUTION.

16. Institute of Development Studies, Jaipur. (2002).
Appraisal of NGOs to implement AIDS control project. Jaipur : IDSJ. 31 p.

Abstract : AIDS has become a public health hazard since India had 3.68 million HIV/AIDS patients in 2000 and 5 million in 2006. No cure or vaccine is yet in sight, so the only mode of controlling it is prevention. The key to prevention lies in information, education and communication. In the present appraisal, certain aspects of 20 short listed NGOs working in 9 districts of Rajasthan were analyzed. Organizational structure, operational strategies, implementation processes, operational area, professional competence, completed and on-going projects, target groups, strengths and weaknesses were analyzed, and remedial measures suggested for overall improvement. An efficient planning, monitoring and

evaluation system and documentation process was also considered as the strength of the organization, though the systematic process followed could not be explained by any NGO. It was also checked whether efforts were made by NGOs to provide sustainability to projects. The main problems faced were related to finance and paucity of devoted workers in rural areas. Due to lack of finance and support, organizations had to restrict their campaigns and other activities. While some organizations maintained documentation and evaluation reports, it was not so with all of them. Most NGOs could not explain their planning, monitoring and evaluation system for any specific project. Moreover, it was observed that some organizations implemented programmes in their area, but rarely made moves to maintain sustainability by motivating the beneficiaries to form youth clubs, *mahila mandals* (women's groups), self help groups, etc. Also, when various departments were approached, viz, collectorate, department of health, department of education and social welfare, etc., it was observed that the officials were hardly aware of the activities of NGOs. RCHOs were not even conversant with the names of most of the NGOs working in their district on health issues. For HIV/AIDS prevention strategies to be successful, information, education, communication and media has a great role to play. To combat preventable infections, people need information to inspire change in their habits and practices, and for this specific strategies are essential. Awareness programmes are an effort in this direction. The public and policy makers should be sensitive and realistic about society's cultural roots. Follow up and an intensive monitoring system regarding working of NGOs should be given importance to maintain the tempo of activities performed by NGOs at the grass roots level.

Key Words : 1.HEALTH 2.AIDS NGOS 3.APPRAISAL OF NGOS 4.AIDS PREVENTION 5.RAJASTHAN.

17. Lyngdoh, Bremley A.B. (2004).
A Study to determine the factors contributing to the low rate of immunization among children and pregnant women in Girwa and Kotra blocks served by Seva Mandir. Udaipur : Seva Mandir. ~35 p.

Abstract : Seva Mandir started working in the area of health in 1984, with the objective of providing primary health care services to the rural and tribal masses. The present study was done to determine the factors contributing to the low immunization rate among children and pregnant women in Girwa and Kotra Blocks served by Seva Mandir in Udaipur, Rajasthan. Data was collected through interviews of auxilliary nurse midwives (ANMs) and *parivaar saathis* (family welfare functionaries). In Girwa Block, scheduled immunization sessions for the months of August and September 2004 were not held in 2 of the 4 sub-centres. In Girwa

block, there were no sessions/ camps held at the 2 villages under the Katia sub-centre and hence the number of children and pregnant women immunized in these areas was expected to be low. These was no report about people's unwillingness/ resistance towards immunization in the villages except in Kojakgura village, where, according to the *parivaar saathi* who worked there, 10% households were still unaware about immunization. In Girwa block, supply of paracetamol tablets was adequate, but supply of syringes and needles was found to be inadequate. Each *parivaar saathi* reported that they met Government ANMs routinely for the immunization. In Kotra block, according to ANMs, scheduled immunization sessions were held in all the 4 Sub-Centres. Supply of vaccines and paracetamol tablets in almost all the sub-centres was adequate, but extra disposable syringes and needles always had to be bought from pharmacy stores. According to *parivaar saathis*, immunization sessions held in villages were not proper and the most affected village was Paleshar in Kotra zone. All the *parivaar saathis* interviewed reported that they started contacting the beneficiaries to come for immunization 2 days prior to the scheduled day of the session/ camp. It was suggested that health surveys should be conducted in all the blocks to check whether immunization sessions were held or not. Also, health education programmes should be organized by the Government to make people aware about the benefits of immunization.

Key Words : 1.HEALTH 2.IMMUNIZATION 3.IMMUNIZATION COVERAGE 4.WOMEN AND CHILDREN 5.RAJASTHAN.

18. Pareek, Satendra, Sanadhiya, Monisha and Rothagi, Parul. (2001).
Child health and nutrition status : a comparative study Barawa. Udaipur : Seva Mandir. ~50 p.

Abstract : To bring out the prevailing profile of health and nutritional status of children aged 2-5 years attending the balwadi and anganwadi schools at Barawa, and to draw out the most prevalent nutritional disorders, this study was carried out in Barawa village of Udaipur district. The total population of Barawa is 500, spread over 340 hectares. Population comprised mainly Bhils, *rebaris* and rajputs. Agriculture and livestock rearing are the main sources of livelihood. One Balwadi school was being run by Seva Mandir. A model structured and close ended questionnaire was developed for obtaining data regarding the health and nutritional status of children. Anthropometric measurements of 59 children was taken and compared with available standards. Data was collected through participatory rural appraisal method, and exploratory home visits. Information was gathered regarding immunization status, breastfeeding, introduction of complementary foods, nutrient intake, and occurrence of deficiency diseases. Out of 59 children, 14 children were born with weight less than 2.5 kg. 42% of the children were observed to be

suffering from Vitamin A deficiency. Out of these, 34% were females and 48% were males. About 46% of the children were observed to be anaemic in the village. It was also observed that balwadi children were less prone to anaemia with 41% suffering from anaemia as compared to anganwadi (50%), school going (50%), and rest (48%) of the children. About 79% males and 88% females had suffered from one of the respiratory infections in the last six months, 69% children suffered from eye, ear, and skin infections in the last one year. Around 78% of the children had long duration fever in the past one year. 27 children out of 59 (45%) suffered from diarrhoea in the last one year. 28% suffered from measles, once in their life time. Vaccination rates were about the same as in Rajasthan. Out of 59 children, 25 (43%) had BCG vaccination and the same number of children had DPT immunization. Stunting was measured by Anthropometric Index. 32 children out of 59 (54%) were found to be in normal condition, 27 (46%) children were stunted, and 15 (25%) children were severely stunted. This condition was worse compared to Rajasthan, where only 19.5% were wasted. The indicators show clear gender bias in nutritional status. After 72 hours of delivery, babies are given breast milk. Supplementary milk is generally given after 6-8 months of age. In the case of a working woman, the child is looked after by the elder sibling or grandmother. Strengthening the team coordination of Seva Mandir in Barawa will motivate the villagers to adopt nutritional and health practices beneficial to the child. There should be close collaboration between Government and voluntary organizations to achieve better results.

Key Words : 1.HEALTH 2.CHILD HEALTH AND NUTRITION 3.CHILD HEALTH 4.CHILD NUTRITION 5.COMPLEMENTARY FEEDING 6.RAJASTHAN.

ICDS

19. Gadkar, V.D. et al. (2006).
Situational analysis of anganwadi workers training centres in Jharkhand. Lucknow : NIPCCD, Regional Centre Lucknow. 90 p.

Abstract : This study was undertaken to assess the existing infrastructure and training facilities available in the AWTCs; to identify the gaps in training; to assess the knowledge, understanding and skills of trained AWWs in work situations; to find out the problems faced by AWTCs in the organization of training; to suggest measures to strengthen the overall functioning of AWTCs; and to suggest common minimum standards for AWTCs. At the time of data collection, there were 5 AWTCs functioning since many years in Jharkhand, and 23 more AWTCs were being set

up to clear the backlog of training of ICDS functionaries. The Government of Jharkhand had started 7 additional AWTCs recently to clear the backlog. Of the five old AWTCs, four had been selected randomly for assessment. Head of the ogranisations, principals of AWTCs, instructors, trainee anganwadi workers and trained AWW with 1-3 years of working experience at AWCs were selected for collecting detailed information. The findings revealed that the job training course (JTC) was of 30 days duration with 26 working days. Of these, three days were allocated to field visits and four days for supervised practice at the AWC and in the community. Refresher courses of 6 days duration were also organized for AWWs, who had worked for at least 21 months in ICDS projects. The syllabus of the JTC and refresher course for AWWs and helpers was revised by NIPCCD, keeping in view the job functions, qualifications and the skills required by AWWs to run the programme efficiently. All the AWTCs selected were run by voluntary organizations with financial support from the Government of Jharkhand. Holy Cross, Ranchi was oldest among them (1978). The survey covered rural, urban and tribal areas. It was found that there was wide variation in infrastructure, experience of staff, teaching methodologies, transaction of training and management of training centres, etc. among these locations. Mahila Dastkari Vidyalaya AWTC was located in a rural area but most of the facilities were available there, including 24 hours transport facility. The suggestions were made on the basis of the findings. The buildings of AWTCs need proper maintenance, and there should be provision for repair and whitewashing. AWTCs located in urban areas should provide either a desk or table for writing in classrooms with durries. There is a need to organize training programmes for instructors on all the new topics like Participatory Learning and Action (PLA), communication counselling, Integrated Management of Childhood Illnesses (IMCI), training techniques and guidance for organizations of observational visits and supervised practices in the field. Thus, AWTCs should be provided with required component-wise training material for conducting training programmes. The teaching staff should maintain a diary of classes taken, aids prepared and used. The performance of the visiting lecturers should be reviewed at the conclusion of the course.

