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5, Siri Institutional Area, Hauz Khas

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CONTENTS

RESEARCH STUDIES ON WOMEN AND CHILDREN

CHILD LABOUR

1. Impulse NGO Network Shillong, Meghalaya. (2004).
Child labour in Shillong. Shillong : INN. 92 p.

Abstract : This study was conducted to understand the psycho-social environment, nature, extent and magnitude of the problem; health and support systems for child labour; and their expectations from the Government and other agencies. A sample of 501 boys, belonging to school going age and working in Shillong, was taken for the study. Data was collected through interviews. It was found that these children worked mostly in commercial areas like Bara Bazaar and Police Bazaar, and a majority of them were 11-14 years of age. 71% children in the sample were literate, whereas 29% were illiterate. Both parents and children were ignorant about the value of education or about the ill effects of child labour. Most of the children felt that their neighbours looked upon them with sympathy, suspicion or indifference, and 19% children said that their neighbours never helped them. These children were engaged in different types of work, like rag picking, cleaning automobiles, selling betel nuts, shoe polishing, tea boy, domestic help, coolie work, etc. These children worked 8-12 hours a day and on an average earned Rs.10-50 per day. Most of these children had attended school at one time or the other, 27% had not attended school, and a majority of them wanted to go back to school given an opportunity. Children gave up their studies due to family problems to give financial support to their families, and some did not have interest in studies. Most of the children were found to be weak and undernourished except a few (18%). They were found to be suffering from health problems like cough, tuberculosis, skin disease, anaemia, symptoms of deficiencies, physical growth retardation, etc. They lived in unhygienic conditions and slept only 5 hours a day. These children played with friends during leisure, watched movies, and 20% took part in gambling. 50% of these children ate food from wayside shops or hotels. 6% children were arrested once or twice or more and had a harsh experience with the police. 29% of these child labourers never heard about any organization working for children. Many of the parents and children were unaware of the existing

laws to protect children or child labour. Children expected organizations to provide some facilities like education, shelter, proper job, money, and health services. They expected the Government to provide facilities for education which would enable them to learn a trade and get better employment. It was recommended that supplementary income generation activities for parents should be facilitated utilizing Government and NGO schemes for poverty eradication, self employment, etc. Poverty was the most important factor responsible for prevalence of child labour. Community based monitoring system should be developed at local level to cover child labour in agriculture and domestic sector. Policy makers should ensure that studies are conducted from time to time, and necessary recommendations are incorporated. Education should be made interesting, meaningful and relevant to reduce incidence of drop-outs, and should also include vocational/skill training, which would equip children with better job skills and opportunities. Parents should be made aware of the importance and value of education emphasizing its long term benefits, as lack of appreciation of education by parents was found to be a determinant of child labour. Awareness should be spread among exploited children, and employers should be sensitized regarding child rights and labour legislation. Governments, NGOs and the community should work together towards prevention of child labour and providing facilities of education, extra nutrition and health care.

Key Words : 1.CHILD LABOUR 2.CHILD LABOUR MEGHALAYA 3.STREET CHILDREN 4.RIGHTS OF THE CHILD 5.CHILD RIGHTS 6.UN CONVENTION ON THE RIGHTS OF THE CHILD 7.OPINION OF CHILDREN 8.OUT OF SCHOOL CHILDREN 9.NORTHEAST INDIA 10.SHILLONG 11.CHILD LABOUR NORTHEAST 12.DROP IN CENTRES.

CHILD WELFARE

2. Ananthalakshmi, Dr. Mrs. and Srinandhini, V. (2004).
Children of Tamil Nadu and the state budget : an analysis : 1998-2004 : a summary. Chennai : Indian Council for Child Welfare Tamil Nadu, 111 p.

Abstract : Child budget analysis helps in evaluating what the Government is spending on its children through programmes and services, both child focused and child related. The three dimensional study identified child priority sectors, fiscal allocations for the

programmes, and effectiveness of the child delivery service system from 1998-99 to 2003-04. Six priority areas covered were education, health, nutrition, early childhood care and development, children in difficult circumstances, and girl child. The actual expenditure was Rs.4,605.90 crores, Rs.4951.66, Rs.4986.04 crores, Rs.5195.88 crores respectively, per year from 1998-1999 to 2001-02. Revised estimates for 2002-03 were Rs.5906.55 crores, and budget estimates for 2003-2004 were Rs.6069.36 crores respectively. External funding was received from World Bank in Nutrition, Education, and Health sectors. For every Rs.100/- spent by the State Government, on an average, Rs.23.43 was spent on children between 1998-99 and 2002-2003. The expenditure on Education came down from 3.05% to 2.69% from 1998-99 to 2001-2002. In the Health Sector, expenditure was 0.37% to 0.34% during 1998-99 to 2001-2002, and in the Nutrition sector it was between 0.41% to 0.33% in the corresponding period. For Early Childhood Care and Development, it was 0.20% and 0.15% respectively, in 1998-99 and 2001-2002. Children in Difficult Circumstances and Girl child, both had expenditures ranging between 0.03% to 0.02% in these intervening years. Tamil Nadu has 10.118 million children aged 6-14 years. Nearly 1300 habitations were without primary schools, and 4000 habitations without middle schools. The official norm of 3 km distance for a middle school needs to be reconsidered in the light of gender differentials in retention rates. There was 35% dropout at middle school level from 1998-2002. In the Health sector, child health allocation ranged from 39.33% to 37.24% from 1998-99 to 2003-04. Allocations for implementation of immunization programme were not fully utilized, but the Universal Immunization Programme achieved 100% coverage of pregnant women and infants. Every week, 5.3% million adolescent girls are given IFA tablets. There were 406,547 children in primary, middle, higher and higher secondary schools suffering from anaemia. Anaemia was found to be prevalent among 59-74% persons in all age groups. In the Nutrition sector, in 2001-2002, 50% allocation went towards salaries, and 41% towards feeding and dietary charges. The levels of malnutrition raise serious doubts of service delivery efficiency. In the Early Childhood Care and Development sector, Tamil Nadu has 30,125 ICDS Centres covering 2,034,855 children. There were 4935 orphans in 25 orphanages, and the Government and NGOs share as part of the total outlay constituted 54.71% approximately. 23 night shelters for street and working children are run by NGOs, of which 7 receive grants from Government of India, and the remaining 16 grants from the State Government. There were 70,344 child labourers in Tamil Nadu, 17,385 in hazardous and 52,959 in non-hazardous occupations. District school mapping needs to be undertaken, and strategies evolved to ensure UEE. Immunization coverage needs to be increased, and anaemia tackled on a war footing. The feeding charges of Rs.200/- per inmate per month fixed in 1996

need to be revised to current prices. The budget document was largely gender neutral, and it had been difficult to segregate gender related data.

Key Words : 1. CHILD WELFARE 2.BUDGET FOR CHILDREN TAMIL NADU 3.BUDGET FOR CHILDREN 4.BUDGET FOR CHILDREN TAMIL NADU 2004 5.CHILD BUDGET 6.DEFINITION OF CHILD 7.RIGHT TO EDUCATION.

3. Nair, M K C and Pejaver, Ranjan Kumar. (2001).
Adolescent care 2000 and beyond : teenage morbidity. Child Development Centre, Thiruvananthapuram. Bangalore : Prism Books. 81-92 p.

Abstract : This article analyzed the morbidity among all teenage girls aged 13-19 years in a rural area near Trivandrum, Kerala. A sample of 400 girls was taken. It was found that the mean calorie intake of 13-15 year old girls was between 1355 K Cal/day and for late teenagers (16-18 years) it was 1292 K Cal/day. Nearly 60% girls complained of headache, 57.8% faced the problem of falling hair, 38.3% had dandruff, and 22.3% complained of white patches. Dental problems were faced by 44.3% and eye problems by 22% girls. 55% girls had prior knowledge of menses, and 20.7% girls got this information from their mother/grand mother/aunt. About 48% girls felt pain during menstrual days, 25% had irregular bleeding; and thyroid and goiter was prevalent among 17.8% respondents. 65% participants felt that their mothers were caring and protective, whereas 51% felt that their fathers were very caring. Problems at home such as unhappy home, broken home, alcoholism of father, etc. were faced by 44% girls and 35% had problems at school, college and at their workplace such as school failure, isolation, partiality of teachers, etc. Only 28% girls described themselves as fully confident and 83% girls confided in someone when they were in trouble. Data showed that respondents were interested in discussing their problems with community outreach team members, of home clinics (mobile units), because the outreach team consisted of women members only. Nutrition monitoring, family life education and knowledge about thyroid and goiter status of girls are some important aspects of adolescence, which require special attention of the community.

Key Words : 1.CHILD WELFARE 2.ADOLESCENT 3.PROBLEMS OF ADOLESCENT 4.COUNSELLING 5.ADOLESCENT HEALTH 6.FAMILY LIFE EDUCATION 7.ADOLESCENT COUNSELLING 8.GROWTH CHART 9.ADOLESCENT STRESS 10.STRESS ADOLESCENTS.

4. Nair, M K C and Pejaver, Ranjan Kumar. (2001). Adolescent care 2000 and beyond : family life. Child Development Centre, Thiruvananthapuram. Bangalore : Prism Books. 140-47 p.

Abstract : This article analysed the awareness level of adolescent girls regarding family life. A sample of Class X students were selected from Government Girls High School, Thiruvananthapuram, Kerala. Data was collected through questionnaires, based on Class X science book. It was found that 29.9% girls had eye problem; 41-43% had ENT problem, 35-50% had dental problem; and 10% boys and 26.9% girls complained of lice. About 61-70% students had no skin and nail problem, 82% girls were aware of menses before menarche, 67.7% had menstrual problem, and pain during periods; and 81.5% girls took daily bath during periods. Nearly 25.8% boys complained of chronic respiratory diseases. About 50% boys went for tuition twice a day and 53.7% girls attended tuition only in the morning. 89-95% students felt that teachers influenced their studies. In private schools, the number of failures was low, but maths was difficult for 9.6% students. 57% students received help in their studies at home, 47% felt that they were not getting opportunity for extra curricular activities; and 45-50% students postponed reading or their daily studies. Data showed that 51-62% students did not get enough chance to go out with friends, 34-39% students faced problems in discussing about their friends with their parents; 20.4% boys found quarrels between siblings as a disturbing factor in their home studies; and 40% both boys and girls could not concentrate in their class. Therefore, it could be concluded that the participants' level of knowledge about family life was satisfactory.

