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CONTENTS

RESEARCH STUDIES ON WOMEN & CHILDREN

CHILD LABOUR

1. Goyal, Pratibha. (2004).
Child labour in the sports goods industry : findings from a survey in selected bastis of Jalandhar. *Social Change*, 34(1) : 66-74.

Abstract : The study, conducted in Jalandhar, was undertaken to gauge the incidence of child labour in the sports goods industry and assess its socio-economic impact. Households were sampled from localities like Basti Danishmandan, Basti Nau, Basti Guzan, Basti Bawa Khel and Bhargo Camp which had a large concentration of home – based workers. About 1000 workers were found in the selected households, of whom 96 were children. Thus, 9.6% of the total labour engaged in football stitching were children, 70.83% were boys and 29.16% were girls. Findings indicated that 64.58% children were in the age group 13-14 years, 26% were in the age group 11-12 years, and about 9% were in the age group 8-10 years. Leather has been replaced by PVC in the manufacture of inflatable balls, so other castes have also entered the profession of football stitching. 10.42% children engaged in this work were from other castes. 85.42% of the child labourers belonged to Punjab and there were a few migrants from Bihar (10.42%), and Haryana, Rajasthan and Nepal (4.16%). In a majority of the cases, there were 6 members in the family. Due to large family size, children had to enter the labour market to augment family earnings. 6.25% of the child labourers had never been to school. About 49% had studied up to the primary level and only a few 6.25% had completed matriculation. 25% of the total children had dropped out of school. Further analysis showed that families of the child labourers were not below the poverty line. Lack of schooling facilities was not a valid reason for not sending children to schools. A large number of Punjab Government schools were located in these areas. The timings of these schools were from 3 p.m. to 5.30 p.m. which suited children engaged in some economic work. The chief reason behind school dropouts was the lack of interest in education and the desire to contribute to the family income. The majority (43.75%) of child labourers earned Rs.700 – 800 per month. Wages were mostly given to the parents. About 75% of the child labourers belonged to families whose incomes ranged from Rs.1100 – 2500 per month. All child workers worked in their own households. Children worked in the dark to save electricity. The employer did not provide any medical facility. Majority of the children worked six to seven hours a day. The problem of child labour in sports goods industry can be solved if the work place is shifted from the home to

the factory. If household labour is brought under the law, then children may not be sent to work. Child labour is a cause of worry to society as it deprives children of educational opportunities. Vocational education would help children to pursue education and learn skills. To reduce the supply of child labour, massive health care and family planning programmes are needed to reduce family size. NGOs, exporters and foreign importers should come forward to solve the global problem of child labour.

Key Words : 1.CHILD LABOUR 2.SPORTS GOODS INDUSTRY 3.CHILD LABOUR PUNJAB 4.JALANDHAR 5.PUNJAB.

2. UNICEF, Nepal. (2000).
Situation analysis of child labour in Nepal : a synopsis. Kathmandu : UNICEF. 30p.

Abstract : The study was conducted in mid and far west region of Nepal by Centre for Women/Children and Community Development (CWCD) in 1997. Objectives of the study were to assess the magnitude of child labour problem, the existing legal arrangements, and guidelines for policy and programmes to eliminate child labour. Data was collected through surveys conducted in 6500 households, comprising 5885 children from 4000 households in rural area, 2049 children from 1500 households in urban areas, and 1753 children from 1000 households of Kamaiya group. Household heads and children aged 6-14 years were interviewed. Survey was also conducted in industrial estalishments of Kathmandu, Morang and Rupandehi districts. It was found that more than 70% rural, 50% urban and almost 35% Kamaiya children in the sample were economically active. A higher percentage of children 10-14 years were found to be economically active compared to children 6-9 years of age. The number of children aged 6-14 years earning wages was higher in urban areas (11.6%), and even higher among Kamaiyas (35%). Children from 40% households in rural and urban areas and 74% from Kamaiya group worked in the service sector mainly as domestic servants. About 24% of wage earning child labour, from rural and Kamaiya households were engaged in agriculture. 31%, 45% and 85% children from rural, urban and Kamaiya groups worked more than 210 hours per month. Only 4%, 3% and 16% children in rural, urban and Kamaiya groups were self-employed. Literacy rate among rural, urban and Kamaiya children was 36%, 54% and 22%, respectively. There are 1.2 million children economically active in Nepal. Of the 5066 labourers working in industries, 149 were child labour. Among these 10.8% worked in confectionery industries, and 8.1% in match factories. More than 30% child labour earned less than Rs.500 per month. 80% children worked more than 8 hours per day. More than 50% reported working conditions to be bad, with poor lighting and ventilation. Nepal has signed almost all international conventions relating to children and child labour. Directive principles and policies have provisions to

safeguard the rights and interests of children. Government had also formulated a 10-year National Programme of Action for protecting children from exploitative working relationships. It was recommended that Child Act and Labour Act should be amended; appropriate plans and programmes should be formulated for free and compulsory education; 'child labour' and 'hazardous work' should be defined clearly, minimum age of children entering various types of work should be fixed; provisions should be made for rehabilitation of bonded labour; free legal aid should be provided to child victims; legal provisions should be made more stringent financially for violators of the Acts, etc. Local institutions should encourage child related activities in their programmes; awareness regarding child rights should be spread effectively; children should be involved in Trade Unions, and District Child Welfare Boards, etc. to ensure that their voices are heard; and genuine commitment from the Government, political, and community leaders should be cultivated and elicited for advocacy and awareness regarding Rights of the Child (ROC).

Key Words : 1. CHILD LABOUR 2.CHILD LABOUR-NEPAL.

DESTITUTE CHILD

3. Delhi Child Rights Club, New Delhi. (2004).
How safe and child friendly is Delhi for children ?. Delhi : DCRC. 34p.

Abstract : The study was carried out in 2003 to know the opinion of children about how safe and child friendly Delhi, the Capital of India, is. A sample of 1200 children below 18 years of age was taken. Average age of children was 13.5 years. Data was collected through questionnaires, interviews, workshops and group discussions. It was found that 90% children did not get medical treatment, 40% went to Government hospitals, and 10% visited Government mobile clinics, where they had to undergo many difficulties. It was suggested that doctors from big hospitals should conduct health checkups in slums and the number of doctors should be increased. 83% children said that their area was not cleaned by MCD/NDMC. 70% children collected water from taps, 25% depended on hand pumps and 5% bought water. Among slum children, 35% respondents used '*Sulabh Sauchalaya*' (toilets), 55% used open places and 10% used MCD/NDMC toilets. Nearly 70% children were not satisfied with the electricity supply. In schools also, 80% children did not have drinking water facilities, and toilets were unhygienic. 70% children said that there were no facilities for recreation and play in schools, and 75% felt that proper library facilities were lacking. It was suggested that more schools should be established with sufficient number of teachers, and schools should provide sufficient educational and play materials. 70% children got time for playing in parks and playgrounds, but these places were not sufficient.

Data revealed that 60% children faced economic exploitation, 80% sexual harassment, 90% physical torture, and 100% faced mental exploitation. All children believed that they were being exploited one way or another. Children were subjected to violence in schools for not doing homework, wearing unclean clothes, etc.; and at work place, employers and their children, senior servants, etc. abused children. Nearly 70% children were not free from the drug habit, because alcohol, cigarettes, beedi, tobacco, glue and drugs were easily available. It was suggested that drugs should be kept away from children, and those who sold drugs should be punished. 90% children said that their parents did not consult them regarding their education. Mohalla committees of children should be formed and opportunities should be given to children to participate in the decision-making process. The Government should interact with children's collectives before finalising policies and programmes related to children. Non-Government organisations should influence Government and try to incorporate their opinions into Government's policies and programmes made for children.

Key Words : 1. DESTITUTE CHILD 2.STREET CHILDREN 3.CHILD FRIENDLY CITY 4.CHILD SAFETY 5.VIOLENCE AGAINST CHILDREN 6.HEALTH SERVICES 7.PARTICIPATION OF CHILDREN 8.EDUCATION STREET CHILDREN 9.STREET CHILDREN DELHI 10.CHILD PROTECTION DELHI 11. DELHI.

EDUCATION

4. Saroja, K. (1999).
School related factors affecting the female school drop-out phenomenon in rural areas: a case study. *Journal of Education and Social Change*, 12(14) : 28-37.

Abstract : This article analysed the structure of school education and the factors influencing female school dropouts in schools in Ron Taluka of Gadag district, Karnataka. The sample comprised 6 schools. Personal observations and interview guides were also used. Results showed that out of nearly 50% female population, less than 20% were literate. There were 92 villages in Ron Taluka, and of them 7 were without schools. Out of a total of 162 schools, 43 were exclusively for boys and 15 were only for girls. This could be one reason for girls dropping out from schools. 73% of the teachers in schools were male and this could be the reason for girls to drop out. In only 3 schools educational and sports material like science kit, radio, cassettes were available. Another reason for girls to drop out was that 4 schools were located on the outskirts of the village. Data showed that boys enrolment in schools (855) was higher than girls enrolment (774), but the total attendance of both boys (560) and girls (534) was less than the enrolment. In 40

villages, schools offered upto lower primary education, and 45 village schools provided education upto higher primary level. Government recommended teacher-student ratio was 1:40, but it was found to be 1:66 in the sample schools. To improve students' performance, two teachers of one school conducted free coaching classes after school hours. It was suggested that there is a need to open separate girls' schools in villages, appoint more female teachers, make the school atmosphere attractive; and provide necessary educational and sports material. Policy makers and concerned officials should take steps to universalize elementary education and reduce the incidence of girl dropouts.