Key Words : 1. ICDS 2.ANGANWADI WORKERS TRAINING CENTRES 3.AWTCS 4.EVALUATION OF AWTCS 5.JHARKHAND.

20. Gopal, A.K. et al. (2006).
Three Decades of ICDS : an appraisal. New Delhi : National Institute of Public Cooperation and Child Development. 319 p.

Abstract : Integrated Child Development Services (ICDS) programme continues to be the world's most unique early childhood development programme, which is

being satisfactorily operated since three decades of its existence. The present study was done to assess the existing status of implementation of ICDS programme in rural, urban and tribal areas, identify gaps and problems in the implementation of ICDS, and find out the perception of community and local bodies about ICDS. The study covered 150 ICDS projects from all 35 States and Union Territories. Data from the study showed that only 31% of the households had toilet facilities. Sewage/drainage system was reported in 57% villages under regular ICDS projects and projects assisted by World Bank. About 97% Anganwadi Centres (AWCs) in urban areas, 93% in rural areas and 74% in tribal areas were connected by roads. Around 36% AWCs had health facilities. About 49% of the AWCs had inadequate space for outdoor and indoor activities. Most of the AWCs (60%) were found to be easily accessible to children as they were brought there by their parents, siblings, or older ladies of the locality. Medicine kits were not available in around 44% AWCs. It was gathered that 15% positions of Child Development Project Officers (CDPOs), 48% of Assistant Child Development Project Officers and about 18% of Supervisors were vacant in the surveyed projects. About 66% Anganwadi Workers (AWWs) were of age 35 years and above, and of them 62% had 10 years experience. There were hardly any illiterate AWWs. A large majority of supervisors were above the age of 35 years; they were either graduates or post graduates and had experience of more than 10 years. In 80% projects, supplementary nutrition in anganwadis was arranged by the State Government which procured food items. In some states like Gujarat, Rajasthan, Maharashtra and Madhya Pradesh, where children were found malnourished, they got therapeutic diet cooked in soft (pulverized) form or tinned milk donated by benevolent organizations/ individuals. Maximum coverage of pregnant women was found in tribal AWCs of regular ICDS projects (61.8%) and NGO run ICDS projects (58.3%). Over all 52.8% nursing mothers were registered. Data showed that there was evidently more registration of male children (59.1%) than female children (55.2%), but female children availing supplementary nutrition was high as compared to male children. Eight out of 10 AWWs (79.8%) reported that food was totally acceptable to children and mothers, around 7% found only some of the items of nutrition served as acceptable, and 11% did not find the food items served as acceptable. It was found that AWWs weighed 63.5% of newborn children and mothers. About 75% of the children registered attended the AWCs. On an average, 37 children were registered for pre-school education at AWCs. Pre-school activities (PSE) were conducted by AWWs in almost all the AWCs. Singing songs (95%), story telling (91.7%) and counting were the most common PSE activities which were organized in almost all the AWCs, whereas drawing/ painting/ printing were found in very few AWCs. Data obtained from mothers revealed that 6 out of 10 children (59.6%) between 6 months and 3 years were given Iron Folic Acid (IFA) tablets. About 68.9% pregnant women consumed IFA tablets regularly, whereas 16% took them sometimes, as they did not like the taste. Data showed that 66.1% children were immunized, highest being in rural projects (71.6%), and around 76.2% pregnant mothers received tetanus toxoid immunization. About 77.4%

nursing mothers reported that their children were immunized, and BCG vaccine coverage was the maximum (82.4%). It was found that birth weight of 7% children was below 2 kg. According to AWWs (75.1%), health functionaries conducted health check-up of children. Nutrition and Health Education programme was organized in 69% AWCs. The average number of visits AWWs made to families was highest in urban projects (46.7%). Around 44% AWWs were also rendering services under the Adolescent Girls Scheme (Kishori Shakti Yojana). The objectives of ICDS were not fulfilled properly in all the AWCs, so it was suggested that focus of the Government, community people, CDPOs, supervisors, AWWs, etc. should be on that area. Also, the Government and NGOs should start education programmes and campaigns related to ICDS to teach the community the importance of ICDS in the development of children and women.

Key Words : 1.ICDS 2.EVALUATION OF ICDS 3.SUPPLEMENTARY NUTRITION 4.NUTRITION IN ICDS 5.IMMUNIZATION 6.EARLY CHILDHOOD CARE 7.INNOVATIONS IN ICDS 8.IMPACT OF ICDS 9.ICDS FUNCTIONARIES.

NUTRITION

21. Blue, Julia. (2005).
The Government primary school mid day meals scheme : an assessment of programme implementation and impact in Udaipur district. Udaipur : Seva Mandir. 101 p.

Abstract : In 2002, Government schools in Rajasthan began providing daily cooked meals to primary class students under the national Mid-Day Meal Scheme, which aims to increase enrolment, attendance, and retention while simultaneously impacting on the nutritional status of students of primary classes. This study explores the implementation and results of the Mid-Day Meals Scheme (MDMS) in primary schools of rural Udaipur district, especially those serving tribal communities in subsistence farming villages. The study focused on the experiences of eight primary schools in Kotra, Kherwara, and Badgaon blocks. Field visits were made in Mandwal village, Pareda, Magra and Sagware, Barwaliya (main village, Barwaliya, Bhil Basti) and Chali and Undithal. One of the schools was Seva Mandir's NFE centre in Bhil Basti, a predominantly tribal hamlet located about 3 km. from Barwaliya Government Primary School. Primary class enrolment ranged from 35 in Barwalia (main village) to 150 in Mandwal, and approximate average daily attendance ranged from 28 to 100. Further, 11 teachers in meal programme

schools, 7 cooks, 3 NFE instructors, 63 parents or relatives of primary school children, and 67 primary school children were interviewed. It was observed that the meals were always shared among all the primary class children present; each child who wanted food was given a portion. The portions were approximately 100 grams per child, which was the amount specified under the scheme. Out of 67 children interviewed, 52 said that school meals filled them, while 10 said they still remained hungry. 62 of the 63 parents interviewed claimed that school meals had no effect at all on how many of their children they enrolled in school, how many years the children would study, how often they sent their children to school, etc. Findings indicate that the Mid-Day Meals Scheme has had some impact on enrolment and attendance, but this effect has been uneven across age groups and communities. School meals have boosted enrolment and attendance of the youngest primary school children, but their ability to affect attendance and retention of older students is questionable. Since school meals were usually less nutritious than *roti sabzi* (bread, vegetable) most respondents ate at home, which was a cause for concern. Future improvements to the quality of school meals will ameliorate many of the Mid-Day Meal Scheme's problems and enhance its beneficial effects on both nutritional status and school attendance.

Key Words : 1.NUTRITION 2.MID DAY MEAL 3.MID DAY MEAL SCHEME 4.SCHOOL LUNCH PROGRAMME 5.NOON MEAL PROGRAMME 6.IMPACT ON ENROLMENT 7.IMPACT OF MID DAY MEAL ON ENROLMENT 8.RAJASTHAN.