Key Words : 1.CHILD WELFARE 2.ADOLESCENT 3.PROBLEMS OF ADOLESCENT 4.COUNSELLING 5.ADOLESCENT HEALTH 6.FAMILY LIFE EDUCATION 7.ADOLESCENT COUNSELLING 8.GROWTH CHART 9.ADOLESCENT STRESS 10.STRESS ADOLESCENTS.

5. Association for Development, Delhi. (2002).
A Study on the problems of street and working children living at railway station in Delhi. New Delhi : AFD. 9 p.

Abstract : The study was carried out among street and working children at old Delhi, New Delhi and Hazrat Nizamuddin railway stations to identify the reasons for leaving their homes and the problems faced by them in their day-to-day life. A sample of 100 respondents was taken and most of them were in the age group of 8-16 years. Data was collected through questionnaires. It was found that 76% respondents attended school while they were at home, 17% had non-formal education and 7% were illiterate. 39% children belonged to Uttar Pradesh and 26% were from Bihar. Nearly 57% children were living at the railway stations for the last 1-5 years, 11% were there from more than 5 years, and 28% were in Delhi for less than a year. Most of these children were from lower income group, and 33% participants were from families of self-employed persons like vendors, etc. Nearly 47% children mentioned abuse by parents as the main cause for having left their homes, 64% children did not have any contact with their families, and 52% did not want to go back to their families. It was found that 48% children had stayed in a home/government institution at one time or the other and 64% wanted to remain on the streets, because of freedom and employment opportunities. About 36% respondents wished to go to a home, and of them 83% preferred night shelters, and 17% wanted separate and decent accommodation, other than Government institutions and NGO homes. 85% children lived in groups, specially girls, because of security reasons. 60% children were involved in rag picking, 74% earned less than Rs.50, and only 30% had some savings. About 74% children travelled to other places like Bombay during winters to escape the cold, 24% traveled to find work, and 24% did so for fun. Nearly 78% participants mentioned harassment by police, 17% mentioned shelter, and 3% mentioned bullying by senior boys as major problems faced by them regularly. It was reported that 88% children were abused physically, 9% abused sexually and 3% did not respond out of hesitation. 57% respondents were harassed by Government Railway Police (GRP), and 21% named Railway Protection Force (RPF). 56% children stated that the police demanded or snatched money from them. It was revealed that 67% children smoked cigarettes, 78% respondents used drugs regularly, and of them 48% consumed it daily. Nearly, 53% respondents took drugs for fun and relaxation, and 11% said that their friends urged

them to use drugs. It was suggested that there is need for planning and consultation among all the agencies involved in welfare activities, and their plans should incorporate children's views and needs. Government and other organizations should formulate their strategies after considering children's issues, and a proper environment should be built for their overall development. Education should be an essential part of the programme to give them a better standard of life.

Key Words : 1.DESTITUTE CHILD 2.STREET AND WORKING CHILDREN 3.STREET CHILDREN 4.RAILWAY STATIONS 5.PHYSICAL ABUSE 6.SEXUAL HARASSMENT 7.WORKING CONDITIONS 8.CHILD ABUSE 9.CHILD SEXUAL ABUSE 10.DELHI.

6. Ghosh, Kum Kum. (2001).
On the threshold : the journey begins. New Delhi : Save the Children (UK). 110 p.

Abstract : This study, both exploratory and action oriented, was conducted in 6 slum areas of Calcutta and 2 red light areas, namely Rambagan and Sethbagan. A sample of 327 households having children in the age group 6-16 years were selected for ascertaining the situation of victims; 155 households from Sealdah station, red light areas, slums, commercial places and observation homes for juvenile delinquents were selected to determine multi-factorial causes of child abuse; 50 individuals from different groups of society were selected to understand societal perceptions on child abuse; and 9 children from Sealdah platform and 31 from Rambagan red light area were selected to document attitudinal and behavioural changes resulting from specific inputs to abused and high-risk children. Data was collected through interviews, focus group discussions and participant observation. It was found that the incidence of children abused at their work place was higher in households with higher income and higher education levels. Children worked 6-11 hours outside their homes besides doing their household chores. Children in the red light area received better care than those in slums, but were easy targets for being befriended by liquor/drug peddlers and criminal gangs. Children living in Muslim dominated slums had a lesser degree of parental care and nutrition. Runaway children had poor inter-personal relationship with either of their parents than those living with their families and a majority of them were subjected to aggressive, domineering or indifferent treatment. Low economic status and illiteracy was also found to be a contributory factor. Awareness on child abuse was limited to child labour, neglect and exploitation through commercial vices. Physical and emotional abuse

was not considered as other forms of abuse. High income group felt that the incidence of abuse, especially substance abuse, was more prevalent in low income families, while the latter viewed employers and businessman of higher income brackets as the main perpetuators of child abuse. With respect to impact of abuse, the low income group identified family disturbances, increase in rate of crime, and threat to social harmony as the after effect of child abuse, while high income/skilled group showed least concern for the after-effects of child abuse. Information collected was used for developing a psycho-social profile of the selected children, for planning specific interventions for each child, and for assessing the nature and extent of change in children during the course of the programme.

Key Words : 1.DESTITUTE CHILD 2.STREET CHILDREN 3.CHILD ABUSE 4.CHILD SEXUAL ABUSE 5.EXPLOITATION OF CHILDREN 6.CHILD TRAFFICKING 7.CINI ASHA PROJECT 8.HOMELESS CHILDREN 9.SAVE THE CHILDREN PROGRAMME 10.FOREIGN FUNDING 11.COMMUNITY INVOLVEMENT.

7. Indian Council for Child Welfare Tamil Nadu, Chennai. (1996).
Study on socio-demographic profile of institutionalized children in Tamil Nadu. Chennai : ICCWTN. 62 p.

Abstract : The study was undertaken in 81 institutions of Tamil Nadu that provided cottage type care to needy children. It assessed the factors leading to institutionalization of children, services rendered to children, and relationships of the children with their guardians. Information was gathered from 81 institutions (nearly 50% of the institutions providing cottage type services), 400 children (219 girls and 181 boys) and 275 family members. About 95% of the children belonged to very poor economic status families. About 33% organizations provided only vegetarian food to the children, only 9 had rooms for the children, only 3 provided cots, but more than 50% had separate facilities for prayer, dining, reading and sleeping. Nearly, 95% NGO made arrangements for medical officer's services for children. Institutions were concerned with the educational progress of the children, and most chief administrators had degrees in education. About 33% respondents mentioned that children had no behaviour problems, but others mentioned quarreling and bed wetting. Agencies were not very sensitive to the emotional and behaviour problems of children. A large majority of NGOs had their own schools attached to the agency, and agencies offered facilities for extra coaching, counseling and supervised study. All agencies, except one, had a policy of assisting the child back in the

family. Except in 36 cases, where both parents were alive, children of the remaining 239 guardians were from broken homes – broken due to death or desertion. Poverty was the main reason for institutionalization of children. In more than 95% cases, contact was maintained between the child and his/her family, but monetary and family problems were mentioned as the reasons for infrequent visits. About 46.18% guardians said that it would not be possible for them to take the children back. Only 17% children were less than 5 years at the time of admission to the institution. About 1% of the children were abandoned children, 19.75% were total orphans, and 60.25% of the children were from single parent families. 84% of the children did not want to join the family, and the reasons could be poverty and insecurity at home. It was recommended that NGOs should stick to the cottage pattern as envisaged under the scheme. More vocational training programmes should be introduced that have relevance to modern society, so that children could become financially independent. Some counseling skills should be imparted to staff in these organizations. NGOs should also help families to overcome some of their constraints, so that they may be in a position to take the child back home as early as possible.

Key Words : 1.DESTITUTE CHILD 2.INSTITUTIONALIZED CHILD 3.INSTITUTIONAL CARE 4.SERVICES PROVIDED.

8. Shekar, Sanober, et al. (2002).
Forced separation : children of imprisoned mothers : social work in criminal justice : a field action project of the Tata Institute of Social Sciences Prayas. Mumbai : Tata Institute of Social Sciences. 192 p.

Abstract : The study was undertaken in jails situated in 2 cities of Maharashtra, to assess the problems faced by children of women prisoners. Data was collected through interviews with women under-trial prisoners, families of women prisoners and their children, government officials, functionaries of child welfare agencies, and researchers and social workers of Prayas. Mothers suffered severe anxiety at being separated from their children and worried about their well being. They were also not informed about rules permitting them to take children below 5 years along with them. All their efforts in jail were directed towards ensuring their children's well-being through visits, messages, contacts. Even in prison, mothers tried to set into motion legal or administrative processes, access existing welfare schemes or facilities, approach senior prison officers to intervene when children faced problems, earned money by working in the kitchen/workshop, built

emotional pressure in the women's yard, and requested visitors for assistance. Children had to face both, the loss of a care taker, as well as loss of income. Over time, the family maintained itself at a lower level of economic functioning. Children adapted by curtailing expenses, starting to earn, borrowing, accepting help from acquaintances, and learning to do without – missing meals, dropping out of school, etc. They had no money to buy milk, food, oil or other essentials. Relatives who had moved in as caretakers, or had taken children in with them, found it difficult to manage. They wanted financial assistance to look after children better. Children had to start working, and some became homeless as they were evicted from rented homes. Their health and nutrition status deteriorated, as also personal hygiene. Besides stress, children also became aloof and alienated from mothers. Children left with a weak father, relatives without resources, or by themselves in the care of eldest child, were found to be in more difficult circumstances. Some paternal grandparents wanted to cut the mother out of children's lives. Society stigmatized children, and they exhibited withdrawal symptoms. The best solution to problems of children was that mothers should be released at the earliest, giving bail to mothers, having frequent court hearings, and no delays due to lack of escorts, etc. Government should be responsible for children of prisoners, but the responsibility may be shared by different agencies of the law. Voluntary organizations should also be involved in their welfare.