Key Words : 1. EDUCATION 2.GIRL CHILD EDUCATION 3.GIRLS EDUCATION 4.FEMALE SCHOOL DROPOUTS 5.SCHOOL RELATED FACTORS 6.SCHOOL DROPOUT 7.DROPOUT.

5. Sudhakar, C., Umamohan and Sugunakumari, R. (1999). Universalization of girls education : community participation. *Journal of Education and Social Change*, 12(4) : 14-27.

Abstract : This article analysed the enrolment and dropout trends in schools, family members' interest in their children's education, weavers' views regarding education, and their perception towards child earnings and work-orientation. The study was conducted during 1998-99 in Somandepalli village of Anantapur district, Andhra Pradesh. The sample comprised 120 households, 60 from traditional weavers and 60 from non-traditional weavers. There were 3 schools in the village; a high school, an elementary and a private school. Elementary school provided education upto primary level; it had a *pucca* (permanent) building and the school had 8 teachers. It was found that school dropouts were highest among STs followed by SCs and then OBCs. The percentage of boys who dropped out was higher than girls among backward castes. It was observed that dropouts were more in Classes IV and V. 76.7% parents admitted that their children were irregular in going to school, as they helped their parents in their occupation, and looked after their siblings. Data showed that drop out tendency was higher among traditional weavers. All children in the age group 6-10 years were enrolled in school. 91.6% respondents supported formal school education. There was a clear gender bias towards education of the male child. 51.6% traditional weavers felt that 5 years of schooling was sufficient for a girl's education; whereas 50% non-traditional weavers wanted their girl child to attain more than 5 years of schooling. The respondents were of the view that their children's earnings would certainly reduce their financial difficulties. More than 60% parents wanted their child to learn either their occupation or some other vocation. Results showed that 56.6% respondents did not provide any guidance to their children. 43.3% parents were interested in their children's education. They advised children to study regularly at home. Nearly 54.1% respondents showed interest in their school management,

and 50% parents felt that there is need for a Village Education Committee (VEC) to supervise the working of the school and its management. Respondents felt that three years of formal schooling was just enough to label the children as 'literates'.

Key Words : 1.EDUCATION 2.GIRLS EDUCATION 3.SCHOOL DROPOUTS 4.COMMUNITY PARTICIPATION 5.GIRL CHILD EDUCATION 6.CHILD INCOME.

6. Thapar, Vandana et al. (2003).
Scholastic backwardness : analysis of children coming to the Child Guidance Centre. New Delhi : NIPCCD. 246p.

Abstract : The study was undertaken to analyze cases of children with 'Scholastic Backwardness'; to understand the manifestation and contributory factors; to delineate major categories, processes and methods of assessment for management of the problem. Sample of the study comprised 195 children above 6 years of age who attended the Child Guidance Centre (CGC), NIPCCD, New Delhi, during 1990-98. Vineland Adaptive Behaviour scale, and Battery of Tests for Assessment of Basic Academic Skills were used for assessment of children. Interviews were also scheduled for parents. Nearly 20% of the total clinic attendees were diagnosed as 'scholastically backward' and 70% of them were boys. Schools referred around 26.67% cases to the CGC. 56% children belonged to upper middle class and higher socio-economic groups, and 37% were from middle and lower middle group. It was found that 80% were attending private schools and only 16% were studying in government or government aided schools. Degree of scholastic behaviour indicated that 18% manifested severe degree of academic skills deficit, 44% moderate, 33% mild, and 5% showed no deficit in their basic academic skills. Contributory factors to the problem were explored with respect to sensory and organic factors, intelligence, processing difficulties, socio-emotional factors and socio-cultural factors affecting the learning environment of the child. In around 57% cases significant pre-natal and post-natal history prevailed, and only a small proportion manifested sensory or organic problems like epilepsy (7.69%), attention deficit disorder (16.15%), gross motor coordination problem (46%), and visual impairment (3.6%). 25% children manifested speech and language problems that ranged from articulation deficit (67.34%), stammering (26.53%), delay in language expression (51.02%), and delay in language comprehension (30.61%). Analysis of the cognitive profile of children revealed that 51.79% were endowed with average intelligence, 20% had high average intelligence, 7% were superior, and 21% had dull average intelligence. 64% children manifested processing defects such as auditory discrimination, auditory memory, visual discrimination, visual sequential memory, visual motor integration, left-right orientation, arithmetic reasoning, precision in language, etc. 27% cases were found to be influenced by socio-emotional factors within the family like family

disruption (18.86%), parental psychology (11.32%), marital disharmony (22.64%), substitute parenting (30.18%), and inconsistent family relationship (16.98%). 78% children had interactional problems with parents and 22% with peers. 40% children were found to be influenced by socio-cultural factors that affected quality and continuity of their schooling namely, breaks and changes in child's school life (58%), difficulty in coping with the medium of instruction (17.72%), and poor quality schooling (44%). Assessment of the child's problem was made through structured and unstructured measures namely, case history, play observations, psychiatric assessment, psychological assessment, educational assessment, social investigations, speech and language assessment. Study revealed that almost all children (93%) required individualized education planning to bridge learning gaps. Restructuring home and school environment was recommended for 59% and 44% children, respectively. Individual psychotherapy was also recommended for children, through play therapy or individualized counselling depending on the age of the child. In 67% cases, assessment and parental counselling services were provided, and in 32% cases, follow-up at the Centre was maintained for varying durations. Qualitative recording of changes observed in the child revealed that self worth improved significantly in 15% and partially in 48% cases. Academic functioning improved considerably in 21% and partially in 39% cases. It was recommended that assessment of scholastic backwardness should be carried out within the ecological framework so as to explore the bi-directional relationship between the psycho-social aspects of the child's environment i.e. home and school, and his/her own strengths and limitations in different areas of functioning and adaptation. It was also recommended that individualized educational planning, restructuring of home and school environment, and individual psychotherapy can help the child in bridging learning gaps.

Key Words : 1.EDUCATION 2.SCHOLASTIC BACKWARDNESS 3.SCHOOL PROBLEMS 4.ACADEMIC PERFORMANCE 5.PERFORMANCE 6.LEARNING ENVIRONMENT.

GROWTH AND DEVELOPMENT

7. Patel, V. De Souza, N and Rodrigues, M. (2002).
Post-natal depression and infant growth and development in low income countries : a cohort study from Goa, India. Alto-Porvorim, Bardez, Goa : Sangath Society for Child Development and Family Guidance. 4 p.

Abstract : Postnatal depression (PND) is a recognized cause of delayed cognitive development in infants in developed countries. The study was conducted in a district hospital in Goa, with a catchment population of urban women living in the town of Mapusa and rural women from neighbouring villages. A total of 171 babies

were weighed and measured at 6-8 weeks following birth. 37 babies had mothers who were suffering from PND (22%) and 134 had mothers who were not depressed (78%). The following data were collected from mothers at recruitment: socio-demographic data, including maternal and paternal education; infant data (prematurity, gender, birth weight, hospital admissions, sickness episodes); and feeding history. Mothers were also interviewed using the Edinburgh Postnatal Depression Scale (EPDS). Outcomes were measured at 6 months. Babies whose weight and length fell below the 5th centile for age were considered to be underweight and short for age respectively. Development Assessment Scale for Indian Infants (DASII) was also used for the assessment of motor and mental development of infants at 6 months. Postnatal depression (PND) was strongly associated with being underweight at 6 months and with being short for age. Eighty nine babies were examined using the DASII Scale. 43 babies were from the group whose mothers were depressed and 46 babies were from the non-depressed group. However, babies with depressed mothers were more likely to be underweight at birth and had worse mental development scores. The limitation of the study was that the population sampled was not representative of all mothers in the study area. It excluded mothers whose pregnancies were complicated. Mothers choosing private health care were also not included. Another limitation was that maternal IQ was not studied. Breastfeeding problems were significantly more commonly reported by depressed mothers. Top feeding before the 6-8 week review was more common among depressed mothers. Early cessation of exclusive breastfeeding has been identified as a key factor in infant undernutrition. Depressed mothers were also emotionally unavailable to their babies. Findings of the study indicated that postnatal depression was a cause of poor growth and development in a region of South Asia. Brief counselling interventions could help prevent and treat PND. Training on the recognition and management of postnatal depression would serve the twin purposes of alleviating distress in mothers and reducing the rates of poor growth.

Key Words : 1.GROWTH AND DEVELOPMENT 2.INFANT DEVELOPMENT 3.POSTNATAL DEPRESSION 4.DEPRESSED MOTHER 5.INFANT GROWTH 6.IMPACT ON INFANT 7.DEPRESSION.

HEALTH

8. Anand, K., Pandav, C.S. and Kapoor, S.K. (2001).
Health priotities for India in Twenty First Century - a delphi study. New Delhi : All India Institute of Medical Sciences, Centre for Community Medicine. 30 p.