22. Food and Agriculture Organization, Rome. (2005).
The State of food insecurity in the world 2005. Rome : FAO. 36 p.

Abstract : The world population is expected to grow by approximately 2 billion between the baseline period (1990-92) and 2015. Nearly 600 million people in the developing world will still suffer from chronic hunger. To reach the World Food Summit target of 400 million, the proportion of the population who are undernourished would need to be reduced not by half, but by two thirds. Hunger is a cause of poverty, illiteracy, disease and mortality. 11 million children die before reaching the age of 5 years, and 530,000 women die during pregnancy and child birth. The Tsunami that hit the coastal areas of Asia caused an estimated 240,000 deaths and displaced more than 1.6 million people from their homes. In India, the Tsunami killed 10,672 people and displaced 600,000 persons. Fisheries and coastal agriculture were destroyed in many areas depriving communities of their main sources of food. In rural areas where the vast majority of the world's hungry people live, research shows that a farmer with four years of primary education is on an average, almost 9% more productive than a farmer with no education. Nearly

600 million children die from hunger and malnutrition each year, and lack of essential vitamins and minerals also increases the risk of dying from childhood diseases Millennium Development Goals (MDG) set a target of reducing the rate of death among children under five by two-thirds between 1990 and 2015. Between 1960 and 1990, the number of child deaths fell at a rate of 2.5% each year. Since 1990, the baseline year for the MDG, the pace has slowed to just 1.1%. WHO, UNICEF and Integrated Management of Childhood Illnesses (IMCI) Initiative emphasizes the importance of improved diets and feeding practices at home, and attention paid to the risk of hunger and malnutrition when children are brought to clinics for treatment of common childhood ailments. More than 30% children are born with low birth weight because of malnourished mothers. Hunger and poverty drive men to become migrant labourers, women to turn to prostitution or other sexual relationships, children to drop out of schools, and all face the risk of HIV/AIDS. The International Fund for Agricultural Development (IFAD) and the World Food Programme mapped out a "twin-track approach" for strengthen the productivity and incomes of the hungry and poor, targeting rural areas where the vast majority of them live and the agricultural sector on which their livelihoods depend. Education is an input that reduces hunger and malnutrition. Better education for women is strongly associated with improvement in their children's nutrition and family health. If developing countries gear up their efforts to revitalize agriculture and rural development, and ensure that the hungry have access to food, if donor countries fulfill their pledges to increase development assistance substantially, we can still reach the WFS and MDG hunger reduction targets. We would also progress towards all of the other MDGs as well.

Key Words : 1.NUTRITION 2.FOOD SECURITY 3.FOOD INSECURITY 4.HUNGER 5.ERADICATING HUNGER 6.MALNUTRITION.

23. Nutrition Foundation of India, New Delhi. (2005).
Anaemia in pregnancy : interstate differences. New Delhi : NFI. 31 p.

Abstract : India perhaps has the highest prevalence of anaemia due to iron and folate deficiency, ranging between 50-90% among pregnant women according to Indian Council of Medical Research (ICMR) and other research agencies. The National Family Health Survey (NFHS-2) was the first national survey to measure haemoglobin levels of ever married women aged 15-49 years. According to NFHS-2, anaemia among pregnant women was 49.7%. The Department of Family Welfare funded NFI to carry out a research study in seven states namely Tamil Nadu, Kerala, Himachal Pradesh, Haryana, Assam, Orissa and Madhya Pradesh. The prevalence of anaemia was lowest in Kerala and highest in Madhya Pradesh. Women in Kerala had higher literacy, better housing, better access to mass media

and health care. In Tamil Nadu, more than 90% women were anaemic in both the groups; whereas among pregnant women, 58% in Kerala, and 68% in Himachal Pradesh were anaemic, while among lactating women 60% women in Kerala and 91% in Himachal Pradesh were anaemic. According to NFHS-2, in Assam 60%, Orissa 60%, Tamil Nadu 58%, Haryana 56%, Madhya Pradesh 56%, Himachal Pradesh 30%, and Kerala 20% pregnant women were anaemic; while according to NFI study, in Orissa 100%, Madhya Pradesh 99%, Assam 94%, Haryana 92%, Tamil Nadu 84%, Himachal Pradesh 64%, and Kerala 54% pregnant women had anaemia. Anaemia in lactating women was 70% in Assam, 65% in Orissa, 60% in Tamil Nadu, 59% in Madhya Pradesh, 56% in Haryana, 50% in Himachal Pradesh, and 20% in Kerala (NFHS-2). The NFI study revealed that anaemia among lactating women was 93% in Assam, 92% in Madhya Pradesh, 90% in Haryana, 83% in Tamil Nadu, 68% in Himachal Pradesh, and 32% in Kerala. National Nutrition Micro-nutrient Survey (NNMB), DLHS and NFI Survey reported higher prevalence of anaemia than NFHS-2. The present survey confirmed that there are interstate differences in the mean haemoglobin levels as well as the prevalence of different grades of anaemia, which is a major problem even in children and adolescent girls. Anaemia is a major cause of maternal and perinatal morbidity and mortality. As a large proportion of India's one billion plus population is anaemic, it is imperative that every effort is made to increase the iron and folate intake of the population, and to ensure universal screening for anaemia as a part of antenatal care.

Key Words : 1. NUTRITION 2.ANAEMIA PREGNANT WOMEN 3.ANAEMIA PREGNANCY 4.MICRONUTRIENT DEFICIENCY.

24. Nutrition Foundation of India, New Delhi. (2006).
Double burden of malnutrition : case study from India. New Delhi : NFI. 59 p.

Abstract : In India, there has not been much change in the predominantly cereal based dietary intakes over the last three decades, except among affluent segments of society. In spite of increasing per capita income and reduction in poverty, dietary diversity is seen mainly among the affluent. Undernutrition rates remain high, and nearly one-third of all Indian infants weigh less than 2.5 kg at birth. Incidence of low birth rate is highest among low income groups. Effective management of anaemia, pregnancy induced hypertension and low maternal weight gain during pregnancy can be detected and treated. According to NNMB (1979-2002) there has been a steady decline in under nutrition in children even though the dietary intake has not shown a major change over the years. National Family Health Survey (NFHS) 1998-99 indicates that prevalence of under nutrition in urban areas is half of that in

rural areas. Affluence has led to the emergence of the problem of over nutrition, and this is higher in women as compared to men. Goitre due to iodine deficiency, blindness due to Vitamin A deficiency, and anaemia due to iron and folate deficiency are major public health problems in India. NNBM survey 2002 has shown that anaemia is very high (ranging between 80-90%) in preschool children, pregnant and lactating women, and adolescent girls. All the large national surveys (NNMB-MND, ICMR-MND and NNMB 2001) have shown that clinical Vitamin A deficiency in under five children in the country is currently below 1%. The decline in Vitamin A deficiency signs in children appears to be due to implementation of Prophylaxis Programme against Vitamin A Deficiency, better access to health care and consequent reduction in severity and duration of common childhood morbidity due to infectious diseases. Iodine deficiency disorders have been recognized as a public health problem in India since the 1920s, and the Government of India launched National Goitre Control Programme (NGCP) in 1962 to provide iodized salt to the well recognized sub-Himalayan 'goitre' belt. Data from NNMB surveys, NFHS and DLHS suggest that dietary diversification, better coverage under the National Anaemia Control Programme, administration of massive dose of Vitamin A solution, universal access to iodized salt, and later iron and iodine double fortified salt as some of the interventions that could help India to achieve rapid reduction in micronutrient deficiencies. Prevention of intrauterine growth retardation through antenatal care, and early detection and correction of under nutrition can be achieved through effective implementation of ongoing intervention programmes utilizing the available infrastructure.

Key Words : 1. NUTRITION 2.MALNUTRITION 3.MICRONUTRIENT DEFICIENCIES 4.ANAEMIA 5.DISEASES INDIA 6.OBESITY 7.OVER NUTRITION.

25. Tikku, Nirmal. (2004).
NGOs in three North Indian states. New Delhi : NIPCCD. 19 p.

Abstract : NGOs have important lessons to offer, particularly on how to identify the poorest in the community and how to involve their participation in the process of development. The main aims of the study were to assess the nature and types of programmes being conducted by NGOs to improve the nutritional and health status of women and children; and suggest strategies to improve the functioning of NGOs in three states of north India, i.e., Delhi, Haryana and Rajasthan. It was found that all the selected NGOs were registered with some society. The universe comprised 429 NGOs, of which 222 were in Delhi, while 52 and 155 were operating in Haryana and Rajasthan respectively. Pretesting was done on 238 of the 429 NGOs, and data showed that 45 NGOs were not involved in any related activity.