Key Words : 1.DESTITUTE CHILD 2.CHILDREN OF WOMEN PRISONER 3.CHILDREN IN DIFFICULT CIRCUMSTANCES 4.WOMEN PRISONER 5.PRAYAS PROJECT TISS PROJECT.

GROWTH AND DEVELOPMENT

9. Indian Council for Child Welfare Tamil Nadu, Chennai. (1996).
Early childhood development and environment : a study. Chennai : ICCWTN. 60 p.

Abstract : The study was conducted in 27 urban communities in Chennai and 17 rural communities in Chingleput District where 4 NGOs were implementing the Crèche programme. 50% of the crèches were selected through systematic random sampling method; and from each crèche 10 children in the age group 3-4 years were selected, comprising 440 children in all. The study was conducted to identify how the environment of the child, socio-economic conditions, culture, beliefs and practices of the mother and crèche worker affect early childhood development. The 4 NGOs studied were Indian Council for Child Welfare Tamil Nadu, Indian Red Cross Society Tamil Nadu, The

Women's Indian Association, Chennai and The Guild of Service Central Chennai. NGOs felt that crèches enabled underfives to get adequate nutrition and medical attention, helped community to avail other services, and freed older siblings to go to school. Children attending crèches had better mental and physical growth due to balanced nutrition, better language development through conversation and songs, better sensory development playing with different texture objects and conditioned the child to go to school every day. The child also learnt independence, toilet training, socialization, etc. Deliveries were mainly in Primary Health Centres. Breast feeding was the norm; semi-solids were started after six months, and solids after 1 year. There was lack of clear understanding about the milestones of child development among mothers. Space for indoor play was adequate in most crèches, but play equipment was not adequate in 80% crèches. For most children, the balanced noon meal served at the crèche constituted the main meal for the day. They were also given snacks made of protein rich lentils before they left for home. The mother-child relationship was warm and caring, but environmental hygiene knowledge and practices were inadequate. Emotional development of the child ranked highest (87.5%), followed by cognitive development (87.3%), language development (86.4%), social development (83.9%), and motor development (83.4%). The crèche worker's education, concept of ECD, and her perception of the role of the crèche in ECD were to some extent, significant for the children's development. Interventions of NGOs need to be extended to community education also, to enhance the quality of life. Crèche workers have a role as change agents in the community with the focus on the child and its development. The training of crèche workers should be such that they have a clear understanding about the concept of ECD, and its importance for the future development of the child.

Key Words : 1.GROWTH AND DEVELOPMENT 2.EARLY CHILDHOOD DEVELOPMENT 3.ENVIRONMENT AND CHILD 4.ECCE 5.HOME ENVIRONMENT 6.CRECHE WORKER 7.CHILD REARING PRACTICES.

10. National Institute of Public Cooperation and Child Development, New Delhi. (2004).
An Evaluation study of creches run under National Creche Fund : executive summary. New Delhi : NIPCCD. 13 p.

Abstract : This study was conducted in 2004 to evaluate the functioning of National Creche Fund (NCF), availability of infrastructural facilities, suitability of timings with respect to working hours of mothers, reason for

drop-outs, level of job satisfaction among staff, to check if qualified and trained workers are employed, to evaluate organizational capacity of NGOs/VOs, to find difficulties faced in implementing schemes, and to suggest ways and means for improving implementation and widening the coverage. A sample of 57 centres from general category was selected from Uttar Pradesh, Maharashtra, Orissa, and Andhra Pradesh; and 7 centres of anganwadi-cum-creches were selected from Andhra Pradesh and Orissa. A set of 6 interview schedules and an observation schedule was used to collect the data. It was found that 93% centres had 1 worker and 1 helper, 85% workers were untrained. Majority of the workers reported job dissatisfaction due to low honorarium (94%), lack of training in managing children (44%), heavy workload and lack of support and appreciation for work done (60%). Provision of supplementary nutrition was seen as an important incentive for mothers to enroll their children in the centre. Less than 50% centres conducted outdoor and indoor activities for the children. 42% general category centres did not have any health check-up facility. AWC-cum-creche category had health check-ups, immunization, and growth monitoring was done regularly. Mothers' meetings and home visits were found neglected in crèches of general category, whereas it was held regularly in AWC-cum-creches. 18% workers of general category worked 8 hours or less than 4 hours, whereas those working in AWC-cum-creches worked 6-8 hours a day. 67% general crèche centres were located in rural areas, and majority of AWC-cum-creches were located in urban slums. 91% centres worked in single room accommodation. 40% centres had no open space; 38% had insufficient open space, which reduced the opportunity to conduct outdoor activities. 41% had poor ventilation and 56% had poor lighting, which were a hindrance to various indoor activities. 36% did not have a separate kitchen and 66% had no separate storage facility. It was found that 43% organizations had no previous experience of running child care programmes. Scheme was monitored by State Government through District office and report was submitted to DWCD, which generally delayed in renewal of grants. High degree of discontent was found among organizers of VOs and CDPOs due to inadequacy and delay of funds. It was recommended that organizations should fulfill the eligibility criteria before getting sanction for crèche centres. In order to avoid delay in renewal of grants, monitoring mechanism should be reviewed. Number of centres sanctioned to each organization should be fixed, i.e. minimum 10. It should be ensured that funds are released timely so that crèche programmes proceed uninterrupted. Honorarium should be given to motivate workers. Training programmes and refresher courses should be conducted for enhancing skills of the workers in the area of child care and for clarity of their roles. Quality of pre-school activities should be improved. Budgetary provisions should be reviewed so that funds are made available for purchase of pre-school materials and for conducting regular health check-ups. Timings of crèches should be decided on the

basis of consultation with the beneficiaries and should be flexible. Quality and quantity of supplementary nutrition, provision of milk, health facilities, and availability of play materials should be monitored and improved. Active participation of the community was required for the success of the programme.

Key Words : 1. GROWTH AND DEVELOPMENT 2.CRECHE 3.CRECHE SCHEME 4.EVALUATION OF CRECHE SCHEME 5.NATIONAL CRECHE FUND.

11. Phukan, Minoti, [Guide] (2003).
Development of a media mix package for mothers of new born babies. Assam Agricultural Univ., Jorhat : College of Home Science, Dept. of Child Development and Family Relations. 1 p.

Abstract : This study was conducted in Jorhat district, Assam to assess the needs and develop a media mix package for mothers of new born babies. A sample of 100 mothers having babies between 0-6 months of age were taken for the study. Data was collected through interviews, which analyzed the characteristics and knowledge of mothers regarding child development and care, and their views on media mix package. It was revealed that majority of mothers felt that they had fair knowledge about child care and development, but they could not give correct responses to various questions. 91% mothers wanted to enhance their knowledge on child care through media mix package; 70% felt that the package developed by the researcher would be handy to use; and 95% felt package to be highly useful. As a result, a package consisting of photographs and audio tapes was prepared to disseminate knowledge on areas like developmental milestones, feeding patterns, health and hygiene, language and cognitive development, emotional and social development and stimulation.

Key Words : 1.GROWTH AND DEVELOPMENT 2.CHILD CARE 3.CARE OF NEW BORN 4.MEDIA MIX 5.MEDIA MIX PACKAGE 6.MOTHER'S KNOWLEDGE 7.KNOWLEDGE OF MOTHER

HEALTH

12. Centre for Operations Research and Training, Vadodara. (2002). Quality of family welfare services in Madhya Pradesh. Vadodara : CORT. 72 p.

Abstract : The study was conducted in Vidisha district of Madhya Pradesh to assess how clients and health service providers interact, quality of services provided, and to suggest possible interventions for improvement. Study was carried out in 2 Primary Health Centers (PHCs), Nateran and Borrow, 6 sub-centers, and outreach areas. Data was collected through focus group discussions, observations, and interviews. Study revealed that there were wide variations in the infrastructure facilities between PHCs and sub-centers. Sub-centers lacked basic facilities like proper space, examination table, weighing machine, sterilization equipment, BP instrument, and were not in a position to provide ANC or family planning services. PHCs had refrigeration facilities but they were not functioning, therefore, vaccines were procured in thermocol iceboxes from the district hospital on the day of immunization. At PHCs, atleast visual privacy could be maintained, as physical examination of FP, ANC and PNC were done in a curtained area, while at sub-centers neither visual nor auditory privacy could be maintained. Health workers were found to be more courteous to clients at PHCs compared to outreach areas. Due to lack of proper residential facilities at sub-centers, ANMs lived at far off places and spent major time travelling. This gave time to contact only 7-8 clients and their visits to outreach areas were irregular and infrequent. Study also revealed that ANMs gave more emphasis to sterilization than other family planning methods. Health workers were found to be withholding information on side effects of contraceptives, and in most cases decided the method for their clients. Laproscopic sterilization camps at PHCs had better facilities and back-up support compared to sub-centers. Vidisha district had only 2 trained surgeons for laproscopic sterilization, and they attended 3 camps a day at different locations, hence they had an overload of cases. Even though equipment and instruments were available, needles and syringes were used repeatedly without disinfecting. Auditory and visual privacy in outreach camps was poor. Post-operative care was found to be very poor in sub-centers and outreach camps. It was recommended that infrastructure facilities should be strengthened and efforts should be made to improve the counselling skills of service providers to ensure better provider-client interaction. Despite limited resources, health providers gave their best; and as a

result, no cases of infection were reported after sterilization, ensuring confidence in the prevailing system.

Key Words : 1. HEALTH 2.FAMILY WELFARE SERVICES 3.FAMILY PLANNING 4.STERILIZATION CAMPS 5.FAMILY PLANNING SERVICES.

13. Elango, S. (2004).
Maternal mortality : a human tragedy. Tirunelveli, Tamil Nadu : Tirunelveli Medical College, Deptt of Community Medicine, Dept of Preventive and Social Medicine. 7 p.