Abstract : The study, conducted during June 2000 to May 2001, assessed the opinion of various stakeholders about the emerging issues in health sector reforms

in India, health priority issues, and means to achieve these issues. Information was collected through questionnaires and Delphi technique from 54 major health institutions in India, and the 66 respondents were from medical colleges, health ministries, private hospitals, and international health organizations such as WHO, UNICEF, CARE, etc. Respondents listed 15 issues grouped under 5 headings for prioritization. These were (i) restructuring the role of public sector, (ii) cost recovery, (iii) decentralization, (iv) increasing private sector's role, and (v) linking resource allocation to performance assessment. It was found that nearly 66% respondents were in the age group of 45-54 years, 12% were females and females' response rate was 35%. Nearly 33% participants were health administrators and the response rate was highest among the residents of southern India. The respondents' first priority was that Government should set its house in order. 75% respondents felt that the primary concern should be to improve primary health care services. Least priority was given to increasing the role of private sector. In the second stage of data collection, only 42 respondents were covered. Of them, 95% gave priority to improving the medical education system to suit the country's requirements, and 93% were in favour of setting up a disease surveillance system. They felt that teaching should focus on local problems using local text books rather than focusing on western text books, which were irrelevant in our context; public health should be a subject in the undergraduate curriculum; and there should be more focus on skill development of the students rather than imparting theoretical knowledge. There should be improvement in current Management Information System (MIS) for record keeping, feedback, etc. and usage of modern IT tools for storage and retrieval. There should be provision to involve local self-government in the administration, better HRD, availability of doctors in PHCs, and proper supply of drugs and technical equipments. Experts felt that there was no consensus regarding the role of health insurance, role of health professionals, role of Government in tertiary level health care, and continuation of subsidy for medical education. There was consensus among experts about improving the primary health care delivery system, re-assessment of health manpower needs, setting up of a Technology Assessment Commission, and setting up a channel for formal interaction with the private health sector. The Government should initiate a debate in this regard, and India needs to share the experiences gained from other countries.

Key Words : 1. HEALTH 2.HEALTH PRIORITIES 3.HEALTH SERVICES 4.HEALTH CARE SYSTEM 5.HEALTH REFORMS 6.PRIMARY HEALTH CARE 7.GOVERNMENT FACILITY 8.BHORE COMMITTEE REPORT 9.MEDICAL EDUCATION.

9. Centre for Operations Research and Training (CORT), Vadodara. (2004). Do adolescents need reproductive health information : school teacher's perspective. Vadodara : CORT. 2p.

Abstract : The study conducted by CORT and supported by UNICEF, aimed to assess the knowledge, attitude and perception of school teachers, counsellors and school administrators regarding adolescents reproductive health in 5 cities namely, New Delhi (Delhi), Varanasi, Meerut (Uttar Pradesh), Kakinada and Hyderabad (Andhra Pradesh). From these cities, 2 schools, one with English Medium and the other with a local language were selected; and from Delhi, 2 single sex schools run by Delhi Municipal Corporation were taken. A sample of 46 teachers (30 females, 16 males) of secondary and higher secondary level, 1 counsellor and 4 school principals were selected. Data was collected through interviews and questionnaire method. It was found that more than 50% teachers agreed that there should be free interaction between boys and girls for their normal development. 74% teachers felt that incidence of premarital sex had increased, 60% disapproved of premarital sex, and only 30% teachers favoured the use of contraceptives for sexually active adolescents. Only 18 teachers and 1 counsellor were aware of the Adolescent Education Programme of NCERT. More than 50% respondents felt the need for special training regarding sex education; and 50% believed that increased knowledge of sex makes adolescents curious about it, and they tend to experiment. Only 39% teachers felt that they would be very comfortable providing sex education, while 54% said that they would be comfortable to some extent. It was revealed that to gain reproductive health information, adolescents depended mainly on electronic and print media, followed by friends. It was recommended that there should be a professionally trained counsellor in schools and the counsellor should be accessible to students all the time.

Key Words : 1.HEALTH 2.ADOLESCENT SEXUALITY 3.REPRODUCTIVE HEALTH 4.HEALTH RISKS 5.SEX EDUCATION 6.AIDS 7.SCHOOL TEACHERS.

10. Lalvani, Sanjeev et al. (2004).
Suicide among children and adolescents in South Delhi. *Indian Journal of Pediatrics*, 71(8) : 701-3.

Abstract : This article analyzed the incidence of suicidal deaths and various psychological factors related to suicide cases among children and adolescents in South Delhi. A sample of 222 cases of suicidal deaths, aged 10-18 years, were taken and their postmortem was done by All India Institute of Medical Sciences (AIIMS), New Delhi during Jan 1991 to Dec 2000. Of the cases reported, 55.4% were of girls and 44.6% were boys. 80.7% boys and 76% girls who committed suicide were in the age group 15-18 years. Nearly 16.2% suicide cases were reported in July, and 56.4% cases were recorded between March to July, because of psychological problems related to studies, performance in examinations and

declaration of results, which were precipitating factors during these months. About 57% girls and 49% boys committed suicide by hanging themselves; and 37% girls and 49% boys took poison. The most common poison was Aluminium Phosphide (20% cases), followed by Organophospherous (5% cases). Nearly 80% victims committed suicide at their residence. It was suggested that an effective prevention strategy should be prepared, started and followed up to identify the population at risk, and identify risk factors that led individuals to take their lives. Legislation should be made to restrict easy availability of dangerous poisons.

Key Words : 1.HEALTH 2.SUICIDE 3.ADOLESCENT HEALTH 4.PSYCHOLOGICAL PROBLEMS 5.MENTAL HEALTH 6.ADOLESCENT PROBLEMS 7.PROBLEMS OF ADOLESCENTS.

11. Prasad, Rajiva. Paswan, Balram and Singh, S.K. (2004).
Contraceptive use dynamics and abortion seeking behaviour among tribals of Jharkhand and Chhattisgarh. Mumbai : International Institute for Population Sciences. 3 p.

Abstract : This article analyzed the contraceptive use pattern and abortion seeking behaviour of people in Jharkhand and Chhattisgarh State. All the districts of these two states were categorized into 3 – districts were proportions of scheduled tribes were less than 30%, 30-50%, and 51% and above. One district was selected from each district category in both states; Primary Health Centers (PHC) were grouped into two, and one PHC was taken from each group of PHCs. A total of 24 sub-centers from each state, 48 villages with 10 households in each village, which included 940 currently married women, were taken. Information was gathered through questionnaires and interviews. In Jharkhand and Chhattisgarh, the percentage of scheduled tribes was 61% and 22% respectively. In Jharkhand, 41% women had 3-4 children. Among married women aged 15-44, 98% in Jharkhand and 100% in Chhattisgarh recognised at least one method of contraception. Female sterilization was the most common method in both the states. Only 25% women in Jharkhand and 42% in Chhattisgarh knew about condom. In Jharkhand, currently married women aged 35 and above were 3.7 times more likely to use any method of contraception, while in Chhattisgarh, the ratio was 2.8 times. In both states, almost 50% of those sterilized received follow-up care after sterilization. About 66% married women in Jharkhand and 52% in Chhattisgarh did not give any choice regarding contraceptive method. By using contraceptives, health problems were faced by 17% and 35% women in the two states, respectively. Nearly 81% women in Jharkhand and 94% in Chhattisgarh reported that cleaning (dilation and duration), in other words abortion could be done

by doctors; and 58% and 69% suggested medicine as a method of abortion, respectively. In both states, 75% married women were aware of the place and person who could perform abortions, and older women were more aware about abortion services provided in Government hospitals. Abortion prevalence rate in Jharkhand was 9.6% compared to 7% in Chhattisgarh. The most common abortion morbidity was high fever, excessive bleeding, pain in lower abdomen, giddiness and headache. In was suggested that in order to avoid abortion, women should use one or the other method of family planning, which is available at their doorsteps, in consultation with ANMs and Anganwadi workers. The myths and misconceptions regarding contraceptives should be removed for better and effective use of these methods.

Key Words : 1.HEALTH 2.REPRODUCTIVE HEALTH 3.CONTRACEPTIVES 4.ABORTION.

12. Rao, G. Rama. Parasuraman, Sulabha and Unisa, Sayeed. (2003).
An Investigation into reasons for low coverage of immunization among children in Rajasthan and Jharkhand. Mumbai : International Institute for Population Sciences. 3 p.

Abstract : The study was carried out in Rajasthan and Jharkhand during 2002-03 to examine the demand and supply side of immunization services; and the problems faced by Government and Non-Government health personnel in implementing these programmes. From each state, 3 districts were selected; from each district 2 PHCs were taken; from each PHC 3 sub-centres (SC) were chosen; and from each sub-centre 2 villages were selected. Data was gathered through structured questionnaires, focus group discussions and in-depth interviews. Nearly all the senior programme officials of both states did not face any problem in supply of vaccines, but there were problems of cold chain maintenance. As one Auxillary Nurse Midwife (ANM) had to cover a sub-centre and a sub-centre covered many villages, so a male staff member should be appointed at every sub-centre with the ANM. In both the states, awareness about health programmes was negligible among people due to illiteracy and lack of mass media facilities. The grass root level staff, however, reported irregularity in the supply of vaccines. In both states, people knew only about Polio vaccination because of Pulse Polio Programme; only 5-10% had awareness about Measles and were vaccinated; 10-15% respondents had knowledge of DPT, and 25-30% respondents had knowledge of BCG. Participants were not using any 'Local Therapy' in lieu of vaccination. It was suggested that there is a need to organize some educational programmes in the local language to make the people aware of the need for immunization. The strength of staff should be increased and their salary should be paid regularly. Departmental coordination should be maintained, and anganwadi workers should be given some incentives.

Key Words : 1.HEALTH 2.IMMUNIZATION 3.IMMUNIZATION COVERAGE 4.RAJASTHAN 5.JHARKHAND 6.IMMUNIZATION JHARKHAND 7.IMMUNIZATION RAJASTHAN.

