



DCWC Research Bulletin

Vol. XVIII

Issue 1

January - March 2014

2014

Documentation Centre for Women and Children (DCWC)
**National Institute of Public Cooperation
and Child Development (NIPCCD)**
5, Siri Institutional Area, Hauz Khas
New Delhi – 110016

DCWC Research Bulletin

About the Document

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 Abstracts of these published and unpublished studies/ articles are compiled to present the vital information in a compact, encapsulated form to facilitate its users through its publication “DCWC Research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

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 Abstracts of unpublished reports are also covered, in case readers want to access full document, they may visit to DCWC.

A hardcopy of the publication “DCWC Research Bulletin” is available for reference purposes at DCWC, NIPCCD.

Contents

S. No.		Page No.
A. Research Abstracts on Child Development		
Education		
1.	Learning Guarantee Programme : Gujarat.	1
2.	Impact of NPEGEL on Enrolment of Girls, Retention and Quality Learning : Rajasthan.	3
Health		
3.	A Study on Menstruation and Personal Hygiene among Adolescent Girls of Government Medical College, Solapur.	5
4.	Socioeconomic Correlates of Reproductive Morbidity among Adolescent Girls in Sikkim, India.	7
5.	Determinants of Menstrual Hygiene among Adolescent Girls : A Multivariate Analysis.	9
6.	Status of Implementation of MCP Card for Ante-natal, Natal and Child Care Services : A Study.	11
Nutrition		
7.	Magnitude and Causes of Malnutrition in Jharkhand, India : A Study in Hazaribagh and Khunti Districts.	13
8.	A Study on the Prevalence of Under-Nutrition and its Determinants in Anganwadi Children of Malappuram District, Kerala.	16
9.	A Study Mid Day Meal Scheme in Rajasthan : Districts, Tonk and Sawai Madhopur.	18
Scheduled Castes		
10.	What it Means to be a Dalit or Tribal Child in Our Schools : A Synthesis of a Six-State Qualitative Study.	20

B. Research Abstracts on Child Protection

Child Labour

- | | | |
|-----|---|----|
| 11. | Socio-economic Analysis of Child Labour as Domestic Servants : A Case Study of Bathinda District. | 22 |
| 12. | Problem of Child Labour in Punjab : A Case Study of Sangrur and Barnala Districts. | 24 |
| 13. | Child Labour : A Product of Socio-economic Problem for India, Findings and Preventives : A Case of Bhubaneswar, a State Capital of India. | 26 |

Destitute Child

- | | | |
|-----|--|----|
| 14. | Inhalant Use among School Children in Northeast India : A Preliminary Study. | 27 |
|-----|--|----|

Social Defence

- | | | |
|-----|---|----|
| 15. | Juvenile Justice Indicators in India : An Assessment: A Report. | 28 |
| 16. | उत्तर प्रदेश मे गुमशुदा बच्चों की स्थिति. | 30 |

C. Research Abstracts on Women and Gender Issues

Aged Welfare

- | | | |
|-----|--|----|
| 17. | Insecurity Feelings among Elderly Women. | 32 |
|-----|--|----|

Health

- | | | |
|-----|---|----|
| 18. | An Evaluation of ASHA Worker's Awareness and Practice of their Responsibilities in Rural Haryana. | 34 |
| 19. | A Study on the Health Status of Elderly Irular Tribal Women in Kancheepuram District. | 36 |

Rural Development

- | | | |
|-----|--|----|
| 20. | Constraints Faced by the Women Beneficiaries under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). | 37 |
|-----|--|----|

Women Empowerment

21. Role and Developmental Activities of Women in Panchayati Raj Institution of Kathua district. 39

Women Welfare

22. Role of Self Help Group in Women's Life with Reference to Sangli Miraj and Kupwad Corporation Area. 41
23. Involvement of Farm Women in Decision-Making in Agriculture. 43
24. Ground Realities of Self Help Group-Bank Linkage Programme : An Empirical Analysis. 44
25. Problems Faced by Rural Women Entrepreneurs of Rajasthan. 46
26. A Study on Problems and Prospects of Women Family Business. 48

A. Research Abstracts on Child Development

EDUCATION

1. Azim Premji Foundation, Bangalore. (2008)
Learning Guarantee Programme : Gujarat. Bangalore: APF.
Source :www.azimpremjifoundation.org

G18579

Background : Learning Guarantee Programme is a joint initiative of the state government of Gujarat and Azim Premji Foundation. The programme was launched as a pilot project in two districts, namely Banaskantha and Sabarkantha in Gujarat.

Objectives: To build accountability among schools, teachers and the education functionaries for the learning outcomes of every child in school; to introduce reform in assessment of learning outcomes of children by moving from traditional rote learning tests to assessing understanding, analysis and application of knowledge.

Methods: In the present study baseline assessment and self assessment was done of participating schools. From Banaskantha district 46 schools underwent baseline assessment and 415 school undertook self assessment test. In Sabarkantha district 50 schools underwent baseline assessment and 463 schools undertook self assessment.

Findings: Children of Banaskantha who appeared for the class I test in the baseline test were able to attempt 29.16 per cent questions correctly in Gujarati language, 16.49 per cent in Environmental science (EVS) and 35.94 percent questions correctly in Maths; the average number of questions answered correctly by a child on an average in Banaskantha was 25.11 per cent . In Sabarkantha ,children from class I on an average were able to attempt 42.01 per cent answers correctly in Gujarati language, 26.85 per cent questions correctly in EVS and 52.55 per cent questions in Math; the average for class I was 40.47 per cent questions being attempted correctly. There was a significant drop in the percentage of questions being answered correctly between classes I and II versus classes III and IV : 40.47 per cent and 24.91 per cent in class I and II respectively versus 20.91 per cent and 17.48 per cent in class III and IV respectively. Regarding Self Assessment Test in Banaskantha, children who appeared for the class I Test were able to attempt 54.59 per cent questions correctly in Gujarati language whereas in EVS 51.68 per cent questions were attempted correctly and in Math 56.32 per cent were attempted correctly, aggregating the average number of questions answered correctly by each child of class I to 54.20 per cent. For classes II, III and IV the average performance of each child in the self assessment for all four standards

and in each subject was found to be 50.46 per cent. In Sabarkantha regarding self assessment exercise in class I, on an average each child was able to answer 54.34 per cent questions correctly in Gujarati, 50.12 per cent in EVS, 53.44 per cent questions correctly in Math. The average of each child in class I being able to answer 52.63 per cent questions correctly. In Sabarkantha district, of all the four classes and in each of three subjects each child on an average could attempt 48.56 per cent questions fully correctly. The results for best block were quite different and contrasting in the base line and self assessment, there was 22-34 per cent difference between the best performance of independent baseline and self assessment in Banaskantha. In Sabarkantha, the difference was between 13 – 30 per cent between the best performance in independent base line and self assessment. In the baseline assessment ,there were no schools which have been able to meet the Learning Guarantee Programme Criteria (of at least 60 per cent of children attempting a minimum of 90 per cent of the questions correctly). In the self assessment process, there were about ten per cent of the schools which met or exceeded this criteria.

Conclusion: The spirit of Learning Guarantee Program is that this is not mere assessment, not merely about child friendly evaluation it is actually the totality of getting every stake holder in the system to accept that providing quality learning in every school is the issue and we can do it together.

Key Words: 1.EDUCATION 2.LEARNING GUARANTEE PROGRAMME 3.CHILD DEVELOPMENT 4.ASSESSMENT OF SCHOOLS 5.SCHOOL EDUCATION 6.ENROLMENT 7.ATTENDANCE 8.LEARNING 9.SSA 10.SELF ASSESSMENT 11.QUALITY LEARNING 12.BASELINE ASSESSMENT 13.BANASKANTHA 14.SABARKANTHA DISTRICTS 15.GUJARAT.

2. Shiv Charan Mathur Social Policy Research Institute, Jaipur. (2012).
Impact of NPEGEL on Enrolment of Girls, Retention and Quality Learning: Rajasthan. Jaipur: SCMSPR.

G18572

Background : The National Programme for Education of Girls at Elementary Education Level (NPEGEL) is a component of SSA with the objective of developing and promoting facilities to provide access and facilitate retention of girls and to ensure greater participation of women and girls in the field of education. The programme addresses issues relating to the “in” and “out” of school (never enrolled and dropout) girls.

Objectives: To assess the actual implementation of the NPEGEL Scheme vis-à-vis its objectives and its impact on the on the Enrollment, Retention and Learning outcome among the girls.

Methods: The study is based on the data collected from 250 Model Cluster Schools (MCSs) of Rajasthan. Tools used were interview schedules and focus group discussions.

Findings: As per the school records, enrollment of girls in NPEGEL schools has increased by 1.8 per cent since the launch of scheme; there has been consistent increase in the retention level from 76.4 per cent, in the year 2007-08 to 87.4 per cent in the year 2011-12 at the primary level and from 55.8 per cent in the year 2007-08 to 94 per cent in year 2011-12 at the upper primary level. At the level of attendance in schools, the situation was not satisfactory since the average in this realm comes only to 68 per cent; on the day of teams visit to schools, the attendance was only 64 per cent; in terms of infrastructure 29.6 per cent NPEGEL schools did not have adequate classroom facility; additional class rooms were constructed in 83.2 per cent Model Cluster Schools (MCS's), but they were meant for other creative activities. Teachers of 81.2 per cent MCS's considered additional classroom as the most significant achievement under the NPEGEL; separate toilets for girls were available in 92.8 per cent schools and their utilization was also at a satisfactory level; though their maintenance lacked sanitation and cleanliness according to 21.2 per cent girl respondents .36 per cent NPEGEL schools did not have a playground, 22 per cent were without electricity and ten per cent did not have kitchen for Mid day Meal; according to school records and the school heads, items such as green board, science and maths kits etc. were available only in 55.2 per cent schools, 42.8 per cent schools had not made any effort to have them. Vocational education was claimed to be available in 57.6 per cent schools and additional room was being used for this purpose in 38.4 per cent schools; best teacher award was been received in 33 MCS; 36.3 per cent girl students found teachers insensitive towards the NPEGEL aims and objectives; 54.8 per cent schools saw no contribution of NPEGEL's in academic matters; teachers of 79.2 per cent schools admitted that the scheme had contributed in enhancing self esteem,

self confidence and leadership qualities among girl students. Only 19 out of 50 nodal heads interviewed had received short duration training which was not enough to make them play a meaningful role in the implementation of NPEGEL. Except for 'Maa – Beti – Sammelan' and 'Aao-Dekho-Seekho,' other activities, including vocational training etc. had not received due consideration. Such activities were either not organized or were organized at minimal level.

Recommendations: The training of teachers needs to be more focussed with stress on sensitization with regard to the objectives of NPEGEL. The community participation in schools developmental activities needs to be increased and made more effective. The monitoring of NPEGEL activities by educational functionaries at the district level should be more regular and effective.

Key Words: 1. EDUCATION 2. GIRLS EDUCATION 3. CHILD DEVELOPMENT 4. ENROLMENT OF GIRLS 5. RETENTION QUALITY LEARNING 6. EDUCATIONAL AND INFRASTRUCTURAL SITUATION 7. NATIONAL PROGRAMME FOR EDUCATION OF GIRLS AT ELEMENTARY EDUCATION LEVEL 8. NPEGEL 9. SCHOOLS 10. EDUCATIONAL STATUS 11. SARVA SHIKSHA ABHIYAN 12. MODEL CLUSTER SCHOOLS (MCSs) 13. GIRL EDUCATION 14. PRIMARY EDUCATION 15. DROPOUT RATE 16. ENROLMENT STATUS 17. OUT OF SCHOOL GIRLS 18. GIRL CHILD 19. SOCIO ECONOMIC STATUS 20. ATTENDANCE 21. MAA BETI SAMMELANS 22. AAO-DEKHO-SEEKHO ACTIVITIES/EVENTS 23. PROGRAMME SCHOOL MANAGEMENT COMMITTEES 24. KISHORI MELA 25. IN AND OUT OF SCHOOL 26. NEVER ENROLLED STUDENTS 27. GENDER GAP 28. RAJASTHAN.