Abstract : The study was conducted to find out the factors influencing high maternal mortality, and also suggest measures to reduce it. Madurai, a RCH district and Virudhu Nagar, a non-RCH district, were selected for the study. Blockwise listing of maternal deaths for a period of five years from 1998 to 2003 was prepared; and out of 565 maternal deaths, 320 (56.6%) were in Madurai and 245 (43.4%) were in Virudhu Nagar. A pre-tested questionnaire was used to collect data and the respondents were mostly either the husbands or the mothers of the deceased women. 78.5% of maternal deaths occurred in the 21-30 years age group. 8.3% women who died were less than 20 years of age. 13.2% maternal deaths were in the age group 31 years and above. 83.5% maternal deaths occurred in above 2nd gravida women. Literacy status of females was an important factor influencing maternal mortality. 45.5% maternal deaths were in the illiterate group. Maternal death were low in the higher educational groups. Husband's literacy status was also a factor influencing maternal deaths. Poverty was the major socio-economic factor causing maternal deaths. 89% deaths were in the below poverty line group. In both districts, 67% of deaths were among SC/ ST women. 72% maternal deaths were in the postnatal period, 17% in the antenatal period, and 11% during delivery. It was found that 4% had not received any antenatal services, 18% had received partial antenatal services, and 72% availed full antenatal services. 62.5% deaths were in hospitals, 22.3% deaths in houses, and 15.2% in transit. 80% deliveries were conducted by qualified staff. 10% were conducted by untrained dais, and this was even higher in Virudhu Nagar district (14.2%). It was found that postpartum haemorrhage was the single major cause of death, which accounted for 38.6% deaths. Other major causes were pregnancy induced hypertension (PIH) (11%) and anaemia complicating pregnancy (11%). 7% deaths were due to puerperal sepsis. 51.9% husbands of the deceased women had not yet married and they did not want to remarry. However 48.1% had remarried. It was recommended,

besides socio- economic development like female literacy and poverty alleviation programmes, etc., antenatal care, strengthening of First Referral Units (FRUs), dedicated staff at FRUs, availability of Emergency transporting System, the availability of Primary Essential and Emergency Obstetrics Care, and health workers in the villages should also be available. Health education focusing on the danger signs of pregnancy, admission at least 12 hours before EDD, saving money for pregnancy and delivery through Self Help Groups (SGHs) are some of the ways and means suggested to prevent this human tragedy.

Key Words : 1.HEALTH 2.MATERNAL MORTALITY 3.MATERNAL DEATH 4.CAUSES OF MATERNAL DEATH 5.CAUSE OF DEATH.

14. Gupta, Neeru, et al. (2004).
Reproductive health awareness of school going, unmarried, rural adolescents. *The Indian Journal of Pediatrics*, 71(9) : 797-801.

Abstract : This research was conducted in rural areas of 22 districts located in 14 states of India to test the awareness level of adolescents regarding reproductive health issues, and to identify knowledge gaps about number of children, STDs/AIDS, etc. A sample of 8453 school-going adolescents aged 10-19 years was selected and of them, 56% were boys and 43% were girls. Data was collected through questionnaires. Nearly 53% adolescents were in their early teens (10-14 years) and 47% were in late teens (15-19 years). It was found that 56.8% respondents gave correct answer to legal minimum age of marriage for boys (21 years), and 64.6% knew about legal minimum age of marriage for girls (18 years). Around 75% boys wanted to marry between 22-25 years and 28.3% wanted to marry at 25 years of age. 78.3% girls wanted to marry between 18-22 years. About 39.7% boys and 46% girls felt that early marriage was the main cause for mother and child health problems. Data showed that 70% boys and 72.9% girls wanted 2 children and of them, 96% wanted one male and one female child. Around 5.7% boys and 17.6% girls preferred one child norm, and of them, 74% boys and 43% girls wanted a male child. Only 21% boys and 17% girls were aware of atleast one method of contraception. Awareness of STDs was found among 14.7% boys and 11% girls in their early teens, and among 25.6% boys and 21% girls in their later teens. Nearly 24.6% respondents felt that STDs were an infectious disease, 65.6% thought it was the same as AIDS, and 9% gave incorrect answers. About 42.4% boys and 35% girls were aware about AIDS. 53% adolescents described it as a dangerous disease, 16.3% felt that it was caused by HIV infection, and 11.8% answers were incorrect. 40.8%

adolescents felt that it was transmitted by sexual intercourse and 12.9% said that it spread through relations with multiple sex partners. 30.4% respondents opined that one should limit oneself to one partner and 17.4% were in favour of condom use. Awareness about immunization against childhood diseases was present among 60.2% adolescents, and it was higher among boys (61%) than girls (59%). It was recommended that there is a need for education, and to prepare communication strategies to raise awareness on reproductive health and gender related issues. Telephone helpline services should be provided, both confidentially and free of charge. Socio-cultural research is required to find the right kind of sexual health services needed by young boys and girls.

Key Words : 1. HEALTH 2.ADOLESCENT HEALTH 3.REPRODUCTIVE HEALTH 4.HEALTH AWARENESS 5.CHILD HEALTH 6.CONTRACEPTIVE PRACTICES 7.AIDS AWARENESS 8.IMMUNIZATION HEALTH ISSUES 9.AGE OF MARRIAGE 10.FAMILY SIZE.

15. Population Foundation of India, New Delhi. (2003).
HIV/AIDS in India. New Delhi : PFI. 40 p.

Abstract : This study was jointly conducted by Population Foundation of India and Population Reference Bureau, Washington D. C., to highlight the HIV/AIDS threat in India, and suggest measures that can help in preventing further spread of this disease. India has the 3rd highest infection rate in the world, with 0.8% adult population infected. Nearly 70.9% persons living with HIV/AIDS in South and South-East Asia are Indians. During 2002, the number of people infected rose to 4.58 million from 3.97 million in 2001. Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Manipur and Nagaland are considered to be high prevalence states. HIV infection was also found among pregnant women of low prevalence states like Kerala, Chhattisgarh, Mizoram, and Rajasthan. During mid 2003, Tamil Nadu reported 44.7% and Maharashtra reported 21% cases of AIDS among the infected population. Overall reported cases of males in the age group 15-44 years outnumbered females by 3:1. The presence of sexually transmitted diseases (STDs) such as gonorrhoea, or herpes, makes a person vulnerable to HIV. Nearly 85.3% cases of HIV spread due to sexual contact, 2.7% from mother-to-child transmission, 2.7% through blood transfusions, 2.4% due to needle sharing, and 6.9% due to other reasons. Tamil Nadu reported 55.8% of total AIDS cases reported, followed by Maharashtra (26.8%) and Andhra Pradesh (9.8%).

HIV/AIDS first affected population groups in frequent contact with customers and clients, such as those in the hotel and transportation sector, although drivers and unemployed were among the hardest-hit segments of the population. Only 70% people living in rural areas had heard of HIV/AIDS. The high proportion of housewives infected with HIV in some states showed that illness had reached the general public, such as 28.7% in Andhra Pradesh, 12.5% in Karnataka, and 7.6% in Maharashtra. A high percentage of men and women, 98% each in Kerala and Manipur; and a low percentage of women in Gujarat (55%), Bihar (58%), and Uttar Pradesh (59%) were aware of sexual contact as a reason for infection. Low level of knowledge in rural areas in many states was a major cause of concern. Less than 30% women in rural areas of major states were aware that HIV can be contracted through blood transfusion. TV and Radio, followed by friends and relatives, were the main sources of information for married women, and a very low proportion received information from health workers or teachers. A large number of women were unaware about mother-to-child transmission during pregnancy, labour, delivery, and breastfeeding; and that risk of mother-to-child transmission can be greatly reduced using anti-retroviral drugs. Only 32.1% Indians had ever heard of STDs such as gonorrhoea or herpes, other than HIV/AIDS. 70% men and 48% females had knowledge about protective properties of condoms, but less than 20% used it. There was an urgent need to educate people about effective measures to prevent and treat STDs and needle sharing; promote use of condoms; and need for face-to-face communication on HIV/AIDS in rural areas, especially among women. Health workers and teachers should contribute more in spreading awareness to all, as expanding awareness is the key to prevent further spread of HIV/AIDS in the country.

Key Words : 1. HEALTH 2.AIDS.

16. Sinha, R.K. and Singh, S.K. (2003).
Major barriers in fertility declines in Bihar : an exploratory study. International Institute for Population Sciences. Mumbai : IIPS. 7 p.

Abstract : This study conducted in Bihar by International Institute for Population Sciences, aimed at finding out the community perception towards barriers in adopting a small family and their socio-economic as well as cultural correlates; to assess the views of service providers and program managers towards problems and prospects in effective implementation of population programmes; and to analyse the ongoing IEC programme. Focus group discussions and interviews were conducted for data collection. A three stage random sampling was

done, thereby Muzzafarpur, Rohtas, and Kishanganj districts were selected on the basis of family planning performance. Three PHCs were selected from each district on the basis of its performance, and a total of 27 villages were selected from the selected PHCs on the basis of health facilities available. 1 Medical Officer and 1 Para-medical staff from each of the 9 selected PHCs, and 45 district level programme managers were selected for the study. Data was collected through focus group discussion and interviews. Irregular supply of contraceptives/medicines and other basic materials required, particularly vaccines, adversely affected the contraceptive promotion and child immunization programme in the state. Poor infrastructure, irregular power supply, poor quality of transport and communication refrained people from utilizing public health facilities. Staff members could not upgrade their knowledge and skills as provisions of in-service training were limited. Lack of accountability of job responsibilities and irregular flow of salary deteriorated effective functioning of the RCH programme. Absence of proper planning and coordination at PHC/CHC hindered programme implementation, and resulted in unmet needs of contraceptives, lower immunization coverage, low level of institutional deliveries, etc. There was hardly any effort made to screen high risk mothers in most of the PHCs/CHCs in Bihar, which adversely affected maternal as well as child morbidity and mortality in the state. Lack of community involvement in family welfare programmes and systematic efforts towards mass awareness in Bihar suppressed the client-provider interaction and collapsed IEC programme. It was recommended that a systematic effort should be taken up to institutionalize the PHC/SC services and to enhance the quality of services. Education and communication campaigns should be launched to encourage the use of contraceptives or modern spacing methods, viz. condom, IUD and oral pills instead of sterilization. A serious political commitment and a clear agenda in terms of state level population policy documents and plan of action can bring about overall community development in Bihar.