13. Swaasthya, New Delhi. (2003).
Need for dialogue on reproductive and sexual health. New Delhi : Swaasthya. 4 p.

Abstract : This article collated baseline information, and aimed to sensitize couples towards reproductive health issues, and develop a module on gender sensitization. The study was divided into 2 parts – research and intervention. A sample of 51 males and 50 females were taken and information was collected through questionnaires. It was found that 19 women and 16 men in the sample never communicated with their spouses on entertainment issues; and 43 males and 35 females talked to each other about social visits. 100% men realized that vaccination of the child and size of the family were important issues for communication. The joint decisions of couples were low in deciding about the latest pregnancy, because it can be accidental. Four intervention sessions were conducted to help participants recognize health as a joint responsibility, the importance of communication, and to know the perception of men and women regarding women's morbidities. This session brought to light that both males and females had incomplete knowledge about women's health morbidities, men needed more information on common health problems and sexual issues; and men had a poor understanding about causes of ill health like anaemia, Post Menstrual Syndrome (PMS), etc. The positive outcome of intervention sessions was that, both men and women, expressed the need to enhance their communication skills. Two sets of home follow-ups were done after the second and fourth intervention sessions respectively. First home follow-up was done only with the wives of male participants and it was found that husbands started to communicate on reproductive health issues. The second home follow-up was done with the spouses of both, male and female participants. Nearly 73% (11 out of 15 males) males knew about their wives' association with *Swaasthya* and the work it performs. Approximately 47% males did not have knowledge about PMS and anaemia, only 13% read about it in newspapers, but none of their wives had told them about these diseases. 60% (6 out of 10) females reported that their husbands talked to them about anaemia and 40% agreed that their husbands talked to them about PMS. It was recommended that men are more effective carriers of information to partners, and the myths regarding women's health should also be addressed.

Key Words : 1.HEALTH 2.SEXUALITY 3.REPRODUCTIVE HEALTH 4.SEXUAL ISSUES 5.COMMUNICATION 6.FAMILY SIZE.

14. Tomlinson, R. and Sainsbury, C. (2004).
Childhood injury prevention advice : a survey of health professionals responses to common scenarios. *Child : Care, Health and Development, the Multidisciplinary Journal*, 30(4) : 301-305.

Abstract : This article examined the responses of health professionals about the minimum age of children for a number of activities and scenarios. It was conducted in South-West England. A sample of 215 health professionals were taken of whom 120 were general practitioners, 23 health visitors, 19 paediatric consultants, 30 paediatric registrars, 12 paediatric senior house officers and 11 A&E nurses. A questionnaire consisting of 11 statements was taken; and these were adapted from the BBC book 'Play it Safe'. 33% respondents felt that the ideal age for children to eat whole peanuts was 5±2 years. 41% of the sample said that children can take an unsupervised bath after 6±2 years. It was found that 54% health professionals recommended 9± 2 years of age for walking to local shops which involved crossing a road. For riding a bicycle on the street, 60% persons interviewed recommended the age of 10±2 years. About 81% respondents felt that a child can be left alone in the house at the age of 10± 2 years. No recommendations were given regarding age at which children could climb trees, use matchboxes, make a cup of tea, play with other children in the local estate and near water. The responses given suggested that many health professionals would advise parents to be either overprotective or dangerously careless in the supervision of their children. But carefully structured and timely risk-taking behaviour is an important aspect of a child's development, and health professionals should be a resource to parents providing reliable and consistent advice. Injury prevention advice should be consistent, and where possible, evidentially based.

Key Words : 1. HEALTH 2.ACCIDENT PREVENTION 3.INJURY PREVENTION 4.ACCIDENT 5.CHILDHOOD ACCIDENTS 6.HEALTH PROFESSIONALS.

NUTRITION

15. Choudhary, Bakhtia and Kishore, Ajay. (2004).

Are we making school children sedentary and obese ? Intervention study of 6000 Indian school children. *The Indian Journal of Nutrition and Dietetics*, 41(6) : 250.

Abstract : The present study surveyed the prevalence of obesity and other health related fitness parameters in children from both Affluent Schools (AS) (with international curriculum and children belonging to high socio-economic families) and Non-Affluent Schools (NAS) (schools run by Government Organisations and children belonging to low to medium socio-economic families). 6000 school children (2700 boys and 3300 girls, 3000 each from AS and NAS groups) from eight different schools of Hyderabad city were chosen for the study. Study revealed that most of the children had very poor cardio-respiratory endurance (86%), degree of obesity (>30% body fat) in all subjects was 30.19%; being 50.47% in affluent schools and 19.92% in non-affluent schools. Study also found poor flexibility in 29% children, and poor body posture in 36% children. About 13.1% children had dental caries, 2.4% had *genuvalgum* (knock knees), and 15.8% had *pesplanus* (flat feet of both congenital and acquired types). *Gynaecomastia* was found in 6.8% children. Study suggests that there is an urgent need for improving physical fitness in school children. Television viewing and playing computer/video games for long duration should not be encouraged. Body fat and important biochemical parameters of obese children should be monitored.

Key Words : 1.NUTRITION 2.OBESITY 3.SCHOOL CHILDREN.

16. Lakshmi, U.K. and Padma Priya, T. (2004).
Impact of NSS programme on the nutritional status of preschool children.
The Indian Journal of Nutrition and Dietetics, 41(6) : 229-40.

Abstract : The study evaluated the impact of NSS programme on the nutritional well-being of preschool children and nutritional awareness among mothers. The study included six anganwadis located in and around Coimbatore, where NSS programmes are carried out. A total of 600 children aged 2-5 years, 300 from NSS areas and 300 from Non-NSS areas attending the anganwadis were selected. Details of monthly food expenditure pattern of the selected families revealed that in both areas, expenditure on cereals was within 25% to 50%. Expenditure on pulses was 11% to 20%. Expenditure was within 50% of their income on roots and tubers, greens, sugar and jaggery, and prepared food items by most of the families. Frequency of consumption of fruits, greens, and non-vegetarian foods was found to be better among families in NSS areas than in Non-NSS areas. The study found that overall height measurements were significantly different at 1% level among the group of boys and girls of NSS to Non-NSS areas. A higher percentage of boys and girls in all age groups from NSS areas had a mean mid-arm circumference

more than 14 cm, whereas a higher percentage of preschool children from Non-NSS areas had values in the range of 12.5 – 14.0 cm. Through clinical examination, it was observed that 36.7% children from Non-NSS areas had symptoms of anaemia. Nearly 20% of the children in both the areas had discoloured/dry/sparse/brittle hair. The mean haemoglobin levels were found to be 10.29 g/dl and 8.9 g/dl from NSS and Non-NSS areas respectively, which were lower than the standard values suggested by WHO. A sample of 20 children was selected for a detailed food and nutrient intake survey. It was found that the consumption of all food items was inadequate. But intake of milk, calcium, protein and vitamin C were found to be adequate. The study found 56% mothers from NSS areas had a good concept about balanced diet. About 71% mothers revealed that they obtained nutrition related information through NSS programmes. The study suggested that NSS and other such programmes should be launched with a wide outreach to improve the nutrition and health status of the community.

Key Words : 1.NUTRITION 2.NUTRITIONAL STATUS 3.PRESCHOOL CHILD 4.CHILD NUTRITION 5.IMPACT OF NSS ON CHILD NUTRITION 6.NSS PROGRAMME 7. NUTRITIONAL STATUS PRESCHOOL CHILD.

17. National Institute of Nutrition, Hyderabad. (2003).
Current status of IDD in select districts of different regions of the country. Hyderabad : NIN. 110 p.

Abstract : A study was conducted by National Institute of Nutrition (NIN) in 40 selected districts of 5 different regions of the country – Northern, North Eastern, Eastern, Central, and Southern. The objective was to assess the prevalence of IDD among children 6 ≤ 12 year; to estimate random urinary iodine excretion levels; and to assess the extent of use of iodized salt by the community by spot testing and analytical estimation. Study was conducted using 30 cluster sampling design recommended by WHO/UNICEF/ICCIDD, and a total sample of 10500 children, 350 children per cluster was selected. A total of 210 urine samples, 7 per cluster was collected for estimation of urinary iodine. Estimation of iodine was carried out by titrimetry on 210, 7 per cluster, salt samples from 7 households (HHs) for spot testing in each district. Information regarding knowledge and practices of salt consumption was collected from mothers of 2100 children of 70 clusters covered for clinical examination. Information on sale of salt was collected from shopkeepers of all the available clusters. It was revealed that prevalence of total goitre (TGR) in Northern Region ranged from a low of 7% in Nainital to a high of 21% in Gurdaspur district. Prevalence rate ≥ 10% is considered a cut off level in India for categorizing IDD as public health problem. This was observed in Shimla, Shahjahanpur, Saharanpur, Gurdaspur, and Sonepat. In N. E. Region, TGR ranged from 5% in Dibrugarh, Dubri, Aizawal, Chhintuipui, and Bishnupur district to 8% in Changlong and Mon. TGR was much higher than the cut off level of 5%,