Elimination of these 45 NGOs left 193 NGOs involved in health and nutrition activities. Only 65 NGOs finally responded and provided the required information, and of these 27 (42%) were in Delhi while 14 (21%) and 24 (37%) were in Haryana and Rajasthan. It was observed that there was no proper mechanism for obtaining and analyzing information on health and nutrition services being provided by voluntary organizations. Lack of coordination and support from Government departments, and inadequate and untimely release of funds were some of the problems faced by NGOs. These NGOs were involved in tackling endemic and emerging diseases like jaundice, TB, malaria and dengue. HIV/AIDS/STDs should be given more emphasis. Some of the current topics like oral health, stress management and diseases caused due to changing lifestyle (like mental illnesses), cardio vascular diseases (CVD), obesity, and anaemia among adolescents, etc. were not dealt with. Each state should have a data bank at district/ state level to obtain information regarding nutrition and health related activities taken up by NGOs. NGOs should take up projects related to the present challenges in the areas of health and nutrition. NGOs should develop skills/ capabilities of their staff as per their job requirements. NGOs should collaborate with academic and other allied institutions and medical colleges to take up projects related to emerging nutrition and health problems. Further, it was also suggested that NGOs should keep a portion of their budget for staff development, and ensure that it is used for the purpose for which it was earmarked. Funding agencies should ensure that appropriate project proposals, as per the requirement of the people, are prepared and approved by NGOs. Therefore, there is an urgent need to form a database on nutrition and health activities undertaken by NGOs, so that outreach of the needed health and nutrition services can be increased by collaboration between Government and NGOs.

Key Words : 1.NUTRITION 2.VOLUNTARY ORGANIZATIONS NUTRITION AND HEALTH 3.NUTRITION AND HEALTH VOLUNTARY ORGANIZATIONS 4.VOLUNTARY ORGANIZATIONS 5.NGOS 6.EVALUATION OF VOLUNTARY ORGANIZATIONS.

26. Tikku, Nirmal. (2004).
Profile and training status of manpower of NGOs working in the area of nutrition and health. New Delhi : NIPCCD. 10 p.

Abstract : NGOs working directly with the people can make tremendous contribution towards achieving the nutritional and health targets set by the Government. A number of training institutions run by central and state Governments, international agencies and other autonomous organizations are providing training to NGO personnel. A list of NGOs working in Delhi, Haryana and

Rajasthan was drawn up. There were 429 NGOs of which 222 were in Delhi, while 52 and 155 were operating in Haryana and Rajasthan respectively. Information regarding the activities, staff, their qualifications, job responsibilities, programmes attended by them, and other related information was collected. The study revealed that 48% NGOs faced problems and constraints at various levels of implementation of the welfare-cum-development programmes. Lack of funds (20%), non availability of trained man power (6%), lack of volunteers (5%), distance from the city, and non availability/ lack of literature/ reading material, publicity and advocacy material were some of the constraints faced. Two NGOs from Rajasthan mentioned '*purdah* (veil) system' as one of the problems. It was found that 21 (19%) staff members, 10 from Delhi, 4 from Haryana and 7 from Rajasthan, were either matriculates and/ or undergraduates. There were 33 graduates (30%), 27 (25%) post graduates, besides 13 (12%) persons holding a Ph.D. degree. Post graduates were mainly from sociology, psychology, hindi, history and chemistry backgrounds. Professionally qualified staff was also recruited by some selected NGOs like doctors, law graduates, I.T.I. trained personnel, MBAs and Diploma-holders, etc. As there is no systematic data regarding the training status of their staff, there is an urgent need to formulate a policy on training of manpower of NGOs. Central ministries/ state governments, medical colleges, home science colleges, schools of social work, state departments dealing with agriculture, training institutions, institutions involved in distance education, community based organizations (CBOs) and funding agencies should be involved in formulating the policy for training manpower of CBOs.

Key Words : 1.NUTRITION 2.TRAINING NUTRITION AND HEALTH FUNCTIONARIES 3.FUNCTIONARIES NUTRITION AND HEALTH 4.TRAINING OF FUNCTIONARIES NUTRITION AND HEALTH 5.TRAINING OF NUTRITION AND HEALTH FUNCTIONARIES.

27. Tikku, Nirmal. (2004).
Training activities in the area of nutrition and health : an analysis. New Delhi : NIPCCD. 4 p.

Abstract : There are a number of institutions, agencies and departments involved in the training of personnel of NGOs working in the area of nutrition and health. These include Ministry of Health and Family Welfare, Department of Food and Nutrition, national level institutes, and international and autonomous organizations. An analytical study was conducted on twelve institutions/departments, 8 in Delhi, 2 in Haryana and 2 in Rajasthan. The training/ education imparted to personnel of NGOs was analyzed. The institutes/ departments selected were NIPCCD (New Delhi), NIHFW (New Delhi), Food and Nutrition Board (DCWC), MHRD (New

Delhi), IGNOU (New Delhi), ACORD (New Delhi), Family Planning Association of India (New Delhi), Parivar Seva Sanstha (New Delhi), PFI (Delhi), SNS Foundation (Haryana), Indian Institute of Health Management (IIHM) (Jaipur), Centre for Health Education Training and Nutritional Awareness, (Ahmedabad, Head quarters being in Gujarat, it has activities in Rajasthan as well). Majority of the institutions are conducting programmes related to health and nutrition which include maternal and child care, planned parenthood, sexuality and reproductive health, immunization, health check ups, besides addressing nutritional needs of vulnerable groups, women, children and adolescents, infant feeding and HIV/AIDS/STDs. A few organizations cover topics related to de-addiction (alcohol and drugs). The type of programmes conducted were training/ capacity building/ orientation seminars, workshops and refresher courses. Most of the agencies were active in research/ action research/ surveys, awareness generation and advocacy like organizing camps, exhibitions, meetings, *bal melas* (children's fairs), rallies, and a few were engaged in consultation services/ developing training, educational and reference material, networking, documentation and social marketing. One of the lacunae in the process of training was that institutions do not carry out any follow up exercise on their programmes to assess and observe the impact of the training and there is no proper mechanism for obtaining feedback information regarding the training provided. There is an urgent need to formulate a policy on training of manpower of NGOs. Central Ministries/ State Governments, medical colleges, home science colleges, schools of social work, State departments dealing with agriculture, training institutions, institutions involved in distance education, community based organizations (CBOs) and funding agencies should be involved in formulating the policy regarding training of personnel dealing with health and nutrition issues.

Key Words : 1.NUTRITION 2.TRAINING INSTITUTIONS NUTRITION AND HEALTH 3.NUTRITION AND HEALTH 4.EVALUATION TRAINING INSTITUTIONS 5.TRAINING INSTITUTIONS EVALUATION 6.EVALUATION OF TRAINING NUTRITION AND HEALTH.

28. Tikku, Nirmal. (2002).
Training of manpower of NGOs engaged in the delivery of services to improve nutritional and health status of women and children. Kota : Vardhaman Mahaveer Open Univ., Dept. of Management. 24 p.

Abstract : The present study was done to identify the programmes conducted by NGOs for women and children to improve their nutritional and health status, and to collect information on the profile of staff associated with programmes. Data was collected from 65 NGOs out of which 27 were in Delhi, 14 were in Haryana and 24

were in Rajasthan. Data collected regarding the year of starting/ establishment of the NGOs showed that 67% of the NGOs were established during 1976 – 1995, which showed that from the Fifth Five Year Plan onwards more NGOs were established. The selected NGOs covered other States as well like Bihar, Himachal Pradesh, Jammu and Kashmir, Karnataka, Maharashtra, Madhya Pradesh, Orissa, Punjab, Tamil Nadu, Uttar Pradesh and West Bengal. The target group covered by the NGOs of Delhi and Rajasthan were all the three types, i.e, urban, rural and tribal, whereas NGOs of Haryana were catering to rural and urban population only. The focal beneficiary group was women and children (74% and 75%) of all the NGOs, however information regarding other categories revealed that 12 NGOs were providing services to adolescents as well. Other activities undertaken by NGOs were awareness generation, advocacy, community mobilization, providing training, conducting research and surveys, etc. It was found that a number of programmes undertaken related to health check-ups (55%), followed by family planning, immunisation (46%) and supplementary nutrition (46%). Activities related to prevention of T.B. and HIV/AIDS were also carried out by 47% and 45% NGOs respectively. The sphere of activities of NGOs was mainly dependent on the annual budget they operated upon, and around 39% NGOs had annual budgets ranging between Rs.1 to 5 lakhs, whereas 10% NGOs operated on an annual budget of Rs.6 to 10 lakhs. Further it was found that 10% had an annual budget of less than Rs.1 lakh, while 25% had a budget of above Rs. 1 crore, and majority of them, that is 12 out of 16 were from Delhi. The study revealed that 48% NGOs faced problems and constraints at various levels of implementation of the welfare-cum-development programmes due to lack of funds, non-availability of trained manpower, lack of volunteers, lack of co-ordination/ support from Government Departments, etc. Around 43% had a staff strength of 3-10 persons, whereas 23% had a strength of above 50 persons. Information regarding the educational qualifications showed that all the staff members employed in NGOs were graduates and above. Services of outside subject matter specialists and experts were also being requisitioned to implement programmes related to nutrition, health and allied fields. It was suggested that there is a need to enhance the knowledge and skills of personnel of NGOs; focused and need-based training is required; and there is an urgent need to formulate a policy for the training of manpower of NGOs.