HEALTH

3. Kendre, Varsharani V. and Ghattegi, Chandrashekhar H. (2013).
A Study on Menstruation and Personal Hygiene among Adolescent Girls
of Government Medical College, Solapur. *National Journal of Community
Medicine, Apr-June, Vol.4(2) : 272 : 276.*

Source : www.njcmindia.org

G18576

Background: Adolescence in girls is a turbulent period of development, which includes stressful events like menarche, which is considered as the land-mark of female puberty. Some of the special problems of adolescents are nutritional problems, menstrual disorders, leucorrhoea and psychological problems. Problems of menstruation like dysmenorrhoea , menorrhagia, scanty menstruation etc, are common . The loss in working hours and school days due to menstrual problems is immense.

Objectives: To assess the pattern of menstruation , menstrual problems and personal hygiene of adolescent girls.

Methods: A cross sectional study was done on 246 adolescent girls (116 non slum and 130 slum) of Solapur. All the girls were interviewed using pretested proforma.

Findings: Out of total 246 girls ,184 had attained menarche. Among non slum girls, 58.62 per cent were educated up to secondary school; in slum group 65.38 per cent were educated up to secondary school; out of 246 girls 184 had attained menarche, among 116 non slum adolescent girls, 75.86 per cent had attained menarche and among 130 slum adolescent girls 73.85 per cent had attained menarche. Out of 184 menarchic girls 59.78 per cent girls had attained menarche at the age of 13 years; very less number of girls attained menarche at the ages of 11,15 and 16 years. 62.5 per cent of the non slum girls attained menarche at the age of 13 years; among slum girls 57.29 per cent girls attained menarche at the age of 13 years; about 97.73 per cent of non slum girls had regular menstrual cycle whereas 96.87 per cent slum girls had regular menstrual cycle. 97.73 per cent non slum girls used sanitary pads as sanitary practice during menses and 95.83 per cent slum girls used cloth pieces as sanitary practice during menses. The commonest disorder of menstruation among non slum girls was dysmenorrhoea in 45.45 per cent, followed by menorrhagia, leucorrhoea, irregular menstruation and scanty menstruation; 52.08 per cent slum girls had dysmenorrhoea, followed by the similar disorders like those in non slum girls. The personal hygiene was 'good' in 98.28 per cent of non slum girls and 21.54 per cent in slum girls and 'fair' in 1.72 per cent non slum and 52.31 per cent in slum girls respectively.

Recommendations : Periodic sex education programmes should be conducted through appropriate media stressing the menstruation and related disorders ,correct method of preparation of clean and sterile pads, and their effective use if the use of commercially available sanitary pads is not possible. More stress should be given in primary schooling on personal hygiene.

Key Words: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.CHILD DEVELOPMENT 4.MENSTRUATION 5.ADOLESCENT GIRLS 6.HEALTH 7.NON SLUM 8.AND SLUM AREAS 9.MENARCHE 10.MENSTRUAL CYCLE 11.DYSMENORRHOEA 12.SOCIO-ECONOMIC STATUS 13.WHO 14.PUBERTY 15.MENSTRUAL DISORDERS 16.LEUCORRHOEA 17.MENORRHAGIA 18.EDUCATION STATUS 19.SANITARY PRACTICES 20.SOLAPUR.

4. Mishra, Shailendra Kumar and Mukhopadhyay, Susmita. (2012). Socioeconomic Correlates of Reproductive Morbidity among Adolescent Girls in Sikkim, India. *Asia-Pacific Journal of Public Health*, 24(1): 136-150.

Source : www.sagepub.com

G18574

Background : Young girls up to 20 years of age comprise one quarter of India's female population . These girls remain in an especially disadvantageous situation within the Indian social structure where gender bias prevails in terms of food intake , education, and health preferences. Adolescent girls in general remain susceptible to several problems related to anaemia which is one of the primary contributors to maternal mortality and is also associated with compromised pubertal growth spurt and cognitive development. Prevalence of reproductive health morbidities in India is enormously high among adolescents as well as among adult women. Existing health care programs in South Asian countries hardly address the health needs of adolescents.

Objectives: To investigate the association between the prevalence of reproductive morbidities and socioeconomic factors among a group of adolescent girls in Sikkim. To identify how treatment seeking behavior is being controlled by socioeconomic correlates of reproductive health morbidities.

Methods: The present study was conducted in Sikkim. A sample of 1250 (1031 unmarried and 219 married) girls participated in the study. Girls were categorized in to three age groups viz younger adolescents (14-16 years) , older adolescents (17-19 years) and young adults (20-21 years). Data was collected using interviewer – administered questionnaires.

Findings: The percentage of school dropouts was very high (97.26%) which supported the view that early marriage deprives the girls from educational opportunities and thereby hinders future entry into gainful employment; about 19 per cent of married girls had more than one child, indicating frequent childbearing as a consequence of early marriage; participants age, marital status, economic status and residential status were found to be significantly associated with the prevalence of menstrual problems. The odds ratio (OR) in favour of reporting menstrual problems was 2.35 for unmarried adolescents; those residing in urban blocks were significantly less likely to report menstrual problems as compared with their rural counterparts (OR=0.55). The odds ratio in favour of reporting problems related to infections was 0.27 for girls staying in urban as compared with rural areas; the OR in favour of reporting problems related to anaemia was 0.15 for urban girls; girls in the older age groups were significantly more likely to seek treatment for the morbidities they suffered as compared with their younger age group counterparts. Urban girls were two times more likely to seek treatment for problems related to infections (OR=2.02), and four time more likely to seek treatment for problems related to anaemia (OR=4.07); participants who were exposed to the media were almost three times more likely to seek treatment for reproductive health morbidities. Parity,

place of residence, and media exposure were found to be significant predictors of treatment seeking for all three categories of morbidities among married girls; urban participants were about two times more likely to seek treatment for all three categories of morbidities as compared with rural participants.

Conclusion: Married girls were found to be more susceptible to anaemia therefore they should be included under the canvass of maternal and child health programmes to avoid complications during pregnancy and delivery. A youth clinic should be established at the district hospital level to provide both counseling and care for reproductive health problems faced by youth.

Key Words: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.CHILD DEVELOPMENT 4.ADOLESCENT GIRLS 5.REPRODUCTIVE HEALTH 6.SOCIO DEMOGRAPHIC PROFILE 7.MORBIDITIES 8.RURAL AND URBAN AREAS 9.EARLY MARRIAGE 10.MENARCHE 11.SCHOOL ENROLMENT 12.EDUCATION STATUS 13.ANAEMIA 14.DROPOUTS 15.SIKKIM.

5. Ray, Sudeshna and Dasgupta, Aparajita. (2012).
Determinants of Menstrual Hygiene among Adolescent Girls : A
Multivariate Analysis. *National Journal of Community Medicine, April*
June, Vol.3(2) : 294-301.

Source : www.njcmindia.org

G18578

Background: Menarche denotes the start of reproductive capacity in woman's life. Lack of adequate privacy and sanitation of toilets for school girls makes them vulnerable to mental, emotional and physical problem especially during their menstruating days.

Objectives: To identify the issues and challenges of menstruation encountered by the adolescent girls; to determine the factors affecting the existing practices of menstrual hygiene.

Methods: The study was conducted in Hoogly district, of West Bengal. A sample of 190 adolescent girls in the age group of 15-19 years were selected for the study. Tools used were focus group discussions, semi-structured in-depth interviews and a self administered pre-tested structured close-ended questionnaire.

Findings: Out of the 190 adolescent girls who participated in the study majority were in the age group of 15 -19 years. About 60 per cent of the population was never exposed to advertisements in mass media regarding the usage of sanitary napkins; only 42 per cent of the girls had knowledge about menstruation before the onset of menarche; majority of the girls (62.6 %) used only cloth as their menstrual absorbent; 52.1 per cent of the girls washed the reusable cloth in pond water with soap and 51.5% per cent of them dried it inside the house where sunrays were coming .With regards to the disposal of sanitary napkins and reusable cloth most of the girls(53%) threw them indiscriminately in a pond or in the nearby bamboo garden/ landfill (45%). About 38 per cent of the girls reported of being absent from school during their last menstrual period; the main reasons for their absence were lack of proper disposal facility of sanitary napkins (75%) and lack of continuous water supply for washing (67.5%) in their school. It was revealed that good menstrual hygiene was more among those whose mothers were literate [AOR (95% C.I.) 2.3 (C.I.06-5.01)], having prior knowledge about menstruation before menarche [AOR 2.97 (1.29-6.85)], presence of proper sanitary latrine at home [AOR 3.14 (1.42-6.00)], exposure to advertisements regarding usage of sanitary napkins in mass media [AOR 2.52 (1.1-2.57)]. About 18.4 per cent of the girls complained of white discharge from the vagina and 10.5 per cent reported burning sensation during micturition. Per capita income of Rs.1000 was found to be significantly associated with good menstrual hygiene only in bivariate analysis [O.R. (95%C.I.) 7.39(2.76-20.14) but not in multivariate analysis. The study found a significantly strong relationship between practices during menstruation and prevalence (reported symptoms) of RTIs.

Recommendations: There is a need to encourage safe and hygienic practices among adolescents girls and bring them out of traditional beliefs , misconceptions and restrictions regarding menstruation. Different stakeholders should be involved in developing Information, education and communication for promoting positive attitudes towards management of menstruation and related problems among the adolescent girls.

Key Words: 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.CHILD DEVELOPMENT 4.ADOLESCENT GIRLS 5.MENSTRUAL HYGIENE 6.SANITATION 7.RURAL AREAS 8.SCHOOL GOING CHILD 9.KNOWLEDGE PRACTICES 10.MDGs 11.GENITO-URINARY TRACT INFECTION 12.SOCIO ECONOMIC STATUS 13.MULTIVARIATE ANALYSIS 14.MENARCHE 15.ABSENTEEISM 16.EDUCATION 17.HOOGLY DISTRICT 18.WEST BENGAL.

6. Tara, M.S. et al. (2014).

Status of Implementation of MCP Card for Ante-natal, Natal and Child Care Services: A Study. Bangalore: NIPCCD Regional Centre Bangalore. G18557

Background : Maternal mortality data is understood to be an important indicator of overall health system . A quarter of all global maternal deaths are contributed by India. As per WHO , maternal mortality is defined as the death of a women during pregnancy or in the first 42 days after the birth of the child due to causes directly or in directly linked with pregnancy The Maternal Mortality, Ratio (MMR) in India is 212 per 100,000 live births (SRS 2007 – 2009) which is a decline from the earlier ratio of 254 during 2004 – 2006 of the 2.5 crore children born every year in India, only 1.75 crore survive and the remaining die before completing their fifth year. India is home to 42 per cent of the world's underweight children and 31 per cent of the world's stunted children. The MCP card is Maternal and Child Care entitlement Card which is an effective tool for counseling as also enabler in family empowerment while it aids in ensuring tracking of mother child cohort for health issues , it is also unique in linking , maternal , newborn and childcare initiative , on a continuous basis for follow up.

Objectives: To appraise the status of implementation of Mother Child Protection Card; to review the extent of functional convergence of the services provided for Maternal and Child Health; to document the community's perception on utilisation of services through MCP card.

Methods: The study was conducted in two states Andhra Pradesh (Nalgonda, West Godavari) and Kerala (Palakkad and Thiruvananthapuram). In all, eight ICDS projects were selected for this study comprising four from A.P and four from Kerala. A total number of 219 pregnant mothers, 215 lactating mothers, 331 mothers of 6 months – 3 years old children formed the sample size. Tools used were semi – structured interview schedules and observation schedule.