suggested by WHO/UNICEF/ICCIDD to indicate endemicity of IDD in all 8 districts surveyed in the Eastern Region. It ranged from 22% in Palamu and Cuttack to a high of 40% in W. Champaran. In the Central Region, prevalence of TGR ranged from 3% in Surat to a high of 16% in 7 of the 8 districts surveyed. It was ≥ 10% in Valsad, Sindhudurg, Shahdol, and Sarguja. Prevalence of TGR in Southern Region ranged from 7% in Chikmangalur to a high of 13% in Wayanad. Prevalence was ≥10% in Ernakulam, Wayanad, East Godavari, and Adilabad. Other signs of IDD such as deaf-mutism, mental retardation and squint was less than 1%, and cretinism was negligible in Northern, Central and Southern Region, whereas mental retardation and cretinism was negligible in Eastern Region. In case of N. E. Region, prevalence of other forms of IDD was found to be negligible. Median urinary iodine excretion was found to be ≥ 100μg/L in all the districts surveyed except Wayanad of Kerala; North Mangam of Sikkim (<57μg/L); <100μg/L in Shahdol, Kolhapur, Valsad; and 50-90μg/L in Surat. Proportion of children with Random urinary iodine excretion levels <50μg/L was more than 20% in Saharanpur, Nainital and Gurdaspur of Northern Region; Mon district of North Eastern Region; Palamu, North Mangam, Cuttak and Sundargarh of Eastern Region; and Wayanad of Southern Region. It ranged from 18% in Sindhudurg and Bikaner to a high of 49% in Shahdol in Central Region; indicating endemicity of iodine deficiency. Consumption of iodized salt in the community was not found to be satisfactory; 49-80% HHs were found to be using uniodized or inadequately iodized salt (15ppm) in E. Region, and 40-70% in S. Region. In Central region, consumption of iodized salt in HHs ranged from a low of 10% in Bikaner to a maximum of 54% in Kolhapur; and was between 44-88% in Northern Region. Iodized salt consumption was found to be better in N. E. Region. Awareness about iodized salt was poor in almost all regions of the country. All shops in the N. E. Region were found to be selling iodized salt on regular basis. TGR ≥ 5% in Dibrugarh, Changlong, Chhintuipui, Mon, Bishnupur and Chandel revealed that there is an urgent need to improve IEC in the N. E. Region. A considerable proportion of shops were found to be selling iodized salt regularly in North, eastern, Central, and Southern Regions. Reason for not selling iodized salt was lack of demand from the community and high cost. It was recommended that IEC activities should be strengthened in all the regions of India; community should be educated; and traders should be motivated to sell iodized salt and promote its consumption.

Key Words : 1. NUTRITION 2.IODINE DEFICIENCY DISORDER 3.IODIZED SALT 4.SALT IODIZATION 5.CHILDREN 6.DISTRICT WISE DATA.

18. Rameshwararao, A. A. (2004).
Breastfeeding behaviour of Indian women. *Indian Journal of Community Medicine*, 29(2) : 62-64.

Abstract : The study was conducted in Latur and Osmanabad district of Maharashtra during February 1997. The objectives were to know different types of breastfeeding behaviour among mothers; the extent of exclusive breastfeeding (EBF) practices; to compare urban and rural breastfeeding practices; and its relationship with social variables like income, literacy, age at marriage and parity of mothers. WHO 30 cluster sampling technique was used to select 30 villages (clusters) from each district. Breastfeeding practice was divided into 4 categories – exclusive breastfeeding (EBF), almost exclusive breastfeeding (AE), partial breastfeeding, and token feeding (TF). The study covered 314 mothers, 65 in urban and 249 in rural areas. The study found that EBF practice was inadequate (39.5%). EBF improved with increasing parity and with age of marriage between 19-25 years. EBF was practiced more by urban mothers (49%) compared to rural mothers (37%). It was also found to decrease among urban mothers with increasing parity, which could be due to negligence or cosmetic purposes. It had no relationship with income and literacy status of mothers. Almost exclusive type breastfeeding was found among 19% mothers, whereas partial breastfeeding was 38%, and token feeding was 3.6% among mothers. The usual duration of breastfeeding was 5-10 minutes and interval between feeds was 1-3 hours. Though EBF was not adequate, practice of prolonged breastfeeding upto 1-2 years was significant enough to combat malnutrition and infections. The study found that there is a need for intensifying IEC activities in Child Survival Safe Motherhood (CSSM) programme, and community involvement to increase EBF practice.

Key Words : 1.NUTRITION 2.BREASTFEEDING 3.AGE OF MARRIAGE 4.EXCLUSIVE BREASTFEEDING.

19. Sangole, S.S. and Durge, P.M. (2002)
Breastfeeding practices of mothers in urban slum. Is it really exclusive ?. Nagpur : Indira Gandhi Medical College, Deptt. of Preventive and Social Medicine. 8 p.

Abstract : Exclusive breastfeeding means no drinks such as honey, water, glucose water, gripe water, juices, vitamins, animal and powdered milk or foods other than breastmilk. The study was conducted with the objective to find the pattern of breastfeeding practices in the urban slum, and socio-economic and cultural factors which influenced exclusive breastfeeding. The Preventive and Social Medicine Department of Indira Gandhi Medical College, Nagpur carried out a cross-sectional study of 600 mothers having infants aged 0-1 years. Information about socio-cultural factors and practices of breastfeeding were collected from 600 mothers. The study was completed between 1st April to 30th September 2001. Only 7 out of 600 mothers (1.16%) practiced exclusive breastfeeding. Among non-exclusive breastfeeding majority, 171 mothers (28.83%) had given vitamin drops as

per advice given by private practitioners and health workers, and 127 (21.41%) had given gripe water to their babies on one or many occasions. Private practitioners should promote exclusive breastfeeding. Socio-economic status of mothers had significant association with duration of breastfeeding. Shorter duration of breastfeeding was noted among mothers with high education, and prolonged duration among poor and illiterate mothers. Insufficient milk was the main reason for discontinuation of breastfeeding within 6 months. 227 out of 322 mothers (70.49%) discontinued breastfeeding because they started weaning when the infant was 6-12 months old. Prolonged breastfeeding and delayed weaning resulted in malnutrition. There was an association between initiation of breastfeeding and information received by mothers regarding breastfeeding during ante-natal care (ANC). Breastfeeding was started earlier by mothers who had received knowledge about it during ANC period. To ensure a healthy future for young ones and to fulfill their rights to survival, development, protection and participation, emphasis should be given on effective, accurate and unbiased communication on exclusive breastfeeding.

Key Words : 1. NUTRITION 2.BREASTFEEDING PRACTICE 3.SOCIOECONOMIC FACTORS 4.KAP OF MOTHER.

20. Shantha Kumari K. and Puttaraj, Shashikala. (2004).
Dietary characterstics of trained and untrained farm women under WYTEP.
Indian Journal of Nutrition and Dietetics, 41(7) : 312-18.

Abstract : This article examined the dietary characteristics of trained and untrained women under Women Youth Training Extension Project (WYTEP) in Karnataka. A sample of 250 farm women from 43 villages of 3 taluks of Bangalore were selected, among whom 100 had undergone training (FWT), 100 received nutrition education with training (FWNT), and 50 untrained women (FWUT) served as a control group. Interviews were conducted to gather data. Results revealed that more than 90% women were non-vegetarian by habit. It was observed that 41% and 59% farm families consumed two or three meals respectively, and 18.7% women prepared food thrice a day. None of the farm women ate between meals. 82% FWNT and 96% women of the control group were not in the habit of eating meals outside, while 42% FWT group had their meals outside. Majority of the households preferred to cook cereal food, which included roti, fried rice, idli and dosa. 83% FWNT used wheat weekly, whereas 73% of FWT and 84% FWUT used wheat once in a month. 90% FWNT consumed red gram *daal* as compared to 77% of FWT and 76% FWUT. More than 90% of FWT, 85% FWNT and 82% FWUT used field beans in their daily menu. Green leafy vegetables were used everyday by 50% FWNT, as compared to the other two groups, who used them weekly or monthly. Egg, meat and chicken were consumed by 45% of the families weekly, and meat by 78% weekly. 56% FWNT consumed tomatoes daily while none of the

FWT consumed tomato on a daily basis. Onion, milk and milk products were used everyday. Therefore, results proved that inclusion of 'training in nutrition' in the project resulted in better food choices, as the food consumed was rich in micronutrients, especially among FWNT group.

Key Words : 1.NUTRITION 2.NUTRITION EDUCATION 3.FARM WOMEN 4.MICRONUTRIENTS 5.DIETARY PATTERN 6.DIET.

SOCIAL DEFENCE

21. Dahiya, Manju and Chander Bhan. (2004).
Female prisoners in Haryana. Social Welfare, 51(5) : 26-28.

Abstract : This article analyzed the psychological and socio-economic status of women prisoners in Borstal Jail at Hisar and Central Jail at Ambala, Haryana. A sample of 250 women prisoners was taken and semi-structured interviews were conducted to collect data. It was found that 68% respondents were involved in murder, 11.6% in immoral trafficking and 9.6% in smuggling. 84% women were Hindu, 13.6% were Sikh and 2.4% were Muslim. 51.2% women belonged to higher castes followed by scheduled castes (31.2%) and backward castes (17.6%). 71.6% of the women who committed crime were in the age group 30-50 years. Nearly 80.4% respondents were married and 69.6% were illiterate. 64.8% women offenders were from rural areas, and 58.4% had homes in rural areas. 65.2% offenders lived in a joint family. Prior to incarceration, 80.4% women were involved in household work, 4.8% in petty business and 11.6% were engaged in labour. Nearly 40% of women offender's husbands' families were engaged in labour, followed by farming (21.2%), and business (17.6%). 57.2% prisoners were the first born in their family, 22.8% were middle born, and 20% were last born. It was observed that these women prisoners had no anxiety (100%), low level of apathy (86%), pessimism (72%), fatigue and irritability (90.4%), sadness (92%), somatic pre-occupation (91%), and indecisiveness (72.8%). Some respondents had shown a medium level of pessimism (28%), indecisiveness (27.2%), and apathy (14%). It was suggested that basic education, along with moral teaching, should be provided to female children; and joint families should be strengthened to nurture female children into secure and confident citizens. To reduce the crime rate among women, they should be encouraged to start their own enterprises. Data showed that female criminality is rural specific, hence rural social problems like dowry and violence against women should be tackled on scientific lines. There should be a provision of rehabilitation homes, and NGOs and social workers should start rehabilitation programmes for women offenders.