Key Words : 1. HEALTH 2.FERTILITY 3.FERTILITY DECLINE.

17. Tirunelveli Medical College, Dept of Community Medicine, Tirunelveli. (2004).

Watching television 2 to 3 hours at night by pregnant women causes sleep disturbance of newborns. Tirunelveli : Dept. of Preventive and Social Medicine. 4 p.

Abstract : A cohort study was conducted in Dindigul district to find out whether here is any association between cry of newborns and watching television programs for 2 to 3 hours by their mothers while they were

pregnant. A sample of 550 pregnant women from 37th week of pregnancy and their newborns were selected for the study. The study group consisted of pregnant women who are regular TV viewers at night between 7 p.m. to 10 p.m. (average duration 2 to 3 hours) and go to sleep after 10 p.m. The control group consisted of two groups A and B. Group A were non TV viewers or occasional TV viewers (less than 1 hour) but go to bed before 8 p.m. Group B were non TV viewers but go to bed after 10 p.m. Duration of TV watched by pregnant women and the number of cries of newborns from day 1 to 7 of both study and control groups were recorded. It was found that babies born to pregnant women (study group) who had watched TV serials 2 to 3 hours at night cried frequently, 15-21 times, whereas, in the control group they cried only 5-6 times. During day time, the frequency was equal in both groups. Even though there was no significant difference in birth weight of newborns in both the groups, the average weight gain of newborns in the control group was significantly higher. The study revealed that the foetuses in the uterus have the sense of listening to the outer environment. They are disturbed by the habit of watching TV at nights by pregnant women. After birth the newborns are expected to have sound sleep, but this pattern was disturbed by the pre-recorded influence in their nervous system, while they were in the uterus. So pregnant women were advised complete rest, especially at nights, and also advised not to watch Television programmes late into the night.

Key Words : 1. HEALTH 2.TELEVISION AND NEWBORN 3.INFANT 4.NEWBORN 5.TELEVISION VIEWING 6.TELEVISION VIEWING BY PREGNANT WOMEN 7.IMPACT ON NEW BORN 8.SLEEP DISTURBANCE 9.PREGNANT WOMEN.

NUTRITION

18. Gupta, Arun and Gupta, Y.P. (2003).
Status of infant and young child feeding in 49 districts (98 blocks) of India 2003 : a national report of the quantitative study. Breastfeeding Promotion Network of India (BPNI). New Delhi : BPNI. 42 p.

Abstract : This report was conducted in 49 districts of 25 states and 3 Union Territories (UTs) where district coordinators of BPNI were present. The aim of the study was to assess the status of infant and young child feeding practices in India, and the barriers to optimal breastfeeding practices. For quantitative research, a total of 8953 mothers with children aged 0-3 months, 4-6 months and 6-9 months, were selected.

To collect the qualitative data, 142 pregnant women, 134 mothers–in-laws/fathers-in-laws, 135 ANM/AWWs, and 212 mothers of infants 0-6 months were chosen. Information was gathered through interviews and questionnaires. About 45% mothers were in the age group of 21-25 years, 58% belonged to SC/ST/OBC, 37% were illiterate and 82% were not working outside the home. Nearly 28% mothers initiated breastfeeding within one hour, 30% within 1-4 hours, and 42% started breastfeeding after 4 hours or more. About 49% mothers gave pre-lacteal feed to their babies and these were honey (given by 30%), followed by sugar water (20%), and plain water (13%). Knowledge regarding initiation of breastfeeding within 1 hour was highest in Kerala (81.7%) and lowest in Punjab (1.7%). Data showed that 54% children aged 0-3 months and 26% children aged 4-6 months were exclusively breastfed by their mothers, 43% mothers gave other food and water along with breastfeeding, and 19% mothers gave solid foods to children aged 4-6 months along with breastmilk. The percentage of exclusive breastfeeding (0-6 months) was highest in Manipur i.e. 89.9% and lowest in Himachal Pradesh (3.8%). Only 23% mothers gave bottle feeding. About 32% mothers continued breastfeeding for less than 18 months, 46% mothers continued it for 18-24 months, and 22% continued beyond 2 years. 96.7% women breastfed more than 5 times during the day and all respondents breastfed the child during night also. 70% mothers gave solid/semi-solid food to the children aged 6-9 months and 98.6% mothers continued breastfeeding. In Kerala, complementary feeding (6-9 months) was as high as 95%, and lowest in Tripura 28.6%. Initiation of early breastfeeding was higher among literate mothers (61%) and ST mothers, compared to illiterate mothers (51%) and those who belonged to scheduled castes (SC). 58.2% illiterate mothers gave prelacteal feed to their infants compared to literate mothers (45%). No difference was found in the frequency of breastfeeding between day and night among literate (96%) and illiterate mothers (96%). Mothers aged upto 20 years preferred exclusive breastfeeding compared to mothers aged 21-25 years. Exclusive breastfeeding was higher among illiterate (42.5%) compared to literate mothers (38.4%); and among STs and OBCs compared to SCs. Some of the barriers to optimal feeding practices are the practice of giving pre-lacteal feeds, long working hours in office, lack of knowledge regarding exclusive breastfeeding, and misconception in the mind of some mothers that breastfeeding would reduce their beauty. It was suggested that there is need for skilled counselling by TBAs, AWWs, CHWs on the correct method of breastfeeding; self help groups in villages should be motivated to spread messages on exclusive breastfeeding; and there should be provision for creches for working women at their workplace. It was recommended that the Government should increase maternity leave from 135 days to 180 days. There should be proper guidelines for implementing the IMS Act; and efforts should be made at the centre and state level to strengthen basic

education curriculum on infant and young child feeding in secondary schools, colleges, nursing schools, ICDS system and medical colleges.

Key Words : 1. NUTRITION 2.BREAST FEEDING 3.INFANT FEEDING 4.CHILD FEEDING 5.YOUNG CHILD 6.BREAST FEEDING PRACTICES.

19. Kapil, Umesh et. al. (2004).
Profile of iodine content of salt and urinary iodine excretion levels in selected districts of Tamil Nadu. *The Indian Journal of Pediatrics*, 71(9) : 785-87.

Abstract : The study was carried out in 24 districts of Tamil Nadu in 2001 to assess the iodine content of slat and urinary iodine excretion (UIE) levels to help the Government strengthen the existing Universal Salt Iodization (USI) programme. From each district, one senior secondary school was selected which catered to low income group population. Data was collected by Uniform research methodology recommended by WHO/UNICEF/ICCIDD. Urine samples were collected using wet digestion method. A total of 3889 salt samples and 220 children aged 11-18 years were included in the study. It was revealed that 62.3% families were consuming iodized salt with more than 5 ppm of iodine. Only 10 salt samples had more than 60 ppm of iodine. In the 9 coastal districts of Nagapattinam, Thiruvarur, Villupuram, Virudhunagar, Tiruvanamalai, Madurai, Cuddalore, Thanjavur and Ramanathapuram, less than 10% beneficiaries were consuming salt with iodine content of 15 ppm and more, and district Perambalour had median UIE level less than 100 ug/l, along with more than 20% of the urine samples with less than 50 ug/l of iodine. Range of UIE in sample districts was between 85 >200 ug/l. Only 16.2% respondents were consuming salt with the stipulated level of iodine (15 ppm and more). The findings highlighted the need for continued monitoring of the quality of salt provided to the population, to achieve the goal of Iodine Deficiency Disorders (IDD) elimination.

Key Words : 1. NUTRITION 2.IODINE DEFICIENCY DISORDER (IDD) 3.URINARY IODINE EXCRETION (UIE) 4.IODIZED SALT.

20. National Institute of Nutrition, Hyderabad. (2003).
Prevalence of micronutrient deficiencies. Hyderabad : NIN. 66 p.

Abstract : The study was carried out by National Nutrition Monitoring Bureau (NNMB) in Andhra Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu, and West Bengal. Objectives of the study were to assess prevalence of Vitamin A Deficiency (VAD) among pre-school children, and Iodine Deficiency Disorder (IDD) among 6-12 year olds; to estimate haemoglobin level among preschool children, adolescent girls, and pregnant and lactating women; to estimate iodine level in the salt used by house-holds (HHs), and serum Vitamin A level in pre-school children; and to assess awareness about IDA and VAD among women. A total of 75600 HHs from 633 villages were covered. Clinical examination of 71591preschool children was conducted for VAD, and 28437 children aged 6-12 years for IDD. 3291 preschool children, 6616 adolescent girls, 2983 pregnant women, and 3206 lactating mothers were covered for haemoglobin estimation. 5209 salt samples from HHs were tested for iodine content using spot testing kits. Knowledge and practices on VAD and IDA were assessed of 2681 and 2178 mothers of children aged 1-5 years, 2053 pregnant women, and 2213 lactating women. Overall female literacy rate was found to be 51%. It was found that prevalence of Bitot spots among 1-5 year olds ranged from nil in Kerala to a maximum of 1.4% in Madhya Pradesh, followed by 1.3% in Maharashtra, and 1.2% in Andhra Pradesh. Overall prevalence of night blindness was about 0.3% (Cl:0.26-0.34) and that of conjunctival xerosis was 1.8%. Overall prevalence of goiter among 6-12 year olds was about 4%. The proportion was higher than WHO categorization of 5% in the states of Maharashtra (11.9%) and West Bengal (9%). Prevalence of deaf mutism and mental retardation was negligible (0.1% in each district). Spot test revealed that 42% HHs were consuming uniodized salt, 31% consumed iodized salt as per recommended level of $\geq$15 ppm, and 27% consumed salt having unsatisfactory level of iodine content (about 7ppm). The lowest mean haemoglobin level was found among pregnant women (9.9g/dl), followed by preschool children (10.3 g/dl), lactating women (10.6 g/dl), and adolescent girls (11.1-11.2 g/dl). Overall prevalence of anemia was found to be 67% among preschool children; 69% among 12-14 year old adolescent girls; 75% among pregnant women; and 78% among lactating women. 41% mothers were aware of night blindness. About 24% respondents listed foods like green leafy vegetables, yellow coloured fruits, animal foods, and nutritious food to be consumed for preventing VAD. It was found that only 13% mothers had received nutrition education on VAD. 33.9% women were aware of