Findings: About 83 per cent of the pregnant mothers were below the age of 25 years; pregnant mothers who were above the age of 35 years were barely 1.3 per cent ; Younger mothers, irrespective of their physiological condition were more in Andhra Pradesh than from Kerala ;the age of the mothers of 6 months to 3 years children was found to be highest 93 per cent who were below 30 years ; only seven per cent of the mothers , in this category were above 30 years of age . Only 48 per cent of AWWs, 70 per cent of ANMs, 45 per cent of ASHAs, 50 per cent of ICDS supervisors and 37 per cent of CDPOs had requisite training to carry out their responsibilities especially for implementation of MCP Card; the supply and distribution of the MCP card was adequate in 81 per cent of AWCs, however the status was better in A.P (87.5%) as compared to Kerala (75%); 81 per cent respondents who had received the MCP card, were utilizing the card to avail the services as per information gathered from pregnant mothers. ANM in A.P(77%) provided the information on MCP card and its benefits, while in Kerala the information was given by AWWs (97%). The lactating mothers responded that ANMs (57%) provided the information on MCP card and its benefits in AP, while in Kerala the information was given by AWWs (99%); the mothers of 6 months to 3 years reported that ANM (64%) in AP and in Kerala AWW (97%) provided information on MCP card and its benefits; 96 per cent mothers were aware of need for registration in the AWCs for availing the services; the awareness was noted to be higher among the pregnant mothers in A P (98%) . As compared to Kerala (91%) 82 per cent of pregnant mothers were aware of the significance of antenatal check-ups; as

regarding anaemia, 76 per cent of pregnant mothers were aware of implications of severe anaemia. The percentage of pregnant mothers who were registered in the first trimester in AWC was found to be satisfactory (84%); all the pregnant women who have responded in the study had completed registration in the AWC in both the states; 98 per cent pregnant mothers said that AWWs, ANM, ASHA were able to provide information pertaining to the card as against the services rendered; 89 per cent pregnant mothers responded that MCP card was useful for them and their family; 89 per cent of lactating mothers received SNP from AWC and consumed the same; 90 per cent of 6 months – 3 years children received and consumed SNP from AWC and consumed the same. Mothers had received the services of JSY, IGMSY and timely immunization; 90 per cent of the lactating women and mothers of children between 6 months to 3 years revealed that they opted for institutional delivery; in Kerala all deliveries were institutional deliveries while in Andhra Pradesh institutional deliveries were noted to be 97 per cent. 70 per cent of children were born with normal birth weight (above 2.5 kg) and not much variation was noted between the states; the percentage of mothers with post natal complications was found to be high (21%) in AP as compared to Kerala (19%). 89 per cent of beneficiaries had registered for IGMSY scheme and only four per cent had received benefits of the scheme in A.P in first stage; in Kerala 81 per cent had registered in first stage and none of them received the benefits; 89 per cent of mothers of 6 months – 3 years children had registered for IGMSY scheme in A.P, while in Kerala 99 per cent of mothers had registered under IGMSY and 64 per cent of mothers received benefits from the scheme. The entries in the card at the village/AWC level had been adequately made by the ANM and AWW, however the verification of these entries in MCP card was not consciously done; joint visits by ANM, AWW, ASHA have been undertaken in both the states.

Recommendations : It is recommended to introduce the card on a phased manner whereby pregnant mothers receive training on the card initially, followed in accordance with the needs of subsequent phases; a system of cross checking the data would be introduced within the system, which will enhance accountability. For maximizing the benefits to the individual beneficiary for realizing the timely benefits, integrating JSY through counseling the mothers using MCP card will bring synergy, and hence functional linkage could be established more systematically.

Key Words: 1.HEALTH 2.MOTHER AND CHILD PROTECTION CARD 3.CHILD DEVELOPMENT 4.MCP CARD 5.ANTENATAL 6.NATAL 7.CHILD CARE SERVICES 8.ICDS 9.HEALTH 10.MATERNAL MORTALITY 11.INFANT MORTALITY 12.WHO CHILD GROWTH CHART 13.GROWTH AND DEVELOPMENT 14.EDUCATION STATUS 15.PREGNANT MOTHERS 16.LACTATING MOTHERS 17.AWC 18.IGMSY 19.INSTITUTIONAL DELIVERIES 20.BREASTFEEDING 21.JSY 22.ASHA 23.AWW 24.IRON 25.FOLIC ACID 26.IMR 27.IYCF 28.MDGs 29.POSTNATAL CARE 30.TOTAL FERTILITY RATE 31.VHND 32.MALNUTRITION 33.MATERNAL AND CHILD CARE 34.ENTITLEMENT CARD 35.THR 36.ANM 37.BIRTH WEIGHT 38.FULL TERM BABY 39.NUTRITIONAL STATUS 40.CDPOs 41.LADY HEALTH VISITOR (LHV) 42.NALGONDA 43.WEST GODAVARI 44.PALAKKAD 45.THIRUVANANTHAPURAM 46.ANDHRA PRADESH 47.KERALA.

NUTRITION

7. Rajaretnam, T. and Gupta, Shilpi. (2013).

Magnitude and Causes of Malnutrition in Jharkhand, India : A Study in Hazaribagh and Khunti Districts. Mumbai : Tata Institute of Social Sciences.

Source : www.planindia.org

G18571

Background : Malnutrition , more specifically under nutrition , is a worldwide health hazard and is continuously increasing. Malnutrition is not only a risk factor for neonatal deaths , but also a cause for disability , mental retardation, poor health , blindness and premature deaths. There are two types of malnutrition namely protein energy malnutrition (PEM) and micronutrients deficiency. The causes of malnutrition are varied in nature such as poverty hunger, socio economic conditions, unsafe drinking water and poor sanitation, lack of health care, and also inadequate and inappropriate food habits. Every day, more than 6,000 children below age five die in India and more than half of these deaths are caused by malnutrition, mainly because of lack of various micronutrients like vitamin A, Iron, Iodine, Zinc and Folic acid.

Objective: To estimate the prevalence of under nutrition among children, adolescents and women of reproductive age, measured in terms of anthropometry and clinical assessment; to identify the socio-cultural, economic, health and program factors contributing to under nutrition among the target groups.

Methods: The subject under study were children (0-4 and 5-12 years); Adolescents (13 – 19 years) and Ever Married Women of reproductive age (EMWS) 20 - 44 years. The study was conducted in two districts of Jharkhand namely Hazaribagh and Khunti and the sample of 2664 households distributed in 31 panchayats were selected for the study .Tools used were household questionnaire, an adolescent girl questionnaire, an EMW questionnaire and an anthropometric measurement cum clinical assessment form.

Findings: Around 35 per cent of the population in both districts were in the age group of 0-14 and the overall sex ratio was better in Khunti district (953) than in Hazaribagh district (896); nearly two-thirds of the women in Hazaribagh and 33 per cent in Khunti district were married before the age of 18 years; majority of the children were attending school until high school level; 50 per cent of males and 20 per cent of females were engaged in some kind of economic activity; the socio economic background of the study population indicated that Hazaribagh was economically better off than Khunti district, but the social background of Khunti district, inspite of being a tribal district was equally better than Hazaribagh district in the form of literacy level and age of marriage of girls. About 40 per cent children in 0-4 age group were under nourished and half of them were severely undernourished in both the districts; 55 per cent of male

and female children in the age group of 5-12 years were undernourished and half of them were severely undernourished. Among adolescents in the age group of 13-19 years, more than 50 per cent were under nourished and nearly a half of them were severely undernourished and the proportion of undernourished was higher among males than among females and higher in Hazaribagh than in Khunti district. Among ever married women (EMWS) in the age group 20-44 years, 30 per cent were energy deficient and it was substantially higher in Khunti than in Hazaribagh district. Among children in the age group of 0-5 years, deficiency symptoms were relatively more in Khunti district than in Hazaribagh ; between males and females, some symptoms were found more among males than among females; in the age group of 6-12 years, nearly 30-40 per cent children, were detected with deficiency symptoms in nails, tooth etc. Among adolescents of age 13-19 years, nearly 30-40 per cent were detected with deficiency symptoms in nails, gum, skin, eyes etc; the micronutrient deficiencies detected were symptoms related to iron deficiency anaemia(IDA) and vitamin C were highly prevalent in about 50 per cent of males and females of both the districts. Among EMWs of age 20-44 years nearly 40-50 per cent, in both the districts were detected with deficiency symptoms in nails, gums, eyes etc. The crude birth rate was 24.3 in Khunti and 21.4 in Hazaribagh district; the total fertility rate (TFR) was 2.9 in Khunti and 2.4 in Hazaribagh district. Most of the births occurred to women in the age group of 20-30 years and higher order births were very few. In the study population, institutional facilities for seeking antenatal, natal and post-natal care were very few, the proportion of pregnant women who received at least two doses of Tetanus Toxioid (TT) injection was only 53 per cent in Hazaribagh and 43 per cent in Khunti district and the proportion of children who received full immunization was 70 per cent in Hazaribagh and 52 per cent in Khunti district; all the mothers initiated breast feeding within three hours of birth of the child. In the study population, most of the adolescent girls were studying and very few were working; a large proportion of girls did not consume pulses and green leafy vegetables on regular basis; the age at menarche was 12 or less for only 18 per cent of the girls in Hazaribagh and 42 per cent in Khunti district; regarding food habits of household members, in general, cereal (staple) food items, rice was consumed by all households and daily basis, and wheat was consumed by two-thirds of the household of Hazaribagh and only one-fifth in Khunti district on a daily basis. The per capita consumption was very less and often which lead to deficiency in vitamins, minerals and protein energy deficiency among the study population. Most of the mothers received food supplements from the anganwadi during pregnancy or after child birth; among children in the age group of 3-6 years, only 35 per cent in Hazaribagh and 58 per cent in Khunti district received cooked food supplements from the anganwadi; the 'Take Home Food' was often shared among all the members of the family defeating the purpose of food supplementation to the vulnerable groups. The dietary intake of children, adolescents and women based on 24 hour recall method on a subsample of ten per cent of the households showed that only few individuals had nutrient intake as per the recommended dietary allowance (RDA). The logistic regression analysis showed that under nutrition was relatively higher in

Hazaribagh than in Khunti district and more among males than among females; the analysis indicates that under nutrition among children, adolescents and women were related to social, cultural, economic and also program factors.

Recommendations: There is a need to expand the Public Distribution System (PDS) supply and to include items like wheat, pulses, oil etc as this will cultivate the habit of consuming such items and improve their nutritional status. The ICDS program needs to be strengthened to ensure better coverage of mothers and children and to increase the supply of food supplements. Self Help Groups, mahila mandals, youth clubs to facilitate adolescents and women to come together and discuss issues pertaining to their health and nutrition should be encouraged. Local health programs needs to be designed for educating the community.

Key Words: 1.NUTRITION 2.MALNUTRITION 3.CHILD DEVELOPMENT, 4. HEALTH AND NUTRITION 5.SOCIO ECONOMIC AND DEMOGRAPHIC PROFILE 6.ADOLESCENT GIRLS 7.CLINICAL NUTRITIONAL 8.ASSESSMENT OF CHILDREN 9.WOMEN OF REPRODUCTIVE AGE 10. EDUCATIONAL STATUS 11. ILLITERACY 12. UNDER NUTRITION 13. FERTILITY 14. MORBIDITY 15. ICDS 16. NUTRIENT INTAKE 17. SCHOOL DROPOUTS 18. WORK PARTICIPATION RATE 19. SEX RATIO 20. BIRTH AND FERTILITY RATES 21. MOTHER AND CHILD CARE 22. ANTENATAL CARE 23. BREASTFEEDING 24. CHILD IMMUNISATION 25. REPRODUCTIVE HEALTH OF ADOLESCENT GIRLS 26. MENARCHE MENSTRUATION 27. ANGANWADI CENTERS 28. DEFICIENCY SYMPTOMS 29. RECOMMENDED DIETARY ALLOWANCE 30. 24 HOUR RECALL METHOD 31. JHARKAND 32. HAZARIBAGH 33. KHUNTI DISTRICTS.

8. Shibulal, A. (2013).

A Study on the Prevalence of Under-Nutrition and its Determinants in Anganwadi Children of Malappuram District, Kerala. Trivandrum, Kerala: Sree Chitra Tirunal Institute for Medical Sciences and Technology.

Source : www.sctimst.ac.in

G18577

Background: In India, under nutrition is a major public health problem. According to reports 42.5 per cent of children in India are underweight and 48 per cent are stunted and 19.8 per cent are wasted. The group most vulnerable to under nutrition and its adverse effects are children below five years who constitute a special risk group in any population.

Objectives: To find out the prevalence of under nutrition among children attending Anganwadi's in Malappuram district and study its determinants.