Key Words : 1.SOCIAL DEFENCE 2.WOMEN PRISONER 3.FEMALE PRISONERS 4.WOMEN IN DIFFICULT CIRCUMSTANCES 5.PSYCHOLOGICAL FACTORS.

22. Pal, D., Raut, D.K. and Das, A. (2003).
A Study of HIV/STD infections amongst commercial sex workers in Kolkata, part I - some socio-demographic features of commercial sex workers. *Journal of Communicable Diseases*, 35(2) : 90-95.

Abstract : The study was conducted during 1998-2000 to find out the different sexually transmitted diseases (STDs) and sero-prevalence of HIV infection among Female Sex Workers (FSW), and the role of intervention programmes in prevention and control of HIV/STD among sex workers in the Red Light Areas (RLA) of Kolkata. Part I of the study covered socio-demographic characteristics of FSWs. Sample of 867 female sex workers, who were permanent residents of 5 RLAs namely, Sonagachi (670); Metiabruz (122); Khidderpore, Bow Bazaar, and Rampurgali (75); were taken. It was found that 58.9% CSWs were Hindu, 33.3% Muslim and 7.7% were from other religions. 77.9% Commercial Sex Workers (CSWs) were Indian and 17.9% were from Bangladesh and 4.04% were from Nepal. Among Indians, 93.3% were from West Bengal and 6.6% were from other states of India. About 79% CSWs were illiterate and the minimum and maximum age of CSWs were 13 years and 44 years respectively. The average number of clients visiting sex workers were 2.6 per day, and their average monthly income ranged from Rs.500-1000. 59.7% CSWs experienced more than one pregnancy, 36.2% underwent abortion, and 15.5% had more than two abortions. Nearly 65.5% CSWs had living children and 36.3% had more than one dependent child. The average duration for which sex workers remained in their trade was 6 to 7 years. As 22.03% CSWs were from neighbouring countries, there is a great risk of cross-border transmission and global spread of HIV/AIDS/STDs. Necessary action should be taken to prevent and control HIV/AIDS in India.

Key Words : 1.SOCIAL DEFENCE 2.PROSTITUTION 3.COMMERCIAL SEX WORKERS 4.SOCIO DEMOGRAPHIC FEATURES 5.SEX WORKERS 6.AIDS 7.HIV/STD.

SOCIAL WELFARE

23. Gulati, Jatinder K. and Dutta, Jayanti. (2004).
Families at risk of marital disorder : corelates of conflict for poor rural households of Ludhiana. *Social Change*, 34(2) : 16-25.

Abstract : The study of 245 poverty stricken rural families in Ludhiana district of Punjab, conducted in 2001, was undertaken to assess the extent of marital discord. All 245 poor families from six randomly selected villages were taken for the study. The study revealed that a majority of the sampled families were prone to a high degree of verbal and physical marital conflict. Financial hardship resulted in chronic strain and distress among the poor. A majority of the men in the sampled households (70.3%) were between 36 – 45 years of age, while a majority of the women were between 26 – 35 years. Most of the women were illiterate (63.2%), while a majority of the men (43.3%), though literate, had not even completed high school education. About 77.6% women were not engaged in any occupation, whereas others were working as daily wagers, part – time domestic workers or labour. A majority of the men were engaged as unskilled or daily wage labour. There were mainly four or less children in the family. Most of the families belonged to lower castes who did not have any land holdings. 79.2% of the husbands were alcoholics. 50.2% of the alcoholics were in the 'high abuse' category, who fought with others and were careless towards their families. 87.7% of the husbands and 79.6% of the wives would insult, irritate, abuse, yell or cry at the other. A majority of the men (64.1%) were highly violent towards their wives. Results indicated that husband's as well as wife's age was associated with physical violence of both the spouses. With increasing age, women resorted to expression of anger and frustration more in verbal manner, and less as physical violence. Findings indicated that the more educated the husband, the lower were chances of his being violent to his wife. Wife's educational status was, however, not related to physically aggressive behaviour, as educational status of women in poor families was relatively lower. Working women were more prone to verbal aggression due to the strains of both, home and workplace, and due to the demands of husbands who asked for money to spend on alcohol. In nuclear families, women were verbally and physically more aggressive to their spouses, whereas in joint families, wives expressed less aggression. Men living in joint families were more aggressive and violent towards their wives as compared to their counterparts in nuclear families. Higher the number of children in the family, the less violent the husband was, though both the spouses were verbally more aggressive. As the duration of married life increased, husbands became less aggressive and violent, whereas wives became verbally more aggressive. As the age of the children increased, husband's verbal aggression and physical violence towards the wife decreased. However, wife's verbal aggression was found to significantly increase as her children grew in age. The study clearly showed that a majority of the poor families were prone to verbal and physical aggression between spouses, except wife's physically violent behaviour, which was displayed in a few of the families only.

Key Words : 1.SOCIAL WELFARE 2.MARITAL PROBLEMS 3.MARITAL DISCORD 4.RURAL HOUSEHOLDS 5.ALCOHOL ABUSE 6.FAMILY STRUCTURE.

24. Jafri, S.S.A. (2001).
Evaluation of Swarn Jayanti Shahri Rozgar Yojana (SJSRY) and National Slums Development Programme (NSDP), 1999-2000 in Lucknow Division of Uttar Pradesh. Lucknow : Giri Institute of Development Studies. 195 p.

Abstract : A study was conducted to evaluate the programmes run by State Government through SUDA and DUDA in Lucknow division, Uttar Pradesh during 1999-2000, namely, Swarn Jayanti Shahri Rozgar Yojna (SJSRY), National Slums Development Programme (NSDP), Urban Self Employment Programme (USEP), Urban Self Employment Training Programme (USETP), Urban Wage Employment Programme (UWEP), Development of Women and Children in Urban Areas (DWACUA), Thrift and Credit Programme among women, Balika Samridhi Yojana (BSY), and Balbari Shiksha. These programmes aimed at providing education and employment to the poorest of the poor, with special emphasis on women, and development of slums. Survey was conducted in 61 towns and 6 cities covering 1581 households, which comprised only 20% of the total beneficiaries. 3.02% males and 6.88% females aged 0-2 years, and 3.95% males and 3.05% females above 60 years were found to be vulnerable to various diseases needing special medical care. 10.61% males and 46.99% females aged 15-59 years required employment. Literacy needed special attention, as 23.63% males and 40.46% female beneficiaries were illiterate. In urban areas, 10.63% houses were found to be kutcha (temporary structures), and 22.39% semi-permanent structures; 15.07% did not have electric connection; 31-50% did not have toilets at home; 6.33% houses had no proper roads, and in 0.05% cases the distance from water sources was quite far, for example: in Alambagh zone, it was on an average 79.07 meters from the residence. Among 546 USEP beneficiaries, 79.67% were satisfied with the loans given. 81-100% respondents were satisfied with the training provided under USETP. It was found that 64-98% respondents could not start any economic activity even after training. Among beneficiaries of UWEP, 68.42% were labourers and 31.58% were mistris (masons), and they earned Rs.47 and Rs.82.50 daily, respectively. In DWACUA, Government gave a maximum loan of Rs.2,50,000 to a group of poor women, who formed a registered society, for engaging in gainful economic activity. It was suggested that care should be taken to check whether the group of women was genuine, and the money was used for right purposes. Thrift and credit programmes among women were found to be successful in 88.24% cases in cities, and 100% persons interviewed in towns reported that they were useful. Efforts should be made so that fund is available on time, without giving bribes to anyone. Roads, drainage, drinking water supply, health and sanitation, community centers, welfare of handicapped persons, plantations, and construction of sewerage system were taken up under NSDP. Only 23.31%

beneficiaries reported that health camps were organised in their localities. Only 1.85% handicapped males (N-252), and 0.74% handicapped females (N-127) were provided aids. Plantations were done only in 4 places of Lucknow division, and the survival rate of plants was not satisfactory. Except in 2 localities of Lucknow metropolis, Indira Well Scheme was implemented nowhere. Mini Tube wells were also dug only in Lucknow metropolis and Raebareli. No sewerage work was undertaken in Raebareli, Hardoi, Sitapur and Lakhimpur. Under BSY Scheme, mothers of second daughters were given cash or Kisan Vikas Patras, but respondents found it difficult to get there. Percentage of Balbari Shiksha Students was found to be quite impressive, but availability of reading and writing material, and *pushtahar* (nutrition) was not satisfactory, which required attention.

Key Words : 1.SOCIAL WELFARE 2.SWARN JAYANTI SHAHRI ROZGAR YOJANA 3.EMPLOYMENT SCHEMES 4.SELF EMPLOYMENT PROGRAMME 5.EMPLOYMENT URBAN AREA 6.URBAN EMPLOYMENT 7.SLUM DEVELOPMENT 8.UTTAR PRADESH 9.BALIKA SAMRIDHI YOJANA.

25. Singh, Manmeet and Singh Sarabjeet. (2001).
Alcohol habits in teenagers of Ludhiana City. *Social Defence*, 50(147) : 36-45.