Key Words : 1.NUTRITION 2.TRAINING INSTITUTIONS NUTRITION AND HEALTH 3,TRAINING OF FUNCTIONARIES 4.MANPOWER TRAINING 5.NUTRITION AND HEALTH.

29. Uttarakhand, Dept of Women and Child Development, Dehradun. (2006). Status of infant and young child feeding Uttarakhand : a report of the study from 13 districts. Dehradun : DWCD. 54 p.

Abstract : In India infant mortality rate is very high. Every third infant born has low birth weight and every second young child is under nourished by the time they are 3 years. It is estimated that worldwide 10.9 million children under five years of age die every year, of which 2.42 million deaths occur in India. This study was done in Uttarakhand to assess infant and young child feeding practices, and understand the barriers to optional breastfeeding practices. Data was collected from 2340 mothers in 13 districts. 84% of the women having children 0-3 years old had received antenatal check-up, 47% from ANM/nurse and 34% from doctors. 61% of them had home deliveries, 19% of them delivered at a Government hospital and 9.8% in private hospitals. Breastfeeding should be initiated within one hour of birth and nothing else should be given; this was done in only 38% of newborns, 41% received the first feed between 1-4 hours, and in the case of 21% children it was delayed for more than 4 hours. In exclusive breastfeeding, no other food or drink should be given to the baby for the first six months; this was done only for 37% infants aged 0-3 months, which got drastically reduced to only 5% in the 4-6 months age group. The percentage of exclusively breastfed children for 0-6 months was as low as 21%. Plain water was the major other supplementary feed given to infants aged 0-3 months. In the 4-6 months age group, other feeds were started in the case of 98% infants. 37% infants were bottle fed in Uttarakhand state, thus 63% children never received any bottle feed. 61% infants got top milk of cow, buffalo or goat, and 47% of them also received gripe water or *gutti* (digestive liquid). After six months of age, babies should receive complementary feeding with semi-solid home made indigenous foods along with continued breastfeeding. Almost 98% of the children aged 6-9 months were on mother's milk and water, and supplementation of solid and mushy food was given in 93% cases. To be successful in breastfeeding, women need "breastfeeding education and counselling" as a mandatory service. Many women have to go out to work and they chose artificial feeding as an option, particularly women belonging to poor strata, who engage in economic activity very early after birth. They must stay close to the baby and this requires maternity benefits to be provided, as is done under Tamil Nadu Child Birth Assistance Scheme, under which Rs.1,000 per month is given to mothers for six months.

Key Words : 1.NUTRITION 2.INFANT AND YOUNG CHILD FEEDING 3.INFANT FEEDING 4.COMPLEMENTARY FEEDING 5.BREASTFEEDING 6.UTTARAKHAND.

RURAL DEVELOPMENT

30. Bhargava, Pradeep, et al. (2004).
Mid-term impact of the District Poverty Initiative Project Rajasthan. Jaipur : Institute of Development Studies. 54 p.

Abstract : The District Poverty Initiative Project (DPIP) recognizes that poverty has multidimensional characteristics not confined to income poverty alone, but extending into the social environment in which the poor strive for an existence. The objective of the DPIP is to improve economic opportunities, living standards and social status of the poor. Seven project districts were selected namely, Barun, Churu, Dausa, Dholpur, Jhalawar, Rajsamand and Tonk in Rajasthan. They were prioritized on the basis of poverty indicators. The baseline survey found that there was potential and the need to augment natural resource endowment in both project and control villages. Sustainable livelihood requires a sustainable natural resource base, which is characteristically fragile in most districts of Rajasthan. The DPIP provides roads, bridges, drinking water, school buildings, sanitation including bath spaces for women, and community halls for multi-purpose uses. The number of households having access to irrigation increased from 84 to 138, while others below the poverty line (BPL) also benefited, and their number increased from 29 to 39. The yield rates reported by benefited households were either lower than the lower level of above poverty line (APL) households, or were at best equal to them. The DPIP does not directly focus on augmenting access to farm inputs and knowledge, and BPL households were left to manage on their own initiatives. The benefited BPL households were sending their children to school. The DPIP has had an indirect and persuasive impact on parents to send their children to school, but more boys than girls were going to school. One of the major programmes that reduced the vulnerability of poor households was the earning from famine relief work. The contribution of wages from famine relief work to total income varied between 7% to 14% among BPL households participating in relief works. Higher participation of women in economic activities and women's earnings can change not only gender relations, but also help build stronger social capital in the village. There is inward transfer of resources and services to the village, such as more frequent visits of health workers, vendors and so on. All villages under DPIP may have infrastructure projects that are implemented by the Panchayats. The Agricultural Development Programme of DPIP may be extended to all districts, with suitable modifications according to local conditions for providing economic and social security, dignity and self esteem, as well as reducing the vulnerability of the rural population considerably.

Key Words : 1.RURAL DEVELOPMENT 2.POVERTY ALLEVIATION PROGRAMME 3.DISTRICT POVERTY INITIATIVE PROJECT (DPIP) 4.COMMUNITY PROJECTS 5.MID-TERM EVALUATION 6.SELF HELP GROUPS 7.RAJASTHAN.

SCHEDULED CASTES

31. Dabhi, Jimmy and Nayak, Ramesh C. (2006).
Social mobility and changing identity of the dalits in Haryana. New Delhi : Indian Social Institute. 105 p.

Abstract : The Dalits are still designated with a variety of nomenclatures such as untouchables, depressed classes, services classes, weaker sections, etc. The study was done to examine the socio-economic status, social mobility and identity formation that has been going on among Dalits of Haryana. Data was collected from 12 villages of 6 districts that were Ambala, Karnal, Hisar, Rohtak, Mahendragarh and Mewat through survey and interviews. Data showed that 47% Dalits of urban areas and 40% Dalits of rural areas were employed in non-agriculture sectors and only 2.5% were engaged in agriculture. Data of both rural and urban areas showed that the annual income of 19% households was reportedly less than Rs.20,000. A majority of Dalits both in rural and urban Haryana had no access to drinking water, toilets, and bathrooms. Among the Dalits, 36% in urban areas and 34% in rural areas had one room to share. It was found that sub-caste of *chamars* have got the highest benefits of modern education and had been able to access Class IV jobs in the Government. Illiteracy was 45.7% in rural areas and 40% in urban areas. Data indicated that 63% urban Dalits never experienced discrimination on the basis of their caste identity, but 69% Dalits in rural areas reported that they experienced discrimination in day to day life like they were not allowed to draw water from common wells, they were prohibited from entering temples, and could not fully avail their right to education and knowledge. The new Panchayat Raj Act had given entry to Dalits in local politics. The political assertion of Dalits was found to be more visible in local politics and development works. Urban Dalits were more assertive of their rights. The study suggested that the State, civil society organizations and civil society at large need to work together for greater emancipation of Dalits, not only in the field of elimination of discrimination, but also in the fields of economic development, education and social equality.

Key Words : 1.SCHEDULED CASTES 2.SCHEDULED CASTES HARYANA 3.SOCIAL MOBILITY 4.EMPOWERMENT SCHEDULED CASTES 5.PANCHAYATI RAJ 6.SCHOLARSHIPS FOR SCHEDULED CASTES 7.SOCIAL CHANGE SCHEDULED CASTES 8.EMPLOYMENT SCHEDULED CASTES 9.PROGRAMMES FOR SCHEDULED CASTES 10.GOVERNMENT PROGRAMMES SCHEDULED CASTE 11.HARYANA.

SOCIAL DEFENCE

32. Krishnan, Manjula et al. (2007).
Report of the Committee investigating into allegations of large scale sexual abuse, rape and murder of children in Nithari village of NOIDA, UP. New Delhi : India, Ministry of Women and Child Development. 35 p.