Methods : A cross sectional study was conducted on children attending Anganwadi's in Malappuram district Kerala. A sample size of 535 children was selected for the study. Tools used were structured questionnaires , SECA weighing scales and other standardized procedures to record anthropometric measurements of height and weight of children

Findings: Majority of the children (93.5%) were from rural backgrounds; the mean age of the study population was 46 months (range 22-71; standard deviation (sd) 8 months) with a mean height of 95 cm (range 72-77; sd 6.6) and a mean weight of 13 kg (range 8-21.4; sd 1.8) . 81.7 per cent children had normal birth weight and 85 per cent had completed their primary immunization; exclusive breastfeeding upto four months was given only to 45 per cent of the children; 69.7 per cent had reported illness in the past six months; awareness levels of mothers with regards to diarrhoeal diseases and its management were quite high. Only a small percentage of them (18 %) had awareness about the ongoing Mass Drug Administration (MDA) program against Filariasis. The rate of under nutrition with weight for age analysis was found to be 37 per cent; proportion of under nutrition was more in babies who were reported as small at birth compared to those who were reported as large at birth; the rate of stunting and wasting in the study population was 39.5 per cent and 20.8 per cent respectively. The rates of under nutrition among children upto three years of age was 19 per cent, 3-4 years of age was 33.2 per cent, 4-5 years of age was 42.3 per cent and for children above five years was 63 per cent; rates of wasting and stunting also increased with the birth order; the degree of under nutrition was more in those children who were not completely immunized upto their age; the prevalence of under nutrition was slightly less in houses headed by females; the prevalence of under nutrition was higher in families with more number of under five children; persistent diarrhoea was a major cause of under nutrition. The utilization of the MDA programme 2012 was only 18.5 per cent; the awareness about measles vaccination in decreasing the occurrence of LRI was 34.6 per cent and the immunization coverage was 85.4 per cent; under nutrition

was found to be 3.6 times higher in children of 4-5 years and 8.8 times higher in children of 5-6 years as compared to children of three years.

Conclusion: Though Kerala stays well ahead of other states in India in the field of health , study shows that high levels of under – nutrition in children persists in Malappuram district. The rate of under nutrition in Malappuram is much higher than rest of Kerala . Health department has a crucial role in assisting ICDS programme to find out and tackle malnourished children in the district.

Key Words: 1.NUTRITION 2.UNDER NUTRITION 3.CHILD DEVELOPMENT 4.ANGANWADI CHILDREN 5.UNDERWEIGHT 6.STUNTED 7.WASTED 8.UNDER FIVE 9.ICDS 10.SOCIO-DEMOGRAPHIC PROFILE 11.IMMUNISATION 12.WHO 13.MASS DRUG ADMINISTRATION (MDA) 14.EDUCATION STATUS 15.MALNUTRITION 16.PUBLIC DISTRIBUTION SYSTEM (PDS) 17.LOCAL SELF GOVERNMENT INSTITUTES 18.MALAPPURAM DISTRICT 19.KERALA.

9. Shiv Charan Mathur Social Policy Research Institute, Jaipur. (2010).
A Study Mid Day Meal Scheme in Rajasthan : Districts, Tonk and Sawai
Madhopur. Jaipur: SCMSPRI.

G18573

Background : Under the Mid day Meal Scheme (MDMS) children are assured atleast one meal in a day with necessary nutrients. Another factor behind the MDMS was to attract children towards the school, thus furthering the cause of universal enrolment, with maximum retention and completion of prescribed academic studies in the school. MDMS provides nutritious food to children there by saving them from the state of malnutrition.

Objectives: To find out the extent of acceptability of MDMS at different levels of educational management, teachers and children ; to find out whether MDMS has lived upto the expectations entertained at different levels; to identify problems and hurdles, faced with implementing MDMS in schools.

Methods: The study was conducted in Rajasthan. 80 schools from Sawai Madhopur and 103 from Tonk were selected for the study. Data was collected through questionnaires. Most of the children were in the age group of 6 to 14 years.

Findings: In total there were 183 schools out of which 166 were located in rural areas and 17 were urban based; in total, there were 1962 MDM committee members across 183 schools; the gender wise percentage of school going children was 54.6 per cent for boys and 45.4 per cent for girls; in rural areas; 91.2 per cent of children were studying in govt. primary and upper primary schools. 25 per cent parents stated that MDM did not hinder teaching in schools; 69 per cent of the respondents had not tasted the cooked food and 75.4 per cent found it full of the necessary nutrients. Around 63 per cent of the children found the school attractive because of MDM, 96.72 per cent of child respondents stated that they stayed in the school after MDM. According to 26.8 per cent children respondents, same kind of food was given to them every day. 98.9 per cent of the children, stated that the MDM was served every day and 77 per cent of them found the cooked food of good quality; in terms of quantity of food served to them it was adequate and as per requirement, according to 76.5 per cent children; 79.8 per cent children attended the school for learning, though 20 per cent came to school only for MDM; 56.83 per cent children said that home cooked food was better than MDM, about 55.2 per cent children were engaged in bringing water while 49.7 per cent were involved in cleaning utensils; trained cooks were available only in (17 out of 183) schools; according to teachers, children were not involved in MDM related tasks; the menu of MDM was appropriate as per 90.71 per cent of teachers and the quality of subsidiary items like vegetables etc. was good. Social audit of MDMS had not been done in 100 out of 183 schools; only 39.3 per cent of the respondents were affirmative while 60.7 per cent said that there was no improvement in

enrolment owing to MDMS. On parameters like contribution of MDMS in enhancing learning capacity of children, 70 per cent of them gave a negative response; in the opinion of teachers, the MDMS has made only an insignificant contribution in improving the quality of education; 23 per cent teachers wanted MDMS to be stopped. Regarding the contention of the teachers with regard to enrolment vis-à-vis MDMS the enrolment had come down from 10594 in the year 2005-06 to 9492 by September 30, 2009, while the retention too has declined from 89.8 per cent in the year 2005-06 to 72.4 per cent in the same period. 75.7 per cent of the enrolled children were reported to be present on the day prior to team's visit as per the school register; on the day of reckoning, 68.5 per cent children were present during the morning session. The number went down to 61.7 per cent of the total enrollment in the post mid day meal session; 17.5 per cent parents gave MDM as reason for their children's admission in schools.

Recommendations: There should be enhanced participation of women at the level of supervision and monitoring; it should be made mandatory for monitoring quality standard and variety in MDMS. While stressing on the inevitability of teachers involvement in MDMS, their load in this matter should be reduced, as laid down under the RTE, by more intensive involvement of members of School Management Committees (SMCs).

Key Words: 1.NUTRITION 2.MID DAY MEAL SCHEME 3.CHILD DEVELOPMENT 4.ELEMENTARY EDUCATION 5.RTE 6.PRIMARY EDUCATION 7.SOCIO-ECONOMIC FACTORS 8.SSA 9.ENROLMENT 10.RETENTION 11.SCHOOL EDUCATION SYSTEM 12.RAJFED 13.NUTRITIOUS MEALS 14.MDM MENU 15.NATIONAL PROGRAMME FOR NUTRITION SUPPORT TO PRIMARY EDUCATION 16.RAJASTHAN 17.TONK 18.SAWAI MADHOPUR.

SCHEDULED CASTES

10. Ramachandran, Vimala and Naorem, Taramani. (2013).
What it Means to be a Dalit or Tribal Child in Our Schools : A Synthesis
of a Six-State Qualitative Study. *Economic and Political Weekly*,
November, Vol.48(44) : 43-52.

G18575

Background: The National Policy on Education (1986) saw universal education as a powerful tool to help neutralize distortions of the past and gives children a level playing field. The Right to Education (RTE) Act 2009 attempted to take this forward by guaranteeing all children the right to go to school, the right to be treated with love and care, and most importantly, the right to be treated equally and with dignity.

Objectives: To explore blatant, subtle and hidden practices that influence the ability of children to learn, grow and become confident young people.

Methods: The study was conducted in six states of India (Andhra Pradesh, Assam, Bihar, Odisha, Madhya Pradesh and Rajasthan). A total of 120 schools participated in the study. Classes IV and VII were observed during the school visits. Tools used were classroom observation, semi-structured interview, focus group discussions.

Findings: Infrastructure facilities were poor in almost all the states, there were inadequate classrooms and very few usable toilets; all teachers posted in schools were not attending the schools regularly ;the present structure of school management committees (SMCs) or village education committees (VECs) was not effective enough to ensure the involvement of parents; discussions with teachers from all the six sample states highlighted a common perception that children from very deprived social groups did not perform well in school. Across all states, regular attendance was a serious issue among children from extremely poor and marginalized communities; regarding enrollment and attendance the proportion of children from socially disadvantaged groups was much higher in the sampled schools than their share in the population; there was a gap between attendance reported in school records and the number of children present on all three days of field visits; in all the states such children were excluded from active participation in class because they were not able to keep pace with the lessons being taught. In Rajasthan in most of the schools, the forward caste children drank water first or washed their MDM plates before the SC and ST children; in Andhra Pradesh all children brought water in bottles from home as water was unhygienic in school, in Odisha, 90 per cent of the schools had some drinking water facility; in Assam, six out of the 20 schools visited did not had any drinking water source; in Bihar 93 per cent of schools had access to drinking water. There was discrimination not just on the visible

basis of access but also more subtly in the order of priority of access. Very few schools had usable toilets with proper water facilities; in several schools, usable toilets were locked for the use of teachers and girls were asked to clean them; although library books were issued to students, teachers did not allow the SC students to take the books home or use them because they were considered dirty and were likely to soil the books; clear gender and caste based behavior was seen in the classroom and also in the school in the chores that the teachers assigned to the children. No direct connection or link between caste discrimination and physical punishment in any of the states was seen though verbal abuse using caste/community was observed in several schools. In all the states, children from better-off families did not eat the MDM and went home for lunch. In all the six states, boys and girls sat in separate rows or in clearly demarcated spaces. Regarding children's perception in Andhra Pradesh, children said that girls did the cleaning and boys carried and dumped the collected dirt; in Assam children said that teachers paid attention to bright children only; in Bihar majority of children said that cleaning tasks were assigned to deprived communities; in Madhya Pradesh children were articulate about the tasks assigned to them and were aware of the caste they belonged to; in Odisha only girls did the cleaning; in Rajasthan sweeping was done by girls from the SC or ST communities only. Few inclusive practices were observed by field investigators across all states. Cooperation and communication between the local community, teachers and SMC led to promoting inclusion in schools; in all the schools visited there were either very few or no children with special needs.

Recommendations: Involving children in creating an egalitarian atmosphere could bring moral pressure on teachers, administrators and local leaders to not differentiate or discriminate. Creating alternative forums/platforms where teachers and community leaders can come together to communicate the need to ensure that schools are free of discrimination.

Key Words: 1.SCHEDULED CASTES 2.UNTOUCHABILITY 3.CHILD DEVELOPMENT 4.DALIT 5.TRIBAL CHILD 6.SCHOOL GOING CHILDREN 7.OUT OF SCHOOL CHILDREN 8.SSA 9.RTE 10.EDUCATIONAL STATUS 11.PRIMARY EDUCATION 12.MDM 13.LANGUAGE 14.INFRASTRUCTURE FACILITIES 15.ENROLLMENT 16.ATTENDANCE 17.CORPORAL PUNISHMENT 18.SEXUAL PUNISHMENT 19.SEXUAL HARASSMENT 20.SCHOOL MANAGEMENT COMMITTEES 21.V ECS 22.ANDHRA PRADESH 23.ASSAM 24.BIHAR 25.ODISHA 26.MADHYA PRADESH 27.RAJASTHAN.

B. Research Abstracts on Child Protection

CHILD LABOUR

11. Gupta, Shilpa. (2012).
Socio-economic Analysis of Child Labour as Domestic Servants : A Case Study of Bathinda District. Patiala: Punjab University, Department of Economics.

Source : www.shodganga.inflibnet.ac.in

G18553

Background : Child labour constitutes the most deprived section of population who are forced to earn and contribute to family work sacrificing personal development. A large number of children are involved in economic activities and remain in conditions that are inappropriate for their development. A high incidence of child labour and a very low school enrollment of children continue to pose serious problems for the country. Children who work as domestic labour outside the family home are vulnerable and exploited often.

Objective: To examine the extent of child labour in Punjab; to examine the socio economic conditions, causes and working conditions of the child labour as domestic servants.

Methods: The study was conducted in Bathinda district of Punjab. A sample of 388 respondents was selected for the study. The data was collected through a comprehensive schedule. Secondary data was used wherever necessary.