anemia. 25.8% women stated dietary inadequacy as one of the causes of anemia, while 3.7% could identify it as iron deficiency. Extent of coverage for Iron and Folic Acid (IFA) tablets was very low among pre-school children (3.8%) and lactating mothers 12.3%, but higher among pregnant women (62.2%). Those who received ≥90 IFA tablets was very low and ranged from 2% among preschool children to 30% among pregnant women. About 9% pregnant women, 4% lactating women, and 0.3% preschool children reported side effects on consumption of IFA tablets, mostly in the form of vomiting (0.2-4.1%), nausea (0.1-5%) or black stools (0.1-1.2%). Study revealed that risk of developing Bitot spots was twice as high among children of SC/ST communities. Similarly children from HHs without sanitary toilets had higher risk (OR=1.76) than those with sanitary toilets. Risk of developing anemia was twice as high among preschool children belonging to Hindu and Muslim families compared to Christians and those from HHs not having sanitary toilets. Poor outreach of the NNMB programmes resulted in unsatisfactory nutrition education, and covered only 14% of the targeted beneficiaries. There is an urgent need for improving the implementation of national nutrition programmes and strengthening nutrition education.

Key Words : 1. NUTRITION 2.MICRONUTRIENT DEFICIENCY 3.NNMB SURVEY REPORT 4.NNMB REPORT 5.VITAMIN A DEFICIENCY 6.IODINE DEFICIENCY 7.IRON DEFICIENCY 8.ANAEMIA 9.ADOLESCENT GIRL 10.ANAEMIA ADOLESCENT GIRLS.

21. National Institute of Public Cooperation and Child Development, New Delhi. (2003).
Multi country study on infant and young child feeding : a report of field test protocol. New Delhi : NIPCCD. 229 p.

Abstract : This report is an assessment of the Field Test Protocol on National Infant and Young Child Feeding developed by WHO; the strengths and weaknesses of policies and programmes to promote, protect and support optimal feeding practices; and in determining supplements thereof. The study was based on the information provided by Institute of Nutrition, Mahidol University, and the data of NFHS-2, MICS-II, INP Survey, and studies conducted by BPNI. It was found that 55% of children in India were exclusively breastfed for the earlier recommended period of 4 months. This varied widely from <20% in Delhi, Meghalaya, Sikkim and Himachal Pradesh to 75% in Andhra Pradesh. Children in Kerala and several states in the North Eastern

Region are most likely to receive timely complementary feeding, whereas less than 20% children of Bihar, Uttar Pradesh and Rajasthan received timely complementary feeding. Prolonged breastfeeding is common in India with 89% children breastfed at 12-15 months of age and 69% at 20-23 months. In the states of Assam, West Bengal, Sikkim, Bihar and Orissa more than 80% children were breastfed even at 20-23 months of age. Bottle feeding of infants was common in Goa (63%), Delhi (41%), and Tamil Nadu (34%). There is no separate policy for infant and young child feeding; therefore efforts were made to incorporate the issues of breastfeeding in existing policy/programmes of the Government. Protection and promotion of appropriate breastfeeding was incorporated as a part of NNP, Diarrhoea and ARI management policies, CSSM and ICDS, and BFHI was also launched in 1993-94. Efforts have been made by the Government which constituted National Task Force on Breastfeeding, opening of crèche/day care centres near work place to help mothers breastfeed their babies even during working hours; breastfeeding was also promoted through ICDS programme. UNICEF and WHO launched BFHI as a part of global efforts to protect, promote and support breastfeeding. A hospital that followed ten steps for successful breastfeeding, developed by WHO, was designated as 'baby friendly'. Government launched 'Mother Friendly Workplace Initiative (MFWI) which focused on creating working conditions that enabled women to successfully combine exclusive breastfeeding with paid work. To protect breastfeeding women in commerce and industry, measures were first outlined in 1919 by ILO; these underwent several amendments with time, and the benefits were extended to women in agricultural sector. Constitution of India supports Maternity and Child Care under Article 47, 46, 39 and 15(3). Certain legislations were also formulated by Government to give benefits and support services to working women like Employee State Insurance Act 1948, Factories Act 1948, Maternity Benefit Act 1961, Contract Labour Act 1970, Inter-State Migrant Workers Act 1980, Infant Milk Substitutes Act 1992, etc. Several significant and innovative schemes are functioning at national and state level to reach lactating women and children below 2 years of age, namely NCF, Scheme of Assistance to Creches for Children of Working/Ailing Mothers (1974), Maternal Protection Scheme (Gujarat 1986), Tamil Nadu Integrated Nutrition Project (1980), etc. Government has launched various programmes to combat the existing level of malnutrition which results from a combination of three factors – inadequate food intake, illness and deleterious caring practices. Nutrition intervention programmes of DWCD are Special Nutrition Programme (SNP), Balwadi Nutrition Programme (BNP), Wheat Based Supplementary Nutrition Programme, Tamil Nadu Integrated Nutrition Programme (TINP), and Mid-day Meal Programme for school children. Intervention programme of Department of Family Welfare for combating specific nutrition deficiency diseases are Iodine Deficiency Disorders Control Programme,

Anaemia Prevention and Control among Pregnant Women, and Prevention and Control of Vitamin A Deficiency among children. Programmes of Food and Nutrition Board (FNB) of DWCD also make efforts towards improving nutritional status of people through nutritious education and extension, development and promotion of nutrious foods, and fortification of foods. It was recommended that National Breastfeeding Committee should be renamed as National Infant and Young Child Feeding (IYCF) Committee. A State Committee should be set up on IYCF, and guidelines on IYCF should be formulated/revised. Existing policies and programmes including BFHI should be strengthened. Efforts should be made for capacity building of health and ICDS functionaries in human lactation management and breastfeeding counselling. Medical nursing curriculum should be strengthened. An effective national media campaign should be launched, and global guidelines should be implemented. Social marketing techniques should be extensively used to propagate social messages of national importance.

Key Words : 1. NUTRITION 2.INFANT AND YOUNG CHILD FEEDING 3.INFANT FEEDING 4.ICDS 5.NUTRITION COMPONENT 6.AIDS INFECTED MOTHER 7.AIDS 8.BREASTFEEDING 9.GOVERNMENT PROGRAMMES.

22. Prasad, M P Rajendra. (2003).
Small at birth and chronic diseases in later life. Hyderabad : National Institute of Nutrition. 6 p.
Published : Nutrition News, 2003, Jan 24(1) : 1-6.

Abstract : This study was undertaken by National Institute of Nutrition to see whether low birth weight had any correlation with being at risk with chronic disease in later life, namely adolescent period. In this longitudinal study, 95 low birth weight (LBW) and 154 normal birth weight (NBW) full term babies were studied in the follow-up study, out of the original cohort of 2134. They were residents of 7 semi-urban villages in the periphery of Hyderabad, Andhra Pradesh. Anthropometric measurements, parents' educational status and other family history of chronic disease, blood pressure, and other biochemical parameters for being at risk such as diabetes, coronary heart disease, and cardio-vascular disorders were studies to compare the two groups. It was found that mean values of risk factors were essentially similar in the two groups. The present mean lean body mass and percentage of body fat were also no significantly different. Though there were small differences

in blood pressure and cholesterol between 'Normal Nutritional Status' of LBW and 'Normal Nutritional Status' of NBW group, they were not significant. The blood pressure and biochemical profile of 'Normal Nutritional Status' was also not significantly different from the 'Low Nutritional Status' group in both LBW and NBW children. The odd's ratio (OR) for risk of developing chronic diseases seem to be different between LBW and NBW children, but were not significant. The study suggests that LBW children were not at any greater risk at the juncture, but it was a small trial in a localized area, hence such population should be followed up regularly and periodically monitored. Regular physical exercise should be encouraged, along with consumption of fresh fruit and vegetables, to prevent or delay the onset of chronic diseases.

Key Words : 1.NUTRITION 2.RESEARCH NUTRITION 3.LOW BIRTH WEIGHT 4.LOW BIRTH WEIGHT BABIES 5.IMPACT OF LOW BIRTH WEIGHT 6.CHRONIC DISEASE 7.UNDER NUTRITION HIMACHAL PRADESH 8.MALNUTRITION CHILDREN 1-5 YEARS 9.UNDERNUTRITION CHILDREN 1-5 YEARS CHILDREN 1-5 YEARS.

23. Yadav, R. J. and Singh, P. (2004).
Knowledge, attitude and practices of mothers about breastfeeding in Bihar. *Indian Journal of Community Medicine*, 29(3) : 130-31.

Abstract : The Institute for Research in Medical Statistics (IRMS) undertook a study in Bihar to assess the knowledge, attitude and practices of mothers related to breastfeeding and introduction of supplements. Two villages were selected from each block using Probability Proportion to Size (PPS) sampling. In each village, 20 households were selected. The survey covered about 28,000 households from all 591 blocks of the districts. About 8000 mothers were interviewed. Information was collected on household characteristics, demographic profile, anthropometry, breastfeeding practices, special food intake during pregnancy, lactation, awareness and cause of night blindness. The study revealed that about 29% of the mothers started breastfeeding within 24 hours. About two third mothers discarded colostrum. About one third mothers discarded the colostrum on the advice of their elders. Majority of mothers were of the opinion that a child should be breastfed for more than one year. Cereal preparations and milk formed the major food item as a supplement for breastmilk. The main reasons for starting supplements were mother's insufficient milk, child's demand, and mother's opinion that supplements were required for proper growth. The special foods preferred by mothers during pregnancy and lactation were mainly ghee and milk products irrespective of their

socio – economic conditions. Majority of the mothers were aware of night blindness and anaemia. Only few knew about protein energy malnutrition. Thus, efforts should be made to have IEC activities targeted to educate the mothers specially in rural areas.