Abstract : The reports of alleged sexual abuse and murder of children and women in Nithari, Noida, Uttar Pradesh, have shocked the citizens of India. A Committee was set up by the Ministry of Women of Child Development to investigate into the incidents of sexual abuse and murder of children in Noida, and suggest measures so that their re-occurrence can be avoided. The Committee investigated efforts made by the local administration, especially police, to locate all the missing children and re-integrate them with their families, the *modus operandi* and the motive of the accused persons, and observed the level of cooperation/assistance provided by local administration, especially police, to the affected parents/ families and the community. The Committee found that the main accused Mohinder Singh Pandher and his servant Surender allegedly lured the children by offering toffees and toys, and took the children inside the house and raped and killed them. The Police has recovered 17 skulls and bones on the basis of which 11 victims have been recognized or identified. On enquiring whether there were any complaints against the accused received in the last two years, the authorities informed that there was no complaint specifically against the accused persons. The Committee visited the house of the accused Mohinder Singh and inspected the *nallah* (drain) where the servant Surender used to throw the sacks containing body parts. The Committee also visited the families of the victims who were mostly in a state of shock and despair. Meeting of the Committee Members with the Medical Superintendent helped to discover the fact that the middle part of all bodies (torsos) were missing. Missing torsos give rise to a suspicion that wrongful use of bodies for organ sale, etc. could be possible. The Committee observed that the police were insensitive to the woes of poor families, rude in their approach, and their behaviour was generally gender and child insensitive. Almost all the victim families came from poor sections of society, and there was a general perception among these families that police did not care to listen to their problems. Thus it is felt that reporting and investigating cases of children missing are not given the necessary priority, especially children from poor families. This is a general situation that prevails across the country. There is also apathy and a general lack of sensitivity about gender and child issues in the police system. The Committee suggested that all complaints of missing children need to be registered and treated as a cognizable crime and investigations conducted on priority basis. State Governments should take necessary action and

investigate the crime, wherever police negligence or inaction has been reported. The Daily Diary Register maintained by the Police should be regularly monitored to ensure that all missing children reports entered therein have been duly taken cognizance of and FIRs filed. The Police Station should set up a Neighbourhood Watch System. More anganwadis and crèches need to be set up so that children are kept in a safe place when the parents are working. As the case progresses, there is also need to provide adequate protection to prime witnesses in terms of safe and secure shelter and financial expenses.

Key Words : 1.SOCIAL DEFENCE 2.MISSING CHILDREN 3.MISSING PERSONS 4.CRIME AGAINST CHILDREN 5.CHILD RAPE 6.RAPE 7.CHILD SEXUAL ABUSE 8.NITHARI 9.NOIDA 10.UTTAR PRADESH.

SOCIAL WELFARE

33. Sarkar, Mainak, Roy, Anindo and Purshottam Kumar. (2003).
A Study on the problems of the people of the urban slums of Udaipur city. Udaipur : Seva Mandir, Udaipur ~80 p.

Abstract : The study was done to find out the problems of people, especially women and children in urban slums of Udaipur city, Rajasthan. The survey was conducted in Ram Nagar basti, (n = 70 households), Shivaji Nagar (n = 65 households), and Manoharpura (43 households). Data was collected through interviews of household members. In Manoharpura all the females were illiterate, whereas in Shivaji Nagar only 4% could read, and in Ram Nagar *basti* (slum) 17% women could read/ write. The educational level of males was higher only in Ram Nagar basti (39%) as compared to Shivaji Nagar (11%) and Manoharpura (12%). The percentage of school going children was higher in Manoharpura (66%) compared to Ram Nagar basti and Shivaji Nagar. The reasons for not sending children to school in Shivaji Nagar and Ram Nagar were parents were unable to pay for fees/uniform, etc., whereas in Manoharpura the reasons were that children were working, children were physically unfit, etc. Mostly households had *kaccha* (temporary) houses in Manohapura (30 out of 42) and Shivaji Nagar (43 out of 65), whereas in Ram Nagar 23 out of 70 households had *pakka* (permanent) houses. Medical facilities were inadequate in all the 3 places, and if some facilities were available, they were expensive. Most households reported that delivery was conducted at home without the help of any medical practitioner. There were no proper sources of water available in all the 3 places, and water outlets were also very few in number. Sanitation was another problem for the people in Shivaji Nagar and Manoharpura, and people wanted a solution for this as soon as possible. Most

of the people in Ram Nagar and Manoharpura worked as daily wage labourers, whereas in Shivaji Nagar most of the people had small businesses of their own. Most respondents did not have any bank accounts, as most of them mentioned that there was no money left to save at the end of the month. Some respondents were unable to open a bank account due to lack of knowledge about bank proceedings. It was suggested that awareness campaigns should be started to make people aware of their responsibilities and elicit their participation in community activities to deal with their basic problems. Adult literacy classes should be started. Also, training centres for women and unemployed youth, which can give them proper skills, would help in bringing up the economic status of households.

Key Words : 1.SOCIAL WELFARE 2.SLUM DWELLER 3.NEEDS OF SLUM DWELLERS 4.SAFE DELIVERY 5.OUT OF SCHOOL CHILDREN.

34. Shiva Kumar, A. K. ed. (2006).
Delhi Human Development Report 2006. New Delhi : Delhi, Chief Minister's Office. 118 p.

Abstract : Human development aims at about enhancing people's capabilities. It is a concern with expanding people's choices and assuring them the right to lead a life of dignity. Delhi has experienced significant gains along different dimensions of human development. It has recorded an expansion in economic opportunities, growth in employment and improved access to health and education. 8% of Delhi's population lived below the income poverty line. More than 72% of Delhi's population incurred a monthly per capita expenditure of Rs.775 and above. 6.53% of their monthly expenditure was on entertainment alone. Enjoying good health is an essential constituent of human development. Delhi's health network established over the years has enabled the city-state to record many significant achievements. Delhi is a low prevalence state for HIV/AIDS. Delhi has established an extensive network of educational institutions offering among the finest education within India. The private sector plays an important role in providing educational opportunities and choices for Delhi's children. 82% of Delhi's population is literate, and 75% girls and women above 7 years of age can read and write. Government of Delhi's Social Welfare Department supports welfare programmes for women in need and distress, social security cover for the aged and destitute, and offers care and protection to children through a network of residential care homes and non-institutional services. Crime in Delhi particularly against women is unusually and unacceptably high. The elderly in Delhi face many forms of increasing insecurity, physical, financial and emotional. Delhi has set up one of the largest school systems in the world but an estimated 6-7% children 6-14 years are out of school, and a majority of them cannot even read and write. Delhi offers the best of health facilities and yet many

thousands, particularly women and children, are denied access to even basic health care. Thousands in Delhi are homeless. Human development is about expanding capabilities, widening choices assuring human rights, and promoting security in the lives of people. Progress in the Human Development framework is judged not by the expanding affluence of the rich, but by how well the poor and socially disadvantaged are faring in society. The nation's capital has much ground to cover in terms of addressing some fundamental problems of power and water supply and caring for neglected street and working children, homeless, disabled and addressing the concerns of girls and women. This will however require committed partnership and close cooperation between citizens and Government. It will call for stronger public vigilance and participation, developing further trust and taking people into confidence. In partnership between citizens and Government, lies the potential for making Delhi a truly modern and vibrant mega polis.

Key Words : 1.SOCIAL WELFARE 2.HUMAN DEVELOPMENT REPORT 2006 DELHI 3.SITUATION OF WOMEN AND CHILDREN 4.SITUATION OF CHILDREN DELHI 5.SITUATION OF WOMEN 6.DELHI.

WOMEN WELFARE

35. All India Democratic Women's Association, New Delhi. (2003).
Expanding dimensions of dowry. New Delhi : AIDWA. 188 p.