Findings: There has been a sharp decline in the number of working children from 13.3 million in 1993-94 to 4.98 million in 2009-10(NSS); it was found that the percentage share of child labour in Bathinda district was 6.72 per cent which is higher than its corresponding share in total child population (4.83%) of the state; regarding the household level determinants it was observed that the medical expenses were incurred by the family. About 44.14 per cent female workers were in the age group of six to eight years while 43.88 per cent of male workers were in the age group of 9-11 years; 60.31 per cent of fathers and 79.38 per cent of mothers of child domestic workers were illiterate; 60 per cent of children were working as domestic servants due to poverty; ten per cent due to inappropriate school facilities and seven per cent due to lack of interest in studies. 25 per cent male and 54 per cent female workers were illiterate while 72 per cent males and 32 percent females were school dropouts; regarding the economic status of the family, it was found that about 45 per cent families of these children had less than Rs.3500 per month household income; as far as working conditions were concerned, 53 per cent male child domestic workers lived with their employer while 89 per cent female workers lived with their

parents; about 75 per cent males and 96 per cent females started work at the age of nine years; 78 per cent male workers and 56 per cent female workers never changed their work place; it was found that the working hours of child domestic workers depended on their status of employment ; full time workers worked for more than eight hours while working hours for the part time workers varied from five to eight hours. About 67 per cent male workers worked for 25 days and 63 per cent female workers worked for 25 to 30 days; 34 per cent male child domestic workers were paid between Rs 1200-1600 and they worked for more than eight hours; about 42 percent females were paid less Rs 800 per month for 5-8 working hours per day; 35.71 per cent males and 15.52 per cent females were punished with regular scolding; 50 per cent child domestic workers were not satisfied with their present job.

Recommendations: Income support programmes for the poor people must be introduced and effectively implemented, these measures should be integrated in various local, national and international programmes as well as programmes to be implemented by the government and voluntary organizations. Besides poverty various other factors affecting distribution of child labour (like rate of urbanization ,total migrant inflows , illiteracy level etc) should also be kept in mind while making policies to eradicate child labour and area specific measures should be taken to control the incidence of child labour. Significant schooling facilities and quality education are needed to be provided so that children are not forced to drop out from schools early and join labour force.

Key Words: 1.CHILD LABOUR 2.DOMESTIC WORKER 3.CHILD PROTECTION 4.CHILDREN IN NEED OF CARE AND PROTECTION 5.SOCIO-ECONOMIC ANALYSIS 6.ECONOMIC ACTIVITIES 7.ILLITERACY 8.ILO 9.CHILD DOMESTIC LABOUR 10.PROHIBITION AND REGULATION ACT, 1986 11.WORKING CONDITIONS 12.RURAL AREAS 13.URBAN AREAS 14.WORK PARTICIPATION 15.EMPLOYMENT 16.DROPOUTS 17.BATHINDA 18.PUNJAB.

12. Kaur, Ranvinderjit. (2012).

Problem of Child Labour in Punjab : A Case Study of Sangrur and Barnala Districts. Patiala: Punjab University, Department of Public Administration.

Source : www.shodhganga.inflibnet.ac.in

G18555

Background : The International Labour Organisation defines, child labour as work that deprives children of their childhood and their dignity which hampers their access to education and the acquisition of skills and which is performed under deplorable conditions harmful for their health and their development. The working force of child workers are more in rural areas as compared to urban settings. There are many reasons for the prevalence of child labour like unemployment, illiteracy, lack of educational facilities and poverty.

Objectives: To examine the magnitude of the problem of child labour in Punjab; to identify the factors that forces the parents / family members to send their children to the labour market; to analyse the various schemes / plans adopted by government of Punjab to combat the problem of child labour.

Methods:The study was conducted in Barnala and Sangrur districts of Punjab. A sample of 320 child labour were selected who were working as domestic workers, brick kiln workers, agricultural workers and carpet weavers. Information was collected through personal interviews and questionnaire method.

Findings: Maximum numbers of child labourers belonged to the age group of 12-14 years from both the districts; 62.61 per cent child labourers in Sangrur district and 56.3 per cent in Barnala district were found to be primary passed; poverty, household's impoverished conditions, death of bread winner etc. were the compelling reasons for sending their children to work. Two NGOs namely Rationalist Society of Punjab in Barnala district and Umeed Khanna Foundation in Sangrur district were offering a variety of educational services in their attempt to provide an alternative to child labour; 30.62 per cent children were found working as well as attending schools, a majority of such children consisted of children working as domestic servants in homes and in agricultural fields. The participation of male child workers was comparatively low in domestic work as compared to the participation of male child workers in brick kiln and agricultural works in both the districts, on the other hand, female and workers participation was higher in domestic works and carpet weaving in both the districts. It was found that the parents of 150 child labourers were not aware of constitutional provision of compulsory and free primary education in Sangrur district whereas in Barnala district 148 child labourers parents were not aware of these provisions. A very small proportion of parents expressed the view that they were aware about child labour laws and regulations.

Recommendations: There is a need for building effective mechanism and structural pattern to ensure that all the laws framed by the government for the eradication of child labour must be implanted. Action plans for the eradication of child labour must be multifaceted and multidimensional and should have diverse approaches so as to provide solution to the complex and deep rooted problem of child labour. A campaign to promote awareness of the convention, the constitutional provisions and the situation of children in Punjab must be launched.

Key Words: 1.CHILD LABOUR 2.CHILD PROTECTION 3.CHILDREN IN NEED OF CARE AND PROTECTION 4.SOCIO-ECONOMIC CONDITIONS 5.CHILD RIGHTS VIOLATION 6.MAGNITUDE 7.UNEMPLOYMENT 8. ILLITERACY 9.ILO 10.CHILDREN IN NEED OF CARE AND PROTECTION 11.SCHOOL 12. DROPOUTS 13.POVERTY 14.WORK PARTICIPATION 15.PUNJAB 16.SANGRUR 17.BARNALA DISTRICTS.

13. Mohapatra, Sanjay and Dash, Manusmita. (2011).
Child Labour : A Product of Socio-economic Problem for India, Findings
and Preventives : A Case of Bhubaneswar, a State Capital of India.
Educational Research, Vol.2(6) : 1199-1209.

Source : www.interestjournals.org

G18554

Background: Child labour is a socio-economic phenomenon. The socio-economic backwardness followed by poverty, illiteracy, unemployment, demographic expansion, deep social prejudices and above all the government apathy are commonly, considered as the most prominent causative factors for large scale employment of children.

Objectives: To understand the character of the job in which the child is engaged, the dangers to which they are exposed and the development opportunities they are denied.

Method: The study was conducted in Bhubaneswar capital city of Odisha.

Findings: The street children in the city of Bhubaneswar were mostly rag pickers who generally stayed with their parents and family members who were migrants from various districts of West Bengal; 78 per cent boys and 22 per cent girls in the age group of 11 to 14 years were involved with the rag picking activities; 60 per cent children were illiterate and had never been to school and 95 per cent drop out rate in case of those who had been to school, continuing rate was five per cent. The average working hours was six hours and the most favourable timing of work was 5 a.m. to 11 a.m. in the day time; 85 per cent of the children were not comfortable with the rag picking activities; 80 per cent of children were interested in vocational training such as card making, tailoring etc. More than 70 per cent of the children had taken the preventive medicine or injection for polio; 85 per cent children were not taking any kind of drug / alcohol/ smoke but around 10-15 per cent in the age group of 11-14 years were taking bidi, cigarette and gutkha for the sake of fun and fantasy. Around five per cent children were caught by the police in suspicion and theft during police patrolling in the city in early hours of morning; almost all the children were interested for the shelter home and had given response like 'nice', 'good' for a shelter home with good food, entertainment, education, vocational training etc.

Recommendations: All sections of the society need to work together to stop misuse and abuse of children. A networking of international NGOs working in this field should be created for advocacy with various departments to ban child labour.

Key Words: 1.CHILD LABOUR 2.CHILD PROTECTION 3.CHILDREN IN NEED OF CARE AND PROTECTION 4.SOCIO ECONOMIC PROBLEMS 5.POVERTY 6.UNEMPLOYMENT 7.ILLITERACY 8.SOCIAL EVIL 9.WORKING CONDITIONS 10.SCHOOL DROPOUTS 11.RURAL AREAS 12.ILO 13.RAG PICKERS 14.SHELTER HOMES 15.COMMUNITY BASED CONTACT PROGRAMME 16.DAY CARE CENTRE 17.FOSTER CARE 18.CHILD RIGHTS 19.HARASSMENT 20.HEALTH PROBLEMS 21.MALNUTRITION 22.SUBSTANCE ABUSE 23.BHUBANESWAR 24.ODISHA.

DESTITUTE CHILD

14. Akoijam, Brogen Singh et al. (2013).
Inhalant Use among School Children in Northeast India : A Preliminary Study. *Substance Abuse : Research and Treatment*, 7 : 185-190.
Source : www.ncbi.nlm.nih.gov
G18552

Background : Inhalants include a range of volatile, common house hold products that produce chemical vapours and can be inhaled to induce a mind – altering effect. Children, intentionally misuse these substances because they have limited access to alternative substances of abuse. Inhalant use has also been linked to school dropout.

Objectives: To determine the prevalence and document inhalant use characteristics such as sex, procurement, place of use, and parents knowledge of the habit among school children in the north eastern India.

Methods: A cross sectional study was carried out among school children of eight to eleventh standards in six North East states of India (Manipur, Nagaland, Meghalaya, Mizoram, Arunachal Pradesh and Tripura. A total of 3943 students participated in the study. Tools used were semi-structured questionnaires to collect data.

Findings: The age of the children ranged from 12-18 years with a mean of 14.8 ± 1.2 years; nearly one-fifth of the respondents had used an inhalant at least once in their life time. The highest proportion of ever users was from Arunachal Pradesh and the lowest proportion was in Tripura ;nearly half of the ever users had used inhalants in the past one month (current users) and 2.8 per cent used them every day; two-thirds of the current users used their own money to buy inhalants. Inhalant use appeared to increase with age, from 7.6 per cent at an age of 12 years to 25 per cent at an age of 18 years; the main reasons for initiating use of inhalants included curiosity (34.4%), or to forget problems at home and schools (23.7%) .Common inhalants misused by the students included adhesives (28.4%), adhesive with correcting fluids (15.4%), and adhesives with other inhalants (11.5%); 75 per cent of the inhalant users wanted to stop the habit or had tried to stop in the past (79.1%); compared to girls, boys were more aware of inhalants (30.5% vs 22.3%) and had better knowledge regarding dangers of using inhalants (21.3% vs. 16%). Inhalant users were found to be more likely tobacco users.

Conclusion: A detailed study on inhalant use among school children should be conducted and control activities should be initiated .Sensitization of the parents and school authorities should be done, as well as preventive

Key Words: 1.DESTITUTE CHILD 2.CHILD ABUSE 3.SUBSTANCE ABUSE 4.CHILD PROTECTION 5.CHILDREN IN NEED OF CARE AND PROTECTION 6.INHALANT USE 7.SCHOOL CHILDREN 8.SOCIO-ECONOMIC STATUS 9.DROPOUTS 10.STREET CHILDREN 11.DE-ADDICTION CENTERS 12.ENROLLMENT 13.CURRENT USERS 14.DEMOGRAPHIC CHARACTERISTICS 15.TOBACCO USERS 16.NORTHEAST INDIA 17.ARUNACHAL PRADESH 18.MANIPUR 19.NAGALAND 20.MEGHALAYA 21.MIZORAM 22.TRIPURA.

SOCIAL DEFENCE

15. Ray, Subhasis et al. (2013).

Juvenile Justice Indicators in India : An Assessment: A Report. New Delhi: NIPCCD.

G18560

Background : In view of various international conventions and standards related to juvenile justice system, the Institute considered it befitting to evolve certain indicators, which could help identifying modalities for assessing whether the standards laid are being met. UNICEF and UNODC have jointly come up with certain juvenile justice indicators for adaptation of which in Indian situation, the Institute undertook the present study.

Objectives: To assess the existing juvenile justice system in India vis-à-vis the quantitative and qualitative indicators; to ascertain the situation of juveniles who have entered into the juvenile justice system based on the indicators; to suggest changes wherever considered desirable , in policy matters concerning juvenile justice system in the country by measuring various indicators.

Methods: Information on the indicators were collected from detention centres, Juvenile Justice Boards, Special Juvenile Police Units and nodal departments of State Governments covering 30 States and Union Territories. All the observation homes and special homes functional in the year 2009 were covered under the study.