Abstract : The objectives of the study were to examine the alcohol consumption habits among 100 teenagers of five schools of Ludhiana city, Punjab to know the reasons related to alcohol consumption and effect of media. Information was collected through questionnaires and interviews. The study found that 68% teenagers consumed alcohol while they were studying in Class 10 or at the age of 15-16 years. Around 15% had their first drink when they were in Class 6 and 7. The first exposure to alcohol of 38.23% teenagers was at marriage parties while 23.52% had their first drink at home; 55.83% respondent reported that they consumed alcohol for the first time in the company of friends. Data revealed that beer was the hot favourite with 50% respondents, followed by whisky (35%). About 55.88% teenagers mentioned that their families consumed alcohol, so they also were in the habit of taking alcohol; while 44.12% said that they consumed alcohol but not their family members. About 64.70% respondents claimed that they did not experience any effect of liquor after their first drink. 79.41% respondents consumed alcohol every now and then. 64% respondents felt that media had a powerful role to play in encouraging a person to drink. It was suggested that parents should help the teenagers to understand the difference between messages in advertising and truth about the dangers of drinking. About 91% respondents were of the opinion that the practice of selling liquor to underage persons should be strictly prohibited, and 81% felt that Government must reduce the number of vendors drastically. A blanket ban should be imposed on drinking at marriage parties (56%) and in markets/public places (63%). The Government can play a

significant role in arresting this menace through effective policies. Media can play a vital role in overcoming the menace of alcoholism, especially when presented through dialogues.

Key Words : 1.SOCIAL WELFARE 2.DRUG ABUSE-ADOLESCENT 3.ADOLESCENTS 4.ADOLESCENT-SUBSTANCE ABUSE 5.ALCOHOLISM 6.ALCHOLISM ADOLESCENT 7.YOUTH WELFARE 8.ALCOHOL HABITS.

WOMEN WELFARE

26. Joint Women's Programme, New Delhi. (2003).
Women and media : a study. New Delhi : JWP. 40 p.

Abstract : The study, conducted jointly by Samatvam and Joint Women's Programme for the National Commission for Women, was an overview of the portrayal of women in media. The study aimed to make media managers aware of their responsibilities towards women, sensitize active media persons about gender issues, and planned to involve men in the cause. Media projected two extreme characters of women, one being traditional (submissive) and the other modern and liberal (aggressive). The second image was driven by market forces and was an offshoot of the consumerist society. Media gave very little coverage to women who stepped out of their traditional roles and resisted atrocities against them. But reports of violence against them were covered widely. Glossy supplements of newspapers prefer to use women as commodities to increase their circulation. Television channels, particularly entertainment channels, showed women as subdued characters. Media's depiction of violence against women had an impact on society, especially on children. Television, in particular, did foster the spread of the liberation movement through progressive talk shows, discussions, debate and detailed news reports based on women. In television serials, there was a clear departure from the earlier serials, which dealt with social issues and assertive women. Films seldom showed strong female characters. Many of the old stereotype roles like housewife or mother had been modified and replaced by new stereotypes which emerged due to the changed social economic political scenario in India, due to globalization in the 1990s and parallel developments in the media. Legal framework was important for the reportage of women's issues in media. Media played an important role in strengthening the women's empowerment movement. Government was forced to enact anti-sati law. Media's role has changed from being a 'social institution' into a 'trader' or 'businessman' which treats 'citizens' as 'customers'. Advertising departments of newspapers, magazines and news channels acquired more clout than their editorial sections. Some newspapers and television channels carried stories in a balanced way without giving communal colour to incidents. Findings indicate that the number of women

journalists is increasing. Except the mainstream media companies, most women working in newspapers and magazines were working in low paying positions. Most women in journalism are sub-editors, who have limited responsibility, and women reporters are often given 'soft' or development beats, not political or important beats. An advocacy campaign needs to be started, besides training programmes, for the orientation of media managers and professionals to make them aware of their social responsibilities, and convince them to portray women and gender related issues in a right manner. Students of journalism should be sensitized about social issues, including gender. Advertising agencies should be convinced to portray women in the changing scenario, and not in stereotype roles. The Community radio concept should be introduced in remote areas to sensitize people, and women in particular, about their rights and new developments. Media profession should be made more appealing to women, and women should be introduced at all levels. A legal framework should be provided for a gender – sensitive media.

Key Words : 1.WOMEN WELFARE 2.PORTRAYAL OF WOMEN IN MEDIA 3.WOMEN AND MEDIA 4.MEDIA AND WOMEN 5.COMMUNICATION 6.PRINT MEDIA 7.MEDIA LAWS 8.DISADVANTAGED WOMEN 9.LEGISLATION ON MEDIA 10.PRASAR BHARTI ACT.

27. Khan, M E, et al. (1996).
Sexual violence within marriage. Vadodara : Centre for Operations Research and Training, Vadodara. 2 p.

Abstract : The study was conducted by CORT in two villages in central Uttar Pradesh. It was based on women's decision-making when faced with an unwanted pregnancy, and the factors that influenced their decision – making. Random sampling method was used, and women in every fifth house in the village were selected for the study. Detailed data was collected on unwanted pregnancy, abortion seeking behaviour, contraception and sexual behaviour, including sexual abuse. 122 married women were interviewed and of these, 115 answered questions on sexual behaviour. It was found that all women were married before they attained puberty. In most cases (103 out of 115), gauna (cohabitation) took place only after the women had started menstruating. Most of them knew about menstruation only after they experienced their first period, and few women understood its relevance to marriage and childbirth. At the time of their marriage, most women were ignorant about sex life, pregnancy and delivery. The few who had a vague idea about married life were told by married relatives to fulfil all their husband's demands. For many young girls, the first sexual encounter was frightening and forced. Moreover, due to social pressure to immediately start a family, the young bride is often forced also by her in-laws and relatives. The frequency of intercourse was on an average 3-4 times a week for young women

aged 15-20 years. It declined with age as it dropped to 1-2 times a week for women aged 26-30 and 31-35 years, but increased to twice a week for women aged 36 years and more. Probing revealed that older husbands, who are less busy with work, seek sexual relations more frequently. Out of 115 women, 98 answered questions on sexual coercion. Of these 68% women reported sexual coercion, 21% reported physical violence, 14% reported anger, while the remaining 32% did not provide further details. Majority of the women (70%) submitted to their husband's demand for sex. 30% women were able to resist sexual coercion by their husbands. The methods used to resist included a threat to start screaming, "endangering his prestige," threatening suicide, waking up young children who slept with them, and reporting false or prolonged menstrual period. Refusing to yield to husband's coercion was found among younger women who had spent a few years of married life. Women's resistance to sex starts from their fear of an unwanted pregnancy. The most important measure would be to introduce family life education, and to prepare adolescent boys and girls for married life, reproduction and contraception. There is a need to change the attitudes of communities and families regarding gender and reproductive roles of women and their rights. The study has also highlighted the need for increasing women's access to contraception.

Key Words : 1. WOMEN WELFARE 2.MARITAL RAPE 3.SEXUAL VIOLENCE 4.VIOLENCE AGAINST WOMEN 5.DOMESTIC VIOLENCE 6.REPRODUCTIVE HEALTH 7.NEED FOR CONTRACEPTION 8.MARITAL CONFLICT.

28. Mohammad, Noor and Shahid, Mohammad. (2004).
Rethinking women's participation, empowerment and gender equality : a micro analysis. *Women's Link*, 10(3) : 7-14.

Abstract : This article analysed the outdoor participation potential of women; the process of women's empowerment; and the interrelationships of women participation, empowerment, gender equality and their functional dependency on age, education, income and caste. A sample of 90 grasssroot level women workers were selected from Lodha block of Aligarh district, Uttar Pradesh, of whom 35 were Community Based Distributors (CBDs), 35 were Anganwadi Workers (AWWs) and 20 were Women Pradhans (WPs). It was found that 60% of the sample were in the age group of 25-45 years, 22% were below 25 years and 17.7% were above 45 years. 72% women were educated till primary and intermediate level, 7.8% were graduates, 3.3% post graduates and 8.9% were illiterates. 80% WPs and all the sampled CBDs and AWWs had very limited income. Data showed that the CBDs were more articulate, mobile, active, and sent their children to schools. The AWWs were very vocal and authoritative. Due to outdoor participation respondents developed self-confidence and self-respect. At home also, they participated effectively in decision making regarding income expenditure,

children's education, family planning, etc. It was revealed that women in the 25-45 age group were more participative, vocal and active than women below 25 years and above 45 years of age. The CBDs and AWWs were equally participative whether they had higher or lower education. All the sampled WPs were illiterate, hence low caste WPs who had limited income, wanted to overcome their illiteracy, by undergoing training and actively participating in outdoor political and economic activities. It was suggested that there is a need to provide empowerment training to all voluntary workers and local leaders. A strategy should be formed so that more and more women can be involved in outdoor activities, particularly those women who want to work, are educated and belong to low income, and low caste category.

Key Words : 1.WOMEN WELFARE 2.PARTICIPATION OF WOMEN 3.WOMEN PARTICIPATION 4.GENDER EQUALITY 5.WOMEN EMPOWERMENT 6.EMPOWERMENT WOMEN.

29. Singh, Surat. (2004).
Empowerment of women representatives in Panchayati Raj : a profile from Haryana. *Kurukshetra*, 52(10) : 17-20.