Abstract : Dowry is a reflection of the devaluation and inequalities which women experience in Indian society from birth throughout their life cycle. Dowry has become an important point against women because of the debts incurred by parents due to expenses at the time of a daughter's marriage. It is also linked to female infanticide and female foeticide, which is reflected in the skewed sex ratio and increase in the number of female suicides and murders. The survey, conducted in 18 states, reported how lavish the expenditure on marriage had become over the last 10-15 years. Dowry now influences both urban and rural life in Assam. Almost 21% unmarried girls were of the view that without dowry marriage is not possible, and they justified dowry as their legitimate right over their parental property. In tribal society, dowry is still absent. In Tripura, 80% killings of married women were connected to dowry, and dowry has become a part of the lives of all communities, including tribals, backward castes, and muslims. In Orissa, the concept of dowry also exists nowadays. The terrible cyclone destroyed everything, and parents were unable to collect fresh dowries. Many women remained unmarried, and for earning a living, some have taken up prostitution. Bihar, Uttar Pradesh and Delhi are also facing the problem of dowry. Most

marriages are fixed on the basis of the sales skills of middlemen, and girls are left at the mercy of their destiny. 45% muslim, 71% SC and 80% OBC girls said it was not possible to marry without dowry, but 80% girls of all castes opposed dowry. Muslim girls of Delhi said that as they did not get any share in their parents' property, this was the only way they could have some part of it. The marriages of many dalit girls were breaking up due to dowry. Girls oppose this system but because of tradition they cannot stop it. In Haryana, 6% girls were deadly against dowry, while 11% prefer a very simple marriage, and 25% people prefer giving property rights to girls. Uttaranchal is one of those states where dowry system did not exist but it has increased in the last 15 years. 58% said that without dowry marriage was possible, and 42% said that it was not possible. Among muslims, dowry is practiced on a large scale. In Himachal Pradesh and Madhya Pradesh, most parents are against giving daughters a share in the property, but they prefer giving dowry. In Rajasthan, over 70% parents said without dowry they could not marry off their daughters; 19% were not in favour of this, but they would prefer to take their decision on the basis of the boy. Over 50% girls of all groups felt that it was an insult to get married with dowry. Even today there is no practice of giving dowry or any money among the tribals of Maharashtra. People were hesitant to talk about dowry in Gujarat, but the figures of young women who die due to unnatural causes within seven years of marriage reveals a lot. Many girls were ready to join a movement against dowry in Andhra Pradesh. In Tamil Nadu, dowry varies according to caste. Marriages were very simple in Kerala but all this has changed. In Karnataka, taking dowry is considered to be a reflection of low status. As dowry has spread, the sex ratio has shown a declining trend. Juvenile sex ratio has decreased at a much faster rate then the overall sex ratio after 1981. Girls should be educated to become financially independent. They should speak out against the practice, and refuse to take or give dowry. Inter caste marriages or registered marriages should be preferred. For proper implementation of the law, our own efforts are required.

Key Words : 1.WOMEN WELFARE 2.DOWRY 3.SON PREFERENCE 4.PROPERTY RIGHTS OF WOMEN.

36. All India Democratic Women's Association, New Delhi. (2005).
Inching towards equality : a comparative analysis of CEDAW and Muslim personal law in India. New Delhi : AIDWA. 78 p.

Abstract : India has the largest Muslim population (18%) in the world after Indonesia. Muslim women in India can be said to be a discriminated minority community. Reforms in Muslim personal law are often opposed by sections within the community in the name of protection of minority identity. Reforms were demanded by women's groups, activists and other liberal sections of society in consonance with the constitutional provisions of equality and non-discrimination on the grounds of sex. After the Shah Bano judgment given by the Supreme Court of

India (1985) and the passing of the Muslim Women (Protection of Rights and Divorce) Act, 1986, the demand for a Uniform Civil Code was dropped by most progressive and liberal women's organizations and groups, who then started emphasizing on reforms on various personal laws from within the community. They argued that the Shariat envisages gender equality, but had been deliberately misinterpreted by patriarchal and fundamentalist interests. The Muslim Personal Law (Shariat) Application Act, 1937 and the Dissolution of Muslim Marriage Act, 1939 were two important legislations which were passed during British rule. The Act recognized the right of Muslim Women to get divorce on various grounds, including cruelty, addressed or provided for by the Act. *Mehr* (a lump sum to be paid to a muslim woman in case of divorce), which is supposed to provide divorced women with some succor, is hardly ever paid to the women by their husbands. To ensure this, Muslim Women (Protection of Rights on Divorce) Act 1986 was passed. Under this Act, Muslim women continued to approach the courts for maintenance and for a ban on the unilateral form of divorce. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) provides a comprehensive framework for challenging the various forces that have created and sustained discrimination based on sex. Since Article 5(a) of the CEDAW Convention asks all States to take appropriate measures to modify conduct to achieve "elimination of prejudices and customary and other practices which are based on the idea of the inferiority or superiority of either of the sexes or on stereo type rules for men and women" this stand has obvious implications for reform in women's status in India, as the retention of the inferior status of women in the family is often justified in the name of culture and tradition. Women's organizations and others interested in personal law reform have explored various possibilities to bring about progressive changes in personal laws and bring them in consonance with the provisions of the Indian Constitution and CEDAW. Women's groups again demanded change of the standard Nikahnama, in which all discriminatory provisions should be removed and all rights should be included. They have also suggested a law for compulsory registration of marriage and a civil law on domestic violence for separated and divorced women. Muslim Personal Law (MPL) in India is based on the Shariat and customs. While the Shariat Application Act abolished the use of customary law in some areas, customary practices continued to prevail in certain areas like adoption and making of wills. The manner in which MPL has been practiced in India has in significant ways been stated to be against the spirit of the Shariat and contrary to its basic tenets of equality and justice for women. The developments in MPL, along with other factors like socio-economic status, has helped maintain the subordinate status of muslim women in the family. The State has consistently held that any reform in personal laws must be at the initiative of the particular community it affects. Muslim women have, however, been able to find some democratic spaces in which they can fight for justice.

Key Words : 1. WOMEN WELFARE 2.MUSLIM LAWS 3.MUSLIM WOMEN 4.DIVORCE 5.MAINTENANCE.

37. Jayaprakash Institute of Social Change, Kolkata. (2004).
Need gap analysis on vocational training in Kolkata slums. Kolkata : JISC. 107 p.

Abstract : The slums of Kolkata are living examples of human ignominy and helplessness of the inhabitants. The women of these 24 slums that were studied in Kolkata are from vulnerable and marginalized strata of society, and were earlier employed in the non-formal sector. Tailoring and embroidery were the skills most widely known by women, and a few were engaged in various kinds of income generation activities including knitting, food preservation, putting falls on sarees, packet making, bag making, batik printing, zari work (in muslim majority areas), beautician, etc. Community based organizations (CBOs) were involved in imparting vocational training to women, and other institutions and training schools also organized training courses. In one slum, 22 of the 53 beneficiaries trained (41.5%) were unemployed. In another slum, of the 17 beneficiaries trained, 64.7% were employed. Many women found it difficult to attend classes in training institutions due to the distance. They preferred centres in their own locality, and CBOs provided training in some slums. Distance and family pressure, which did not permit women to stay out for long, were the main causes for dropouts. Financial problem did not seem to deter many, because the courses were offered at a discounted and to some extent minimal rate. Majority of the women (72.17%) were interested in vocational training. The condition of muslim women was more pathetic, their literacy rate was very low, and they had little or no say in family matters. They were living their lives on a pittance. Gender discrimination is deeply entrenched in the minds of slum dwellers. A Women's Cell was set up by the Government of India in the Ministry of Labour, Directorate General of Employment and Training (DGE&T) in 1977 to provide training facilities at regional level all over the country. NORAD (Norwegian Agency for Development) extends financial assistance to public sector undertakings/ corporations/ autonomous bodies/ voluntary organizations to train women in non-traditional trades and promote employment. Major Government supported programmes/ schemes are Mahila Udyam Nidhi, Self Help Groups (SHG) - Bank linkage model, Support to Training and Employment Programme (STEP), Bengal State Aid to Industry, Stree Shakti Projects on jute, Swawlamban, etc. Although several NGOs were providing vocational training to women, but not all women were successful in setting up profit-making ventures. 16.27% of the respondents believed that women do not have the necessary education or expertise to run a venture. This is one of the prime reasons for lack of faith in women's entrepreneurship. Small capital can barely compete with large capital. It is better to bear in mind that micro capital enterprises can be utilized as a feeder to big capital enterprises, rather than being

its competitor. Vocational Training Institutes should upgrade their existing vocational training curriculum according to the latest ideas and trends, and seek ways of establishing local presence in slums, particularly muslim dominated slums. Many muslim women do not have the permission to move out of their neighbourhood, and efforts should always be made to involve the male members of the family in the income generation activities of women in order to minimize domestic conflict. As 'work from home' is one of the key decision making factors for women, those trades/ products should be identified that enable the women to operate from their homes.