Findings: A set of 15 indicators were developed which were divided into two categories : Quantitative indicators (11) and policy related / indicators or qualitative indicators (4). Quantitative Indicators regarding Children in Conflict with the law 783 children were apprehended during 2009 per 100,000 children; regarding children in detention 0.94 children were in detention per 100,000 child population; regarding children in pre-sentence detention 0.74 children per 100,000 child population. Regarding duration of pre-sentence detention 86.5 per cent children were detained for a period not extending four months in observation homes in 2009, regarding duration of sentenced detention 51.3 per cent spent less than one month in sentenced detention; zero child deaths were reported in detention during a 12 month period, per 1000 children detained; regarding separation from adults 0.8 per cent of children in detention were not completely separated from adults; regarding contacts with parents and family about 44.8 per cent of children (who had completed 3 months in detention) had been visited by or visited, parents, guardian or an adult family member. About 2.4 per cent children received custodial sentence; regarding pre-sentence diversion 6.2 per cent of children diverted in a 12 month period; 0.0 per cent of children released from detention received after care; Regarding policy / Implementation Indicators system of regular independent inspections were

moderately protected by law or policy; system of complaints mechanism were moderately protected by law or policy; specialized juvenile justice system existed and was extremely well protected by law or policy, no direct national plan existed for prevention of child involvement in crime though various measures existed to mainstream children which were moderately protected by law or policy.

Recommendations: The final order of juvenile should be passed after considering the age , nature of offence and the socio – economic background of the child; police officers attached with SJPUS all over need to be thoroughly oriented to the significance of pre- sentence diversion in an effective Juvenile Justice System ; All state governments and Union Territories evolve and adopt a policy of regular inspection mechanism to monitor all the detention centres under the jurisdiction ;no formal plan to prevent children’s involvement in crime has yet been evolved. Such a plan involving all the stake holders including family, youth, community, schools, NGOs police, judiciary indeed is the need of the hour.

Key Words: 1.SOCIAL DEFENCE 2.JUVENILE JUSTICE 3.DELINQUENT CHILD 4.CHILD PROTECTION 5.JUVENILE JUSTICE SYSTEM 6.JUVENILE JUSTICE INDICATORS 7.JUVENILES 8.CHILDREN IN CONFLICT WITH LAW 9.CHILDREN IN DETENTION 10.PRE-SENTENCE DETENTION 11.SENTENCED DETENTION 12.CHILD DEATHS 13.CUSTODIAL SENTENCING 14.AFTER CARE 15.COMPLAINTS MECHANISM 16.PREVENTION 17.SPECIALISED JUVENILE JUSTICE SYSTEM.

16. उत्तर प्रदेश मे गुमशुदा बच्चों की स्थिति : (2013).

लखनऊ : क्वालिटी इंस्टीट्यूशनल केयर एण्ड आल्टरनेटिव फॉर चिल्ड्रेन.

भूमिका /परिचय : भारत सरकार के राष्ट्रीय अनुसंधान ब्यूरो के आंकड़े गवाह हैं कि देश में हर साल औसतन नब्बे हजार बच्चों के गुमने की रिपोर्ट थानों तक पहुंचती है, इनमें से तीस हजार से ज्यादा का पता नहीं लग पाता है । यह बात भी सरकारी आंकड़ों में दर्ज है कि भारत में कोई 900 संगठित गिरोह, जिनके सदस्यों की संख्या पांच हजार के आस-पास है जो बच्चे चुराने के काम में नियोजित रूप से सक्रिय हैं । यह एक दुःखद, लेकिन चौंकाने वाला तथ्य है कि भारत में हर दूसरा बच्चा यौन शोषण का शिकार हो रहा है । गरीबी, अशिक्षा, रोजगार का अभाव और भविष्य के लिए सुरक्षा व्यवस्था का न होना आदि कारकों से ही बच्चे कई बार स्वयं घर छोड़ने को मजबूर होते हैं या फिर उनके अभिभावक उन्हें बाहर भेज देते हैं । उपर्युक्त के अलावा गुमशुदा बच्चे मजदूरी के लिए अपहरण, गैर कानूनी कार्यों के लिए, मनोरंजन के लिए, गोद लेने हेतु या बाल सैनिक के रूप में शोषण का शिकार हो सकते हैं ।

उद्देश्य : उपर्युक्त सारी परिस्थितियां देखते हुए इस स्टडी को करने का मकसद बच्चों के खोने की परिस्थितियों को तथा खोए हुए बच्चों को होने वाली तकलीफों को समझना, नीतिगत फेमवर्क के लिए स्थितियों का विश्लेषण करना, जिले वार स्थितियों को जनता और सरकार से साझा करना तथा सभी के साथ मिलकर बाल अधिकार के इस अहम मुद्दे पर आवाज उठाना है ।

शाघ्र प्रक्रिया: - बच्चों के खोने या गुमशुदा होने के कारणों के लिए न केवल संख्यात्मक आंकड़े एकत्र किये गये हैं वरन् बच्चों के गुम होने के क्या कारण या परिस्थितियां थी उनको जानने के लिए केस स्टडी भी की गई है ।

प्राप्त आंकड़ :- सूचना के अधिकार से प्राप्त उपर्युक्त सभी 24 जिलों के आंकड़ों को मिला कर देखें तो विगत 3 वर्षों में कुल 4016 बच्चों के खोने की सूचना अभिभावकों द्वारा कराई गई है । उसमें 2548 लड़के और 1468 लड़कियां हं । **उम्रवार विश्लेषण** करने पर देखा गया कि कुल खोये हुए 4016 बच्चों में मात्र 512 बच्चे 0-10 वर्ष के हैं आर 3318 बच्चे 11 से 18 वर्ष के हैं । **धर्मवार आंकड़े** देखें तो कुल गुमशुदा 4016 बच्चों में 766 मुस्लिम बच्चे हैं और 3238 हिन्दू लड़के और लड़कियां हैं । **जो बच्चे घर लौटने में सफल हो सके हैं** उनके आंकड़ों का विश्लेषण करने पर ज्ञात हुआ कि विगत 3 वर्षों में कुल गुमशुदा 4016 बच्चों में से 1407 बच्चे ही वापस अपने परिवार आ गये हैं । उपर्युक्त सभी 24 जिलों के आंकड़ों का अध्ययन करने पर पता चला कि 57 बच्चे उपर्युक्त जिलों में मृतक पाये गये । सूचना के अधिकार से प्राप्त **राज्य अपराध अनुसंधान ब्यूरो** से प्राप्त आंकड़ों के अनुसार, व 2009 से 2011 का आंकड़ा बताता है कि विगत तीन वर्षों में प्रदेश में कुल 10375 बच्चों के खोने की सूचना लिखाई गई जिसमें 6942 लड़के और 3433 लड़कियां थी । यदि तीन वर्ष के आंकड़ों का विश्लेषण करें तो कुल 10375 खोये हुए बच्चों में 7846 बच्चों को ढूँढ लिया गया था पर 2529 बच्चे अभी भी गुमशुदा थे । राज्य अपराध अनुसंधान ब्यूरो से प्राप्त आंकड़ों को देखने से स्पष्ट होता है कि वर्ष 2011 में गुमशुदा 1627 लड़कों में सिर्फ 751 ही अपने परिवार लौट हैं वहीं 863 लड़कियों में मात्र 592 लड़कियां घर आई हैं ।

सुझाव:- गुमशुदा बच्चों के लिए कोई एक निश्चित /संवैधानिक परिभाषा का होना अति आवश्यक है जिससे जांच पड़ताल करने वाली संख्या को तहकीकात करने में परेशानी न हो । सभी गुमशुदा बच्चों की एफ0आई0आर0 लिखना तथा उस पर आवश्यक कार्यवाही कर बच्चे को ढूँढना अतिआवश्यक हो । उत्तर प्रदेश में भी एस0ओ0पी0 तैयार किया जाए। स्टेशन, बस अड्डा या अन्य आवागमन के स्थान पर बाल निगरानी तंत्र का गठन किया जाए जिससे संदिग्ध बच्चों की निगरानी की जा सके । अतः विवेचना अधिकारी का थाना स्तर पर काम करने के साथ साथ परिवार स्तर पर भी काम करने की आवश्यकता है । वार्ड और ग्राम स्तर पर वार्ड मेम्बर और प्रधान की सहायता से बच्चों की सुरक्षा हेतु निरीक्षण कमेटी का गठन किया जाए । मुद्दे की गम्भीरता को समझने के लिए पोस्टर, हैण्ड बिल, पिकचर, या छोटी पुस्तिकाओं का निर्माण किया जाए ।

सिफारिश:-प्रत्येक जिले में बाल मित्र पुलिस यनिट का गठन किया जाए । प्रत्येक जिले में गुमशुदा प्रकोष्ठ की सक्रियता हो । राज्य में जिलों से प्राप्त सूचनाधिकार के तहत सभी गुमशुदा बच्चों की एफ आई आर लिखना अति आवश्यक ।

मुख्य शब्द : सामाजिक सुरक्षा, गुमशुदा बच्चे, निगरानी तंत्र, बाल सुरक्षा

C. Research Abstracts on Women and Gender Issues

AGED WELFARE

17. Bangari, Shanta Y. and Tarase, Ganapati M. (2013).
Insecurity Feelings among Elderly Women. *Indian Journal of Social Development, Vol.13(1) : 1-7.*

G18570

Background : The social negligence of the aged occurs due to cultural, social economic, and emotional relations within the society and its process of demographic development. The transformation of the relations has resulted in a state of negligence of the aged.

Objectives : To examine how elderly women feel insecurities in different aspects of life; to understand the social and economic insecurities faced by elderly women; to understand health and physiological insecurity faced by the elderly women.

Methods: The study was conducted in rural areas of Chikkodi Taluk, Belgaum district Karnataka. A total of 200 respondents were selected for the study. All the women belonged to the age group of above 60+. Data was collected through interview schedule .

Findings: About 25.00 per cent of women felt ignored by their own family and community members; 25.00 per cent felt low level of status in old age, because of their low level of physical and mental strength and helpless. About 21.00 per cent of the elderly women were facing health problems like low age sight due to age factor; 21.00 per cent of the respondents were having high blood pressure and sugar problems; most of the rural elderly women were facing health problems because of negligence, lack of awareness and lack of economic support. 52.00 per cent of the elderly women felt restricted to face any financial decisions and they were unable to use money with their own way. 32.00 per cent of the respondents lead their life with the help of old age pension given by the government; 27 per cent were dependent on widow pension and 33 per cent were dependent on their own earnings; 35 per cent of the elderly women felt loneliness and 22 per cent experienced depression on because of age factor; 18 per cent were uncomfortable with relative and family members. Regarding national policies and programmes for the welfare of the elderly the Ministry of Social Justice and Empowerment provides old age homes, day care centres etc; Integrated Programme for Older Persons (IPOP) provides food,

shelter and medical care. Ministry of Rural Development has implemented the National Old Age Pension Scheme (NOAPS).

Recommendations: To protect the needs of elderly women and provide social security to them government should provide good pension schemes, old age homes, old age care centres, medical facilities etc. Children and family members should protect and care for elder women.

Key Words: 1.AGED WELFARE 2.AGED WOMEN 3.ELDERLY WOMEN 4.RURAL AREAS 5.WOMEN HEALTH 6.INSECURITY FEELINGS 7.ECONOMIC PROBLEMS 8.HEALTH INSECURITY 9.FINANCIAL SOURCES 10.INTEGRATED PROGRAMME FOR OLDER PERSONS (IPOP) 11.NATIONAL OLD AGE PENSION SCHEME (NOAPS) 12.AGED WELFARE 13.CHIKKODI TALUK, BELGAUM DISTRICT 14.KARNATAKA.

HEALTH

18. Garg, P.K. et al. (2013).

An Evaluation of ASHA Worker's Awareness and Practice of their Responsibilities in Rural Haryana. *National Journal of Community Medicine*, Vol.4(1) : 76-80.

Source : www.njcmindia.org

G18561

Background : The government of India launched the National Rural Health Mission (NRHM) on 12th April 2005, to provide accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population. The Village Level Community Health Workers appropriately named 'Accredited Social Health Activists' (ASHA) would act as a bridge or an interface between the rural people and health service outlets and would play a central role, in achieving national health and population policy goals.

Objectives : To assess the socio-demographic profile of ASHA workers and to study the knowledge, awareness and practice of their responsibilities.

Methods: A cross sectional study was conducted in the rural field practice area of the department of community medicine Mullana (Ambala). Data of 105 ASHA workers was included and analysed in the study. Tools for the study comprised of self designed, semi-structured questionnaire. Period of study was June 2010- May 2011.