Abstract : This study conducted in 2003 in Haryana, investigated the socio-economic and political background of elected women representatives in Panchayati Raj Institutions, the extent of knowledge and awareness about Panchayati Raj System; and their role in the decision making process. It covered 2 Zila Parishads, namely Jind and Kurukshetra, 4 Panchayat Samitis and 16 Gram Panchayats. Data was collected through questionnaire method. It was found that 63% women representatives were in the age group 21-30 years, 60% were from the upper castes, 21% of them had studied up to primary level, and 17% were educated upto high school. A majority of respondents earned less than Rs.5000 per month. Nearly 71% women were from nuclear families and only 18% had affiliation with a political party in the state. Haryana Government had launched a large-scale training programme for elected representatives, but 97% respondents had not attended any type of training at any level. More than 80% women were not aware of the clause for 33% reservation for women in Panchayat, but all of them were aware of their 5 year term. 61% respondents were not aware of the quorum required for meetings. 80% women members were not aware of the taxes imposed by Panchayats, and 86% was unaware of the schemes implemented by Panchayats. About 80% participants were not aware of rural development schemes like SGRY and the funds received under this scheme. The reasons for their low level of awareness were dependence on their husbands, lack of interest, illiteracy and lack of training, etc. It was suggested that there is a need to train women leaders at regular intervals, and interaction between enlightened rural women and illiterate elected women leaders should be encouraged. There should

be chapters on Panchayati Raj and women's empowerment in all classes at school level, and compulsory questions should be set in examinations. The media, both print and electronic, can play an important role in creating awareness in rural society. Women leaders need to be encouraged by publicising their leadership qualities, and giving them honour in public meetings. Different NGOs should undertake the tasks of training, encouraging, organising, mobilizing and guiding elected women representatives.

Key Words : 1.WOMEN WELFARE 2.PANCHAYATI RAJ 3.POLITICAL PARTICIPATION 4.WOMEN EMPOWERMENT 5.EMPOWERMENT WOMEN

30. Stormer, John. (1997).
A Study of efforts to improve women's economic status in Ladakh. New Delhi : Save the Children Fund (UK), Northwest India Programme Office. 36 p.

Abstract : Study was conducted in Kargil and Leh districts of Ladakh, Kashmir, by Save the Children Fund Northwest India (SCF NWI) to highlight the importance of adopting an integrated approach, and suggest ways for the economic development of women. Data was collected through SCF micro-studies and interviews. Education, which provides avenues to better jobs, was often found interrupted in the case of girls. Higher dropout of girls was noticed after Class 5, mainly due to household work and farming. Educational disparity resulted in a low literacy rate for women, 12.1% in Leh district and 4.1% in Kargil. SCF micro-studies revealed that 65% men went outside the village for labour, resulting in increased workload for women and children. Work analysis showed that women worked twice as much as men. Women had little participation in many household decisions and in village committees. Government and NGOs like Leh Ecological Development Group (LEDeG), Ladakh Environment and Health Organization (LEHO), Mahila Mandal, Social Welfare Department, Ministry of Industry and Commerce, Handicraft Department, etc. provided vocational training to youth and women; and also encouraged income generating programmes namely, Integrated Rural Development Programme (IRDP), Kargil Development Project (KDP), Leh Nutrition Project (LNP), Training of Rural Youth for Self-Employment (TRYSEM), etc. These programmes gave training on tailoring, knitting, weaving, embroidery, carpentry, doll-making, wood carving, painting, etc. and also paid stipend to the trainees. It was found that income generating projects of NGOs, ignored demand of the product in the market, which challenged the stability of an enterprise. Women entrepreneurs, who ventured into creative ideas like Dzomsa laundry, met with little support from the community. Study recommended that vocational training programmes should include computers, and typing and shorthand. Extra-curricular training should be given on business management. When new skills are proposed, the market for them should be assessed thoroughly. Courses should be planned to

help graduates turn their skills into income. Women-owned businesses should form a women's chamber of commerce, so that they could advertise and promote their own products and services, and also support others in need. NGOs should acquire more skills in enterprise development. Social and cultural issues should be addressed alongwith economic development for women. It was also recommended that SCF NWI should generate a report on the status of women in Ladakh, develop an instrument for measuring the impact of women's development on children, sponsor a forum to exchange information on issues of women's development, and focus on giving the girl child more exposure to career possibilities beyond traditional areas.

Key Words : 1.WOMEN WELFARE 2.INCOME GENERATION 3.INCOME OF WOMEN 4.SAVE THE CHILDREN FUND PROGRAMME 5.EMPOWERMENT WOMEN 6.LADAKH.

31. Tewari, Suruchi. (2004).
Status of women in Naai community of Uttar Pradesh. *Social Change*, 34(1) : 49-56.

Abstract : The study on the status of women among the *Naais* (barbers), a backward (OBC) community of Uttar Pradesh, was based on a survey conducted in April 2002 in Tharauli village of Siddharthnagar district situated on the Northeastern border of Uttar Pradesh. The sex ratio among *Naais* was 843 compared to 933 for India. Data on the status of women was collected through unstructured interviews. Only 36% women were literate compared to 84% males. None of the women were graduates. Women had hardly any role in the economy. 74% of the women were only housewives. 11.4% were pursuing their traditional occupation of *nauns* (who play a major role in arranging marriages, and take care of the mother and the new born child), and 5.6% were woking as school attendants or wage labourers. The mobility of women was very restricted. Daughters and sisters were given more freedom to move about in the village, but the mobility of daughters – in – law was strictly prohibited, due to the prevailing *purdah* (veiling) system. Women engaged in some economic activity had greater freedom to move about in the village. Deep rooted faith in traditional healing, low education status and poor health posed barriers in moving to hospitals and consulting doctors. In *'Naai'* community, husbands had a socially accepted right to beat their wives, especially when the husband was drunk. Data revealed that the husband was the dominant decision – maker. Even in matters related to the household, only 19% women took independent decisions. Regarding decisions related to marital relationship, like the use of contraceptives and decisions related to family size, men had more of a say (81.0%). Men took decisions related to consultation with doctors for any type of health problems of women. Child marriage was also prevalent in this community, the average age at marriage for women being 11 years. The '*gauna* ceremony'

(wife moving to husband's house) occurred after 3 to 5 years of marriage. Child marriage adversely affected the health of the young mother. The number of stillbirths and infant deaths was also high. Low educational and occupational status of women, and *purdah* system hampered overall development of women. The majority of these women were ignorant of their rights, and social resistance also prevented them from getting their legitimate due share. The women of this community confined themselves within the boundaries of the family, and were not allowed to evolve or have access to the modern world.

Key Words : 1.WOMEN WELFARE 2.STATUS OF WOMEN 3.CHILD MARRIAGE 4.EDUCATION WOMEN 5.EARLY MARRIAGE 6.DOMESTIC VIOLENCE 7.NAAI COMMUNITY.

32. Wadiniale, Saroj M. (2004).
Slum women empowered by saving credit programme. *Social Welfare*, 51(5) : 31-35.

Abstract : This study analyzed the use of savings credit program to satisfy the various needs of urban poor families in Baroda city, and compared the pre- and post loan status of women and their households. A sample of 175 women loanees from 15 slums, where savings credit program was operational, were taken. Data was collected through interviews and from other secondary sources like loan books, etc. It was found that 70% women were in the age group 20-45 years, 32% were SCs, 84% were married, and 27% were illiterate. Saving credit program had membership fees ranging between Rs.2.00 – 10.00, upper limit of loan was Rs.7500.00, rate of interest was 12% per annum, period of repayment was 12-24 months, and only 89.7% respondents were regular in repayment. The greatest effect of saving credit programme was that there was an increase in monthly household income, 66% women converted their houses into permanent structures, husbands started looking after their wives during sickness, and the quality and quantity of family's meal improved. There was a drastic change in social awareness and social status of women after the programme. In the pre-loan period, 52% did not participate in outdoor activities, but in the post loan period, the ratio of participation in outdoor activities rose to 79%. 82% husbands were the major decision-makers in pre-loan period; while in post loan period, 65% women shared in decision making. Only 2% respondents could interact with male members in the pre-loan period, whereas 95% women could interact with males in the post loan period. 21 out of 154 women had a right on husband's income in the pre-loan period, while in the post loan period the number increased to 81. In pre-loan period, 97% women had no bank account and only 3% had a joint bank account, while in the post loan period 11% respondents had their individual account and 9% had joint accounts. Majority of the respondents felt that child marriage should be prohibited. In the pre-loan era, 6% women found 'purdah' (veiling) to be

a barrier in economic activity of women, 8% believed dowry was a social evil, and 40% agreed that remarriage of women would upset society. In the post-loan era, 44% women were against 'purdah' system, 90% were against dowry system, and 18% agreed for remarriage of women. 90% women felt that seats should be reserved for women in Government, only 17% were aware of various laws related to women, and 56% respondents felt that family responsibilities should be jointly shared. It could be concluded that Saving Credit Programme had a positive impact on society, and provided an informal source of finance, needed by the urban poor.

Key Words : 1.WOMEN WELFARE 2.CREDIT FOR WOMEN 3.SAVING CREDIT PROGRAMME 4.EMPOWERMENT WOMEN 5.WOMEN EMPOWERMENT 6.LOANS FOR WOMEN.

LIST OF JOURNALS

1. Child : Care, Health and Development, the Multidisciplinary Journal
2. Indian Journal of Community Medicine
3. Indian Journal of Nutrition and Dietetics
4. Indian Journal of Pediatrics
5. Journal of Communicable Diseases
6. Journal of Education and Social Change
7. Kurukshetra
8. Social Change
9. Social Defence
10. Social Welfare
11. The Indian Journal of Nutrition and Dietetics
12. Women's Link

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