Key Words : 1. NUTRITION 2.BREASTFEEDING 3.SUPPLEMENTARY FOOD.

SOCIAL DEFENCE

24. Asian Development Bank, New Delhi. (2002).
Combating trafficking of women and children in South Asia : country report India : draft. New Delhi : ADB, 69 p.

Abstract : Regional Technical Assistance (RETA), a Mission set-up by Asian Development Bank (ADB), studied human trafficking issues confronting regions of Nepal, Bangladesh, and India. Its objective was to assess the existing programmes and policies, and the possibilities of ADB's contribution in implementing them effectively, combating trafficking of women and children in South Asia. Existing data on cross-border flows and trafficking of women and children was reviewed, stakeholders like NGOs directly involved in monitoring cross-border flows were consulted, and emerging data was verified through interviews with State Governments. It was found that 35% of the total number of girls and women trafficked to India were abducted under the pretext of false marriage or good jobs. West Bengal, Uttar Pradesh, Uttaranchal, and Bihar are the main transit states of India, as they share their border with Bangladesh or Nepal. India is both, a destination and transit area for trafficking of women and children. Approximately, 2.17% cross-border trafficking takes place from Bangladesh and 2.6% from Nepal. Data available with National Crime Record Bureau (NCRB) showed an increase of 15.3% in crime at the national level over the last decade. ITPA had shown a steady increase of 7.7% in trafficking since 1997. Tamil Nadu reported the highest incidence of crime against women (10.5%). Incidence of kidnapping and abduction of women and girls recorded an increase of 6.4% from 1994 to 1998. It was recommended that data collection related to cross-border flows should be improved, and national crime data systems should be strengthened to increase their accountability and capacity. Consensus should be reached on standardized format for collection and sharing of data between countries

to understand the nature and magnitude of trafficking, and also to facilitate tracking of missing persons. Effective rescue and rehabilitation programmes should be implemented. ADB should work with private sector partners and government to prevent use of trafficked labour, by raising issues regarding policy and promoting dialogue with ILO. Awareness should be spread among local governance agencies like PRI, religious groups, etc. Movement of police and other enforcement agencies should be strengthened in border districts and high supply areas to limit trafficking activities. For long term rehabilitation and to prevent reentry into Commercial Sex Work (CSW), an alternative source of income, alongwith acquisition of skills and basic capacity building (education) should be planned for the victims. Specific needs of trafficking survivors should be identified and must be incorporated into urban development projects, to ensure that benefits reach the victims. Cross-border entry points should be identified for anti-trafficking activities that fall in the purview of ADB operations in India. ADB can also provide advisory and technical assistance. ADB can empower women through economic and human capital investments, and facilitate their participation in shaping governance mechanisms to protect women and children from trafficking, like giving police protection, and assist in prosecuting traffickers.

Key Words : 1.SOCIAL DEFENCE 2.TRAFFICKING 3.COUNTRY REPORT 4.INDIA COUNTRY REPORT 5.TRAFFICKING OF WOMEN AND GIRLS 6.REHABILITATION OF PROSTITUTE 7.SEX WORKER 7.PROGRAMME FOR SEX WORKER 8.ROLE OF INTERNATIONAL ORGANIZATION.

25. Nair, P.M. (2004).
Action research on trafficking in women and children in India: Volume I. Institute of Social Sciences. New Delhi : ISS, 443 p.

Abstract : This study conducted by NHRC on trafficking in women and children in India aimed at understanding the trends and patterns of trafficking, demands of the situation and vulnerability factors, roles and functions of formal and voluntary agencies, and awareness generation among vulnerable sections. Study was carried out in 13 states and union territories, namely Tamil Nadu, Pondicherry, Karnataka, Andhra Pradesh, Goa, Maharashtra, Rajasthan, Delhi, Uttar Pradesh, Bihar, West Bengal, Meghalaya, and Assam; and metropolitan cities like Bangalore, Hyderabad, Mumbai, Kolkata, and Chennai. Data was

collected through interviews, focus group discussions, and case studies. A sample of 4006 respondents were selected from survivors (rescued trafficked victims of CSE), trafficked non-rescued victims of commercial sexual exploitation (CSE), traffickers, brothel owners, clientele, rescued trafficked child labour, and police officials. It was found that exploitation of women and children takes place not only before trafficking, but also during trafficking and after trafficking. Hapless women and children have been trafficked by vested interests by lure, deceit, compulsion, threat, coercion, and thereafter pushed into the world of CSE or other types of bondage. Among 561 survivors, 50% were from socially deprived sections of society, 17.5% were those rescued once earlier, 1.8% were rescued twice before, and 6.6% had been rescued more than twice. 32.3% suffered from some health ailment; 8.3% suffered from HIV/AIDS, 30% from STDs, and 17% from gynaecological problems. 2.9% trafficked women and children, not rescued, belonged to Nepal, and 1.1% were from Bangladesh. More than 60% victims of CSE were victims of child marriage, 22.9% had been pushed into brothels when they were less than 16 years of age, and 10% were victims of re-trafficking. 9.8% clientele who visited brothels were students. Married clientele constituted 45.5% respondents, and 44.7% lived with their spouse. Among 412 brothel owners interviewed, 67.2% respondents were once victims of CSE, and 11.4% had inherited the brothel police action, 53.4% bribed concerned police officials, and 29.1% shared their income with police officials. 285 girl children, below 18 years of age, were found to be staying with their mothers in brothels, which indicated the vulnerability of these children to exploitation. Most of the traffickers interviewed were young, 25% were in 18-30 years age group, and 37.5% were in their thirties. 51.9% lured the victims by offering them some job or the other, and 16.3% lured them by false promises of marriage. Among the children who were trafficked, 27.9% quit studies to earn for their family, and 39.6% were pushed into it by their family members or relatives. 39% respondents reported physical abuse, 11.8% verbal abuse, 12.4% sexual abuse and 36.2% a combination of these. It was found that among NGOs working for anti-trafficking, there was duplication of efforts and consequent wastage of resources. Study emphasized the need for an integrated approach involving prevention, protection, and prosecution to effectively address trafficking. It was recommended that an advisory body of NGOs should be set-up; Immoral Trafficking Prevention Act, 1956 should be reviewed and revised; efforts should be made to increase collaboration of NGOs and Government agencies in anti-trafficking programmes, and laws should be enforced to prevent trans-border trafficking. A different approach is needed for preventing and combating child trafficking for prostitution and labour. Self Help Groups (SHGs), and Panchayati Raj Institutions (PRIs) should be effectively utilized for addressing issues related to vulnerability of

women and children. Public awareness campaigns should be target oriented with specific attention to vulnerable sections of society.

Key Words : 1.SOCIAL DEFENCE 2.TRAFFICKING IN WOMEN AND GIRLS 3.TRAFFICKING 4.PROSTITUTION 5.COMMERCIAL SEX WORKER 6.CHILD LABOUR 7.SEX TOURISM 8.GOVERNMENT INITIATIVES 9.COMMUNITY INITIATIVES 10.VOLUNTARY ORGANIZATIONS CHILD PROSTITUTION 11.BIBLIOGRAPHY ON TRAFFICKING.

26. Sanlaap, Kolkata. (2002).
A Situation analysis on trafficking and prostitution in Dinbazaar (Jalpaiguri) and Changrabandha (Cooch Behar) : project linkage : a partnership for change. Kolkata : Sanlaap. 53 p.

Abstract : This study was conducted in the year 2002 in Dinbazaar, Jalpaiguri and Changrabandha of Cooch Behar, West Bengal. The study assessed the status of women in prostitution and their access to health and information; analysed the scope of intervention in combating trafficking of girls and women; and aimed at developing strategies for prevention and rehabilitation. A sample of 60 and 25 women in prostitution from red light areas of Dinbazaar and Changrabandha was taken for the study. Data was collected through interviews and group discussions. More than 60% women engaged in prostitution were illiterate. In Changrabandha, 44% respondents entered into prostitution at 13-15 years of age, and 49% respondents of Dinbazaar at 16-18 years of age. 66% respondents in Changrabandha and 43% in Dinbazaar had no ration cards or voters' identity cards. Their children also did not have birth certificates or ration cards. Among respondents of Changrabandha and Dinbazaar, 89% and 13% were trafficked into prostitution; 4% and 87% joined knowingly due to mother's involvement, while many joined due to poverty. Among women who were trafficked to Dinbazaar and Changrabandha, 75% and 62.5% were lured for marriage, and 25% and 37.5% were offered a job. 39.5% women migrated from one red light area to another in search of clients. Majority of clients in Dinbazaar ranged between 20-60 years of age, and in Changrabandha between 17-45 years. Police and BSF formed the common clientele in both areas, while truck drivers were the main clients in Changrabandha. Majority of respondents earned around Rs.4000-5000 per month. Tendency of saving habit was found to be low in both areas. Respondents were dissatisfied with the basic amenities like supply of water, and removal of garbage, and felt that the sanitation system required more planning. More than 70% respondents suffered from various gynaecological

diseases. Around 10% respondents suffered from venereal diseases (STDs), and had undergone abortions. 58% respondents in Dinbazaar depended on NGO clinics and private doctors for treatment, while those in Changrabandha depended on Government hospitals. Women and girls in prostitution faced violence from madams, pimps, police, political leaders, and hooligans. Situation of aged women in prostitution was very poor, and they had no proper food or shelter, and lack of employment opportunities compelled them to put their daughters into the flesh trade. 49% respondents in Changrabandha and 27% in Dinbazaar had no plans for their future, 45% in Changrabandha planned to lead a married life later, 23% in Dinbazaar planned to work as domestic helpers, and 20% in handicrafts. It was recommended that legal and administrative steps should be taken to prevent cross-border trafficking. Orientation programs should be organised for police and judiciary so that they could deal such situations with sensitivity. Old age homes should be encouraged to form cooperatives to promote economic activities. Children of prostitutes should be allowed admission in formal schools, and night shelters should be set-up for these children to avoid exposure to the world of flesh trade. Women in prostitution and their children should be provided ration cards, voters' identity cards and birth certificates. Campaigns should be launched to generate awareness among people who are vulnerable due to poverty or social conditions. Sincere efforts should be made by the Government and non-governmental organisations to prevent children from getting victimized due to trafficking, for the purpose of prostitution and child labour.