Finding: About 39.05 per cent of the ASHA workers were in the age group of 20-29 years; 96.19 percent of ASHA workers had completed 8th std or more of schooling; 97.14 per cent of ASHA workers had completed training before working as ASHA. Regarding knowledge and awareness, a large proportion of the ASHAs commonly cited vomiting (80.95%) and swelling of hands and feet (69.52%) as pregnancy complications that women are likely to experience; 57.14 per cent said that they were provided drugs kit at the end of training. Regarding newborn care, majority of ASHAs rightly said that newborns were most likely to die soon after birth (67.62%), followed by a quarter of ASHAs reporting deaths in first week of life. Very few ASHAs mentioned assisting ANM in village health planning, creating awareness on basic sanitation and personal hygiene and registration of births and deaths as their responsibilities. Record keeping practice by ASHAs was satisfactory; birth and death registration records were deficient with respect to their maintenance and completeness; major motivating factor for ASHAs were either financial gain (80.95%) or serving/ helping the community (61.90%). A majority of ASHAs (71.66%) were not satisfied with their incentives.

Conclusion: ASHAs needs to put into practice their knowledge while providing services and/ or advice to negotiate health care for poor women and children.

Key Words: 1.HEALTH 2.EVALUATION 3.ASHA WORKERS 4.AWARENESS 5.RURAL AREA 6.COMPREHENSIVE INTEGRATED HEALTH CARE 7.NRHM 8.ANM 9.PRIMARY HEALTH CARE 10.SOCIO DEMOGRAPHIC PROFILE 11.KNOWLEDGE 12.PRACTICE 13.EDUCATION 14.TRAINING 15.JANANI SURAKSHA YOJANA (JSY) 16.ICDS 17.MULLANA 18.AMBALA 19.HARYANA.

19. Santhosam, Mary Angeline and Samuel, Umesh. (2013).
A Study on the Health Status of Elderly Irular Tribal Women in
Kancheepuram District. *IOSR Journal of Humanities and Social Science*,
Jan-Feb., Vol.7(2) : 1-4.

Source : www.iosrjournals.org
G18567

Background: Ageing is mainly associated with social isolation, poverty, apparent reduction in family support, mental illness, impairment of cognitive functioning, widowhood limited options for living arrangement and dependency towards end of life. Tribal communities in general and primitive tribal group in particular are highly disease prone. Also they do not have required access to basic health facilities.

Objectives: To explore the health problems of the elderly; to find out the problems faced in accessibility and availability of public health services to these women.

Methods: The study was conducted in three villages among the tribal hamlets of Melkalvoy, Pinnal Nagar and Kalvoy, in Kancheepuram district. The sample consisted of 30 females belonging to the age groups between 60-80. Tool used for data collection was a semi-structured interview schedule.

Findings: About 86.66 per cent of the respondents were married and the remaining females were widows; 93.33 per cent respondents were illiterate and rest were literate and had attended primary school; most of the elderly women were housewives and had no income; the economic status of the widows (30%) was very pathetic and they had to do all house hold work for a square meal; nearly 46.66 per cent of the elderly women were housewives taking care of the grand children and attending to household chores. All the respondents had health problems, the most common being hypertension (22%), arthritis (17%), diabetes (10%) etc. Almost 50 per cent of the tribal elderly, reported that the doctors were not present in the PHC (nearest 20 kms away) most of the time; most of the respondents could not gain access to medical care services due to under developed communication and lack of transport facilities. The specific intervention strategies that could be undertaken by the social worker were to create an awareness for regular medical checkups to ensure prevention, and early detection of the disease; to create awareness about nutrition and health related issues; to train local women leaders in disease prevention, and referral services; arranging health checkups and other related services at the doors steps for those who were immobile.

Recommendation : Arrange for a mobile van to cater to the need of the community every month on a selected date on a regular basis. Social and economic incentives and support for combating the common prevalent communicable and non-communicable diseases should be provided in the tribal community through NGOs run by tribals.

Key Words: 1.HEALTH 2.HEALTH STATUS TRIBALS 3.WOMEN HEALTH 4.STATUS OF ELDERLY WOMEN 5.IRULAR TRIBAL WOMEN 6.SOCIO ECONOMIC STATUS 7.ISOLATION 8.POVERTY 9.HEALTH SERVICES 10.OCCUPATIONAL STATUS 11.HEALTH ASPECTS 12.EDUCATION STATUS 13.ILLITERACY 14.WAGES 15.WORKING WOMEN 16.KANCHEEPURAM DISTRICT.

RURAL DEVELOPMENT

20. Tiwari, Neha and Upadhyay, Rajshree. (2012).
Constraints Faced by the Women Beneficiaries under Mahatma Gandhi
National Rural Employment Guarantee Act (MGNREGA). *Stud Home
Com Sci*, 6(2) : 99-102.

Source : www.krepublishers.com
G18563

Background : Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is the most powerful initiative undertaken for the transformation of rural livelihoods. The Primary objective of this act is, to enhance livelihood security in rural areas by providing at least 100 days of guaranteed wage employment in a financial year to every BPL and APL household whose adult members volunteer to do unskilled manual work.

Objectives : To study the constraints being faced by the beneficiaries of MGNREGA.

Methods: The study was conducted in Faizabad district of Uttar Pradesh. A sample of 100 rural women were selected for the study. Data was collected with the help of structured interview schedule.

Findings: Data regarding personal and family constraints revealed that too much family work load and non-cooperation of family members were the main problems faced by the respondents with 99.66 mean per cent score (MPS), followed by domestic work neglect (98.66 MPS); children left uncared (92.33) and no extra work could be taken due to fatigue and debility (86.66 MPS). Regarding operational constraints faced by the beneficiaries of the programme, no extra allowances were given in case of delay in job was the main constraint (100 MPS) reported by all the beneficiaries of the programme; 50 per cent of the respondents mentioned that they were not able to avail the benefits of 100 days employment under the programme because of the non-cooperation of family members and other family responsibilities. Regarding worksite constraints all the respondents reported that no extra payment was given for injury at the worksite though there was provision of Rs. 25,000/- in the programme; lack of crèche was another major constraint (100 MPS) faced by the beneficiaries which affected their presence at work site. On the ranking parameters, faced by MGNREGA beneficiaries followed by worksite constraints (53.57MPS) and operational constraints (24.37MPS) respectively. Personal and family constraints were the major constraints (79.16) MPS).

Conclusion: To achieve the goal of programme, government must plan some policy which will be helpful for proper implementation of programme and it will be also helpful for reducing constraints faced by the beneficiaries of the programme.

Key Words: 1.RURAL DEVELOPMENT 2.MGNREGA 3.WOMEN BENEFICIARIES 4.WOMEN EMPOWERMENT 5.EMPLOYMENT 6.WAGES 7.RURAL AREAS 8.BPL 9.ABOVE POVERTY LINE 10.FAMILY CONSTRAINTS 11.EDUCATION 12.SKILLED WORKERS 13.WORKING HOURS 14.WORK SITE CONSTRAINTS 15.OPERATIONAL CONSTRAINTS 16.SOCIO-ECONOMIC CONDITION 17.POVERTY 18.JOB CARD 19.MEAN PERCENT SCORE (MPS) 20.FAIZABAD 21.UTTAR PRADESH.

Women Empowerment

21. Dubey, Aruna, Gupta, Neelima and Sharma, Surbhi. (2013).
Role and Developmental Activities of Women in Panchayati Raj
Institution of Kathua district. Stud Home Com Sci, 7(2) : 131-138.

Source : www.krepublishers.com

G18562

Background: Participation of women in Panchayat has been considered essential for enabling them to participate effectively and independently. The basic need for empowerment is to bring them into the mainstream of national development. The 73rd Amendment Act has been hailed as an important landmark in the constitutional development in creating wider base for participatory democracy and more space for political participation of women.

Objectives: To collect general information about the women Panchayat leader; to determine their involvement and contribution regarding developmental activities of their respective areas; to collect general information about the women panchayat leaders and view of women panchs about social issues.

Methods: The study was conducted in all the eight blocks of Kathua district of Jammu division. A sample of 23 women respondents were selected for the study. The tool used for obtaining information included an interview schedule and Focus Group Discussions.

Findings: The majority of female candidates who were elected to be Panchayat members were married (93.31%); regarding educational qualification of the respondents 43.3 per cent of women panchs had received education up to middle class; 13 per cent of the women had passed higher secondary, whereas only 8.6 per cent were illiterate. Regarding political and social status before joining the panchayat 82.6 per cent of the women were house wives; 8.6 per cent were members of political parties and 4.3 per cent of them were members of cooperative societies and teaching the Panchayat. Regarding contribution of family members in panchayat elections, 91.3 per cent of husbands provided them full moral support and motivated them and stood by them throughout elections; women were majorly supported by their sons (82.60%) and daughters (43.40%) in the election process; majority of elected women Panchs took their own decisions regarding joining Panchayat. Regarding reasons for contesting elections majority of the respondents (12) wished to help people in the society and to work for the development of the concerned village; majority of them responded to be having complete freedom of expression in the meetings. However due to gender disparity their view points were not entertained and that male members view points were preferred in male headed Panchayats. Factors that motivated women to take part in Panchayat were economic independence, commitment to service, transparency in PRIs and administration, support from government officials etc; issues like family planning, literacy, alcohol, drugs were becoming the major focus in developmental activities.

Recommendations: Effective steps should be taken to educate the women about Panchayati Raj Institutions; special training should be provided so that these women can perform their duties well without facing any hurdle. Local electronic and print media should highlight and project the roles being played by women leadership at PRI Level.

Key Words: 1.WOMEN EMPOWERMENT 2.PANCHAYATI RAJ 3.DEVELOPMENTAL ACTIVITIES 4.LEADERSHIP 5.WOMEN REPRESENTATION 6.POLITICAL PARTICIPATION 7.RURAL LEADERS 8.WOMEN RESERVATION 9.ECONOMIC INDEPENDENCE 10.SOCIO-ECONOMIC 11.EDUCATION 12.ILLITERACY 13.GENDER DISPARITY 14.FOCUSED GROUP 15.KATHUA 16.JAMMU.

WOMEN WELFARE

22. Bidnur, V.V.(2012).

Role of Self Help Group in Women's Life with Reference to Sangli Miraj and Kupwad Corporation Area. *Indian Streams Research Journal*, Vol.1(12) : 1-8.

Source :www.isrj.net

Background: The SHG based microfinance in India encourages SHG members to manage group's financial affairs like savings and loan recovery. Funds are deposited in a local commercial bank in the name of the SHG. Self Help Groups is a method of organising the poor people and the marginalised to come together to solve their individual problem. The growth and development of SHGs in India in general and study area in particular, has been tremendous.

Objectives : To study the demographic factors of the sample respondents; to analyse women empowerment through SHGS.

Methods: the study was conducted in Sangli Miraj and Kupwad Corporation areas of Dist-Sangli Karnataka. A sample of 125 women members from 15 SHGS were selected for the study. Study was based on both Primary as well as Secondary data.

Findings: About 50 per cent of sample respondents were between 30-40 years and five percent sample respondents were less than 20 years; 76 per cent of respondents had individual family system and 24 per cent had joint family system; 50.4 per cent respondents had 1-2 dependents, 40.0 per cent had 3-4 dependents. 52 per cent had joined SHGS for getting loan, 32 per cent to promote savings, 15 per cent for social status and rest for other reasons; 24 per cent respondents had taken loan for personal use, eight per cent for agricultural development, 32 per cent for business reasons and 16 percent for housing improvement. 83.20 per cent of respondents had repaid the loan on time, 11.2 per cent in advance, while 05.6 per cent have repaid loan late; the monthly income of respondents; savings of sample respondents have gone up after they became members of SHGs as compared to their earlier savings. 72 per cent respondents were fully satisfied and 22.40 per cent were satisfied regarding their decision of joining SHG.

Conclusion: SHG movement in India has been working in the right direction, but it is necessary to empower more and more women in social, cultural, economic, political and legal matters, for the interest of the family in particular and the nation in general.

Key Words: 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.WOMEN EMPOWERMENT 4.MICROFINANCE 5.MICROENTERPRISE 6.POVERTY REDUCTION 7.COMMERCIAL BANKS 8.NABARD 9.EDUCATION 10.ILLITERACY 11.RURAL AREAS 12.POOR HEALTH 13.SWA-SHAKTI PROJECT 14.HARIYALI SHAKTI, SAMANVAYA YOJANA 15.WOMEN ENTREPRENEURS 16.FUNDING AGENCIES 17.ECONOMIC DEVELOPMENT 18.GROSS DOMESTIC PRODUCT (GDP) 19.WOMEN PARTICIPATION 20.WORK PARTICIPATION 21.SANGLI 22.MIRAJ 23.KUPWAD 24.KARNATAKA.