Key Words : 1.WOMEN WELFARE 2.VOCATIONAL TRAINING 3.NEED GAP ANALYSIS 4.GAPS IN TRAINING 5.SLUM DWELLER 6.URBAN POOR 7.SLUM WOMEN 8.VOLUNTARY ORGANIZATIONS KOLKATA 9.INCOME GENERATION 10.POOR WOMEN 11.SELF HELP GROUPS 12.KOLKATA.

38. Population Council, New Delhi. (2005).
Sex without consent : young people in developing countries. London : Zed Books. 370 p.

Abstract : Non consensual sex is a sensitive subject, which often remains undisclosed because of shame, blame, fear of additional violence or trauma, and other factors. According to some studies, married adolescent girls are at greater risk of non consensual sex within marriage, compared to older women and sexually active unmarried women. An analysis of over fifty population based surveys found that approximately 10-15% of adult women around the world reported having been physically assaulted by an intimate male partner (including their husbands) in their lives, and one-third to one half also reported sexual abuse. In the survey conducted by RAHI, self-administered questionnaires were distributed to 1,000 women but the response rate was only 60%. 457 reported the experience of sexual abuse by age 18; of these, 181 were sexually abused by a family member, another 144 by individuals they were acquainted with, and 132 by strangers. The majority of women reported that at the time they did not fully understand the abusive incident or articulate their feelings. The experience created an overriding feeling of discomfort, a sense that a wrong act had been committed. A few women reported experiencing sexual stimulation and pleasure during the abuse. This response was itself a source of shame, self blame, conflict and self hatred. Over 33% of all abused women did not disclose the abusive experience to anyone. Non-consensual sexual experiences have a number of adverse health and social outcomes including gynaecological disorders, sexually transmitted infection, unintended pregnancy and also severe mental health problems like anxiety, depression and suicidal tendencies. Under Indian law, the issue of consent to

sexual activity is immaterial for persons below the particular age of majority, defined differently under particular laws, while the Indian Penal Code (IPC) punishes non-consensual sexual activity with women, including rape, child prostitution and indecent assault upon women, and all sexual intercourse with girls below the age of 16 years is also criminalized. The Declaration on the Elimination of Violence Against Women (DEVAW) defines violence to include all threats or acts of gender-based violence that result in physical, sexual or psychological harm. There are innumerable instances of consensual intercourse between adolescents. The law in India does not adequately recognize the issue of non-consensual sexual experiences of young persons, or the special vulnerability that adolescents face by virtue of their age in situations of coercion. A first step in this direction would be the adoption of a comprehensive definition and understanding of both 'sexual violence and coercion' based on the particular experiences of adolescent communities and on developments in international and national law. This understanding of sexual violence must be based on the different fiduciary and non fiduciary relationships that adolescents experience which involve coercion. Any process of reform must emphasize sensitive and effective procedures that recognize the reality of adolescents venerability and ensure that this vulnerability is not aggravated in courts of law.

Key Words : 1.WOMEN WELFARE 2.SEXUAL ABUSE 3.YOUNG PEOPLE 4.ADOLESCENT 5.SEXUAL VIOLENCE 6.MARITAL RAPE 7.NON-CONSENSUAL SEX 8.SEXUAL RELATIONSHIP-COERCION 9.COERCION.

39. Srivastava, Alka. (2006).
A Long journey ahead : women in panchayati raj : a study in Rajasthan. New Delhi : Indian Social Institute. 149 p.

Abstract : Women in rural areas have proportionately least possessions, personal wealth, assets, land, skills, education, information, social status, leadership traits and capabilities for mobilization, which determines the degree of decision making and power, and as a result, their dependence on men increases. The Sixth Five Year Plan (1980-1985) was a landmark for the cause of women, wherein the concept of 'women and development' was introduced for the first time. The 73rd Constitutional Amendment providing 33% reservation for women in Panchayati Raj was a step taken to promote their role in decision making process at the grass root level. Rajasthan was the first State in India to inaugurate Panchayati Raj on 2nd October 1959. Four districts of Rajasthan, namely Baran, Sikar, Pali and Alwar were studied to probe the nature of participation of elected women representatives (EWRs) at the gram panchayat level. In this study, the total sample of elected women representatives was 117, among whom 27 were Sarpanches and 90 were

ward members. More than half of the EWRs were illiterate, 33 (28%) were functionally literate, approximately 16 (14%) had been to school up to Standard V, and very few (only 8) had studied up to Class X. More than 50% worked in their own fields and very few had to work as labourers in others' fields. Regarding work experience, only 16% had experience of any social activity in the village. About 38% EWRs were aware of the responsibilities associated with their participation in governance. Among the Sarpanches 59% and among ward members almost 33% women were aware of their responsibilities. Half of the EWRs did not have any collaboration with NGOs, and this showed that their relationship with voluntary agencies is an area which needs to be probed and looked into seriously. Panchayats in India suffer from lack of funds for development. As 67% of the funds flow through government schemes like Jawahar Rozgar Yojana, Integrated Rural Development Programme, etc., and 14% of the EWRs did not know about the source of funds, in many Panchayats, the functionaries were not able to manage the fund situation with regard to the Gram Sabha. The power to financially handle and monitor the Panchayat should be transferred to the community. It would give an outlet to Women Panches for redressing grievances against the Panchayat. Government and non-government organizations need to cooperate and collaborate with Panchayati Raj Institutions for offering technical assistance, support services and training to Panches and to the Gram Sabha. Financial rights should be given to people at the PRIs. The participation of common people in panchayats needs to be enhanced. The role of women in Panchayati Raj depends on the power structure in place and the resulting hierarchies which decide the actual space of women, and the facilities/ provisions related to nutrition, health, livelihood opportunities, education exposure, decision making, etc. available to them. Constitutional amendments are needed, but more important is the dynamics prevalent at the grass root level. If due space is not made available to women, any provisions are not going to work. Women have to realize their potential as an individual, and people at all levels have to not only accept it, but make efforts to accept that space.

Key Words : 1.WOMEN WELFARE 2.PANCHAYATI RAJ 3.WOMEN SARPANCH 4.RAJASTHAN.

40. Thornhill, Laura. (2004).
Domestic violence against women in rural Udaipur : findings from a household study in Seva Mandir's work area. Udaipur : Seva Mandir. 31 p.

Abstract : Violence against women is universal, and some societies have higher rates of violence against women. In India, between 22 and 60% of Indian women have been victims of physical abuse by an intimate partner. Seva Mandir, an NGO in Udaipur, was set up in 1960s, and started Women's Development Programme in

1982. Udaipur is predominantly a tribal region. Child sex ratio in the age group 0-6 years improved from 956 in 1991 to 972 in 2001 though the child sex ratio is declining across Rajasthan. Rural female literacy rate was 35.46% compared to 69.52% for rural men. The average age at marriage for females was 16 years. Seva Mandir worked on the sensitive and difficult issue of domestic violence to assist village women who were beaten by their husbands. It also wanted to understand the help-seeking behaviour of battered women, so that the organization could develop effective strategies and networks for responding to domestic violence in the village set up. Pilot studies indicated that women only considered the most serious beatings and acts of violence, such as an open handed slap, as acts of violence. A questionnaire was administered to 302 women in 20 villages. 95% respondents reported that it is unacceptable for a man to beat his wife, and 91% respondents reported that it is unacceptable for a man to slap his wife. 64.5% knew that it is against India's statutory law for a man to beat his wife, and more than 25% respondents said it was plausible for a woman to slap or beat her husband if he related to another woman. 61.3% respondents reported that they had been slapped, hit or beaten by their husbands, 5.3% reported that they had been beaten by their mothers-in-law, 2.3% by their fathers-in-law, and 7.3% by brothers-in-law. 26 of the 300 women reported they had been beaten by two people and 3 of the respondents reported that they were beaten by 3 people in their households. 73.1% respondents were subjected to mental violence by abusive language and insults, 36.7% reported physical violence, 44.3% reported being forced to have sex against their will, and 16.8% reported something had been thrown at them. Some data also highlighted the link between domestic abuse and alcohol use. High magnitude of domestic violence in Udaipur district threatens to undermine all the organization's work for the empowerment of women. Change often starts with youth, hence they should be targeted and educated about the dangers and negative consequences of all types of violence. Seva Mandir's field workers should continue to facilitate training sessions around issues of violence, even though its staff lacks the capacity to form such a group in the village. Seva Mandir staff should facilitate the formation of men's and youth groups within the community.

Key Words : 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.RAJASTHAN.

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