23. Chayal, K. et al.(2013).
Involvement of Farm Women in Decision-Making in Agriculture. *Stud Home Com Sci*, 7(1) : 35-37.

Source : www.krepublishers.com

G18564

Background : Women are key players in agriculture and allied fields. Rural women play key role by working with full passion in production of crops right from the soil preparation till post harvest activities. It is estimated that women are responsible for 70 per cent of actual farm work and constitute up to 60 per cent of the farming population. Women's active involvement in decision making is considered essential for rapid economic development of the country.

Objectives: To study the involvement of farm women in decision making process in agriculture.

Methods: The study was under taken in Bundi district of Rajasthan in the year 2012. A sample of 120 farm women was selected for the study. Data was collected through a well structured pre-tested interview schedule.

Findings: About (52.50%) of the respondents fell within the middle age group followed by young age (30.83%) and old age (16.67%) group; 56.67 % of respondents were illiterate while 27.50 % were literate; 50.84 per cent of the respondents had medium size land holding followed by small (35.00%) and large (14.16%). Result indicate that marketing of agri-inputs and farm produce, manure/ fertilizer application were the activities wherein involvement was very poor; the age of farm women was positively and significantly correlated with level of involvement of farm women in decision making; involvement in farming decisions was also influenced by type of family; the size of farm was also positive and important in explaining the role of women in farming decisions. Education of farm women was found effective in the participation of farm women in agricultural decision making process; constraints faced by farm women in their involvement in decision making process were, low self confidence (75.83%), lack of knowledge about farming (58.33%), belief that women are subordinate to male counter parts (57.50%), illiteracy (52.50%) etc.

Recommendations: Capacity building of farm women regarding latest technical know how, agriculture information acquisition and process is required to increase the involvement of farm women in decision making.

Key Words: 1.WOMEN WELFARE 2.AGRICULTURE AND WOMEN 3.WOMEN EMPOWERMENT 4.FARM WOMEN 5.DECISION MAKING 6.AGRICULTURE 7.WOMEN LABOUR 8.RURAL WOMEN 9.WOMEN CULTIVATORS 10.ECONOMIC DEVELOPMENT 11.SOCIO ECONOMIC PROFILE 12.EDUCATION 13.ILLITERACY 14.POVERTY 15.HARVESTING 16.ACTIVITIES 17.WAGES 18.WORKING HOURS 19.BUNDI DISTRICT 20.RAJASTHAN.

24. Das, Sanjay Kanti. (2012).

Ground Realities of Self Help Group-Bank Linkage Programme : An Empirical Analysis. *International Journal of Research in Social Sciences*, Vol.2(2) : 464-479.

Source : www.ijmra.us

G18566

Background : Self Help Groups (SHGs) plays a major role in removing poverty in rural India today. The group based model of Self Help is widely practiced for rural development, poverty alleviation and empowerment of women. Many public sector banks that were in the fore front of SHG bank linkage are approaching MFI for identifying a suitable agency to nurture their credit linked SHGs. In order to assess the quality of SHG banks use grading tools to assess the eligibility of a SHGs for credit linkage.

Objectives: To identify the reasons for the formation of SHGs in the study area; to access the problems of SHG members; to study the quality and normal practices of SHGs in the study area.

Methods: The study was conducted in Nagaon district of Assam in three development blocks Lumding, Udali and Dhalpukuri Development blocks. Data was collected from both primary and secondary sources. Quality assessment tools included a set of questionnaires prepared on the basis of selected quality assessment parameters.

Findings : Regarding reasons for forming the SHGs 38 per cent groups were formed to obtain the financial support from the government , NGOs and financial institutions; while 14 per cent, 8.67 per cent and 16 per cent groups were formed to improve social status, promote savings habit or to initiate group activities respectively. Only ten per cent were formed to take up community development activities. The major problem faced by the SHGs was delay in sanctioning the loan (21.33%), poor response of authorities (18.67%) and lack of administrative experience (18%). Regarding quality of SHGs (28%) in Lumding, (32%) in Udali and (26%) in Dhalpukuri development block were found average; (20%) in Lumding, (24%) in Udali and (16%) in Dhalpukuri development. Blocks were marked as 'very poor'. It was observed that a good number of SHGs in selected development block were defunct in nature and they were just on records only except five SHGs in Dhalpukuri development block, none of the sample SHGs in the other blocks were found good. In most of the SHGs 50 per cent of the members attended the meetings regularly. This feature was very common in SHG in Dhalpukuri development block wherein 75 per cent attendance was recorded in majority of the SHGs. Most of the SHGs were actively engaged in decision making process. Regarding savings and its frequency, minimum amount and mode of collection were often discussed in the members meeting; utilisation of SHG funds and recovery of member's loans were reviewed in group meetings. It was observed that in most of the SHGs in

selected development blocks the records and accounts were not properly maintained. Most of the SHGs in the selected development blocks got promoted to economic units however only few SHGS in Lumding and Udali blocks converted their into economic units, but a large percentage of SHGs in Dhalpukuri block converted the units into viable economic units like dairy farming, poultry etc.

Conclusion : Rating of SHGs assumes importance as it is not only a pre-appraisal tool but also a self -monitoring yard stick for the SHGs themselves as a self- evaluation which is a continuous process. Quality assessment of SHGs has come to be accepted as an important tool to ensure standards in SHGs.

Key Words: 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.WOMEN EMPOWERMENT 4.BANK LINKAGE PROGRAMME 5.MICROFINANCE 6.PARAMETERS 7.QUALITY ISSUES 8.QUALITY ASSESSMENT TOOLS 9.POVERTY 10.RURAL DEVELOPMENT 11.SOCIO-ECONOMIC STATUS 12.PRACTICES OF SHGs 13.NAGOAN DISTRICT 14.ASSAM.

25. Kumari, Sujata, Kaushik, Vandana and Lodha, Neeta. (2010). Problems Faced by Rural Women Entrepreneurs of Rajasthan. *Stud Home Com Sci*, 4(2) : 115-119.

Source : www.krepublishers.com

G18569

Background : Women as entrepreneurs have become an important part of national development planning and strategies. The entrepreneurship shows the path to women independence and in turn satisfies the needs and aspirations for better living standard. A different orientation is required in rural sector and an altogether different outlook is required for developing women entrepreneur that should be based on understanding of the dynamics of rural behaviour.

Objectives: To study problems faced by rural women entrepreneurs in Rajasthan.

Methods: The study was conducted in Jhunjhunu district of Rajasthan. The total sample comprised of 60 rural women of whom 30 were women entrepreneurs (EW those who were running their enterprise) and rest 30 women were non-entrepreneurs (NEW those who could, but were not running their enterprise) . Tools used were interview schedule.

Findings: NEW respondents had more land than the EW respondents; data regarding house indicates that 80 per cent EW respondents had pucca houses whereas 90 per cent NEW respondents had kuccha – pucca houses indicating that the economic status of EW women was better than NEW respondents; women of both the categories were involved in some or the other income generating activity indicating that entrepreneurial activity was their need, but still the NEW preferred other income generating activities in comparison to entrepreneurship. Three – fourth of the total women of both the categories had reported a feeling of discrimination due to caste, gender and education level; regarding entrepreneurial problems 60 per cent of the entrepreneurial women and 86.67 per cent non-entrepreneurial women were fighting with the problem of lack of experience, whereas 80 per cent of non- entrepreneurial women were not starting their income generation activity due to inconvenience in procuring raw material. None of the respondents among both the categories did not had any idea about special women support schemes and programmes except that the banks and financial institutes provide loans. Regarding financial problems none of the subjects of both the categories were aware of procedure of receiving finance; All the respondents felt NEW were being discouraged by the high rate of interest while this was pinching to 93.33 per cent of the EW respondents.

Conclusion: If women want to be successful entrepreneurs, they need to be educated, skilled and trained sufficiently and to be supported rigorously by external environment to handle their entrepreneurial problems.

Key Words: 1.WOMEN WELFARE 2.WOMEN ENTREPRENEURS 3.RURAL WOMEN 4.ENTREPRENEURIAL ACTIVITY 5.WOMEN EMPOWERMENT 6.EDUCATION 7.ILLITERACY 8.SKILL DEVELOPMENT 9.SHGs 10.NON ENTREPRENEURS WOMEN (NEW) 11.SOCIO ECONOMIC PROFILE 12.GENDER DISCRIMINATION 13.SOCIAL PROBLEMS 14.ENTREPRENEURIAL PROBLEMS 15.FINANCIAL PROBLEMS 16.JHUNJHUNU DISTRICT 17.RAJASTHAN.

26. Vasudevan, S. and Kumar, K.P.V. Ramana. (2013).
A Study on Problems and Prospects of Women Family Business. *Indian Journal of Social Development, Jul-Dec., Vol.13(2) : 177-186.*

G18568

Background : Women's involvement in economic activities is marked by a low work participation rate , excessive concentration in the unorganised sector and employment in less skilled jobs. Women's skills and knowledge, their talents and abilities in business and a compelling desire of wanting to do something are reasons for the women entrepreneurs. Empowering women leads to break the inequalities and reduces the poverty.

Objectives: The study aims at undertaking the entrepreneurial development among women highlights their motivational forces and relationship between socio-economic background of women entrepreneurs, motivational factors, and their existing entrepreneurial traits.

Methods : The study was conducted in Coimbatore district of Tamil Nadu. In total 350 women entrepreneurs were selected for the study. Data was collected through interview schedule method. The data analysis was carried out with the help of anova and average analysis.

Findings: Out of the total 19 factors , respondents rated low confidence as first order problem; lack of awareness about financial opportunities was rated as second order problem with mean score of 3.98 on a 5 point rating scale; other high level problems that respondents faced were low support from family and society in doing business, lack of technical expertise in doing business , low mobility due to social norms and family restrictions, loan complicated formalities etc. The respondents had moderate level problems towards doing family business with respect to obstructive traditional norms, poor self image, lack of motivation , role performance in the family and lack of marketing knowledge about demand of products. The respondents had low level problems towards doing family business with respect to credit discrimination, poor risk taking, and lack of complicated formalities. The result of caste wise analysis reveals that forward caste women entrepreneurs ranked the first position in their overall realisation on problems in doing business, backward caste women entrepreneurs the second, schedule caste women entrepreneurs the third and most backward caste women entrepreneurs the last. The result of income wise analysis revealed that highest income women entrepreneurs ranked the first position in their overall realisation on problems in doing business, women entrepreneurs in the income group Rs 40,000-50,000 the second, Rs 30,000-Rs 40,000 third Rs 20,000- Rs 30,000 fourth Rs 10,000-20,000 the fifth and lowest income group women entrepreneurs the last. The result of education wise analysis reveals that post graduate level education women entrepreneurs rank the first position in their overall realisation on problems in doing business, undergraduate level educated women entrepreneurs the second, higher

secondary level educated women entrepreneurs the third, secondary level educated women entrepreneurs the fourth , and primary level educated women entrepreneurs the last.

Conclusion : There is a need for changing the mindset towards women so as to give equal rights as enshrined in the constitution. The progress towards gender equality is slow and is partly due to the failure to attach money to policy commitments.

Key Words: 1.WOMEN WELFARE 2.WOMEN ENTREPRENEUR 3.WOMEN EMPOWERMENT 4.WOMEN FAMILY BUSINESS 5.PROBLEMS AND PROSPECTS 6.SOCIO ECONOMIC STATUS 7.WORK PARTICIPATION RATE 8.GENDER EQUALITY 9.OCCUPATION 10.EDUCATIONAL STATUS 11.TECHNICAL EXPERTISE 12.CASTE WISE ANALYSIS 13.INCOME GENERATION 14.COIMBATORE DISTRICT 15.TAMIL NADU.

Acknowledgement

Guidance and Support : Dr. Dinesh Paul
Director
Ashok Kumar
Additional Director

Project Incharge/s : Neelam Bhatia
Joint Director
Sunita Mathur
Assistant Director

Abstracting : Bhavya Shrivastava
Project Assistant

Computer Support : Pawan Kumar
Prem Gogia
Lucia Ekka