Key Words : 1.SOCIAL DEFENCE 2.TRAFFICKING 3.PROSTITUTION 4.CHILDREN OF PROSTITUTES 5.CHILD PROSTITUTION 6.INSTITUTIONAL CARE.

SOCIAL WELFARE

27. Palanithurai, G. (2004).
Panchayats and communities in family welfare. *Social Welfare*, 51(7) : 22-30.

Abstract : The present study analysed the role of the community in achieving social development through the Panchayats. This study was carried out in 10 Gram Panchayats of Dindigul district of Tamil Nadu with support of the Population Foundation of India. The objectives of the study were to improve the quality of life of people by ensuring adoption of appropriate community process; to enable the community to set

achievable development goals in the areas of school enrolment, literacy, immunization, pre- and post natal care, family welfare, nutrition, sanitation, child care; to assist communities to develop their agenda of development; and to give the required professional assistance to the community in its efforts to achieve these objectives. Study found that eligible children who did not go to school in the 10 Panchayats were in two digits in the year 1999-2000, but it reduced to single digit in the third year. President of Gram Panchayats and animators worked to achieve 100% school enrolment, and they had succeeded in increasing enrolment; Gram Panchayats had provided toilets in all schools with adequate water supply; all the 10 GPs had achieved the goal of supplying safe drinking water to all the families; periodically tanks were cleared and water was chlorinated; pregnant women were registered and they were attended by health personnel regularly and properly; T.T. injections were given and IFA tables were provided to pregnant women; and detailed pamphlets regarding anti-natal care, post-natal care, and immunization were circulated among the people. It was found that family planning methods were mostly used by women, and people were sensitized about the age of marriage for men and women; school going children were sensitized about good health practices such as trimming nails, washing hands before meals, and using toilets in schools; SHG women were sensitized about environmental sanitation that helped to keep the villages clean. The study also found that all Gram Panchayats had conducted health camps with the assistance of the Health Department. It was suggested that this kind of experience and exposure can be replicated in other Gram Panchayats in order to bring about social change and impact on social development issues. A review committee should be formed to review their work, and workshops should be organized to share their experiences with other Gram Panchayats.

Key Words : 1.SOCIAL WELFARE 2.FAMILY WELFARE 3.PANCHAYATI RAJ 4.LOCAL GOVERNMENT 5.ROLE OF PANCHAYATS 6.ROLE OF LOCAL GOVERNMENT.

WOMEN WELFARE

28. Chakraborty, Indrani. (2003).
Reaching for half the sky. Kolkata : SANLAAP. 51 p.

Abstract : This study was conducted during 2001-2003 in Kolkata and 24 Parganas (South) to examine the effectiveness of Section 498A, 304B & 306 of I.P.C. in addressing problems of domestic violence and

dowry death; and to analyse the role of law enforcement agencies, judiciary and non-government organizations. Sample of the study included 21 and 11 officer-in-charge of police stations, 6 and 5 Public Prosecutors, 3 and 2 advocates, 8 and 4 NGO personnel, and 7 victim girls each from Kolkata and 24 Parganas (South), respectively. Data was collected from crime index and *Khatian* from 18 police stations of Kolkata and 11 police stations of 24 Parganas (South) and also through interviews. A total of 128 victims were found from 18 police stations. Victims generally aged between 19-40 years and majority of them were illiterate. It was found that irrespective of the nature of marriage, women became victims of domestic violence, dowry death and abetment of suicide. Victims mainly suffered physical torture viz. beating, searing with burning cigarettes, pushing a pregnant women causing miscarriage; and mental torture, like trying to prove women as 'insane', trying to defame her of having sexual relationship with any other person, intentional avoidance and non-sympathetic attitude, addressing her as a 'whore', etc. Reasons for torturing were generally demand for dowry; extra marital affairs; differences of opinion; and higher earning of wife. 70% respondents of NGOs felt that domestic violence is linked with the status of the women. Under Section 498A complaints were lodged by the victim from the first month to 13 years after marriage. Under Section 304B & 306, victim's blood relatives lodged a complaint after the death of the victim. The accused and arrested person in cases related to 498A, 304B & 306 of the I.P.C. was generally found to be husband, either directly involved or on instigation by other family members. 87.5% respondents of NGOs worked in collaboration with the police, lawyer, and public prosecutor, and 12.5% resolved conflicts between the victim and other members of the family through counseling. 38% officers in charge, 22.2% public prosecutors, and 12.5% NGO workers felt that Section 498A was deliberately misused. South 24 Parganas reported 4 times more cases than Kolkata, mainly from Joynagar, Canning, Diamond Harbour and Basanti. 80% victims were illiterate. Extra marital affairs had been identified as the major reason for torture. Only a few NGOs dealt with the cases of domestic violence and dowry deaths. NGOs did not rely on Law Enforcement Agencies and Judiciary while resolving the cases. Rate of conviction was found to be very low in cases under Section 498A, whereas the accused person in 70-80% cases under Section 304B & 306 have been convicted. Public prosecutors, advocates, and officers-in-charge commented that most of the women were misusing the provisions of Section 498A of I.P.C. It was recommended that traditional attitudes and social norms need restructuring to remove gender bias. Mass awareness campaigns and seminars should be held, and lawmakers and enforcers should work jointly with activists and social workers towards eradication of gender imbalance and domestic violence. The process of investigation by the police should be transparent and they must develop a trustworthy

relationship with the public so that the common man comes forward to cooperate without fear. More public prosecutors should be appointed to redress the grievances of victims. There is a need to reconstruct the justice delivery system, which would ensure an enquiry and investigation before arresting the accused person, especially in cases of women and aged, and conclude the investigation within a definite time period. NGOs should organize women's meeting in different localities and create awareness on legal provisions. Police sensitization programmes should also be held to impart legal education to lower grade police personnel. Local Self Government personnel should take active part in combating domestic violence and dowry death. Police should keep a strong vigil the rural areas where the cases of domestic violence are reported more.

Key Words : 1. WOMEN WELFARE 2.DOWRY 3.DOWRY DEATH 4.CASE STUDY 5.DOWRY 6.HARASSMENT 7.TORTURE 8.IPC SECTION 498 9.ROLE OF NGOS 10.CRIME AGAINST WOMEN CELL.

29. Chakravarty, Deepita. (2004).
Expansion of markets and women workers : case study of garment manufacturing in India. *Economic and Political Weekly*, 39(45) : 4910-16.

Abstract : This study aims to understand women's relative position within a firm in the garment manufacturing industry, in the context of expanding market opportunities in India. Study covers Hyderabad and surrounding areas. It analysed eight firms during the period of 1999 to 2001 on the basis of number of workers (1390), percentage of women workers (524); percentage of exports in total sales (350); level of technology modernization, and its performance. The study found that the employment percentage of women declined in firms A and C, but firms D and B showed a constant female percentage share at two points of time. The decline in firm A was as high as 80%, but the total number of women working in the three firms A, B and C had not declined. The study revealed that the percentage decline in women's employment was much sharper in the case of technologically advanced firms than in the technologically backward ones. In firms considered as practicing continuous process production, or those which employed three shift for production, the total earnings and monthly wage rates for male and female workers did not differ. For all other firms (A, C, D, E, F, G) except firms B and H, irrespective of market orientation and technological status, male worker's monthly earnings were more than those of female workers. The study revealed two important facts. Firstly, women

workers were concentrated in low categories as helpers and Grade C tailors, as well as designers and supervisors, except in firm E, where they were in higher positions. Secondly, higher posts went mainly to male workers. The percentage of male helpers varied between 30 and 50 in all the firms. In 2002-03, study marked a significant improvement in the percentage share of women in the upper categories of tailoring, while only the lowest category showed a 15% decline. The same is true for the category of helpers, where the percentage of women has gone down to 72% in 2002-03 from 86% at inception. The managements of firms felt that it was extremely difficult to find adequately educated young women with experience and because of this specific reason, they decided to give training to the most efficient women workers, so that they could replace at least some of the male supervisors with female ones. The study suggests that discrimination against women is not taking place within the labour market; it is mainly due to the lack of education in general, and technical education in particular, that makes women less endowed and bars their entry into the industrial labour market.

Key Words : 1. WOMEN WELFARE 2.WOMEN WORKERS 3.WOMEN IN INDUSTRY 4.WOMEN IN GARMENT INDUSTRY 5.LABOUR MARKET 6.WOMEN LABOUR.

30. Chatterjee, Chaitali. (2001).
Sexual harassment at workplace: sowing seeds of thought. Kolkata : Sanlaap. 60 p.

Abstract : The present study aims to explore societal attitudes towards the landmark Supreme Court judgement on the issue of sexual harassment at workplace, and to investigate how the judgement can help women in the work situation. Questionnaire was circulated in Central Government offices and discussions were held with eminent personalities like journalists, writers and novelists, lawyers, theatre workers, film makers, social activists, professors, and IAS and IPS officers. It was found that 100% organizations were aware of the judgement given in August 1997, but the circular had reached only 84% of central government offices as yet. Study revealed that sexual harassment was severe for women in the unorganized sector where jobs were not protected; while in Central Government offices generally these incidents hardly came to the forefront. About 92% organizations stated that no such incident occurred in their offices; 60% organizations declared that they had instituted a complaint committee as directed by the Supreme Court order, while 24% had not formed any such committee. Very few Indian companies had a separate and clear policy on sexual harassment; 8% of them stated that they had other cells, e.g.

Women's Cell, Personnel Department, Employees Grievance Cell, etc. to deal with the issue; 4% did not have any information about it, and 4% felt that this sort of committee was not required because they had their own Human Resource Development Departments to resolve such cases without much publicity. Study also found that dress and behavioural characteristics of women were often cited as the cause for sexual harassment. Study suggests that as sexual harassment at workplace is a punishable offence under Indian Penal Code, service conduct rules should be changed so that the problems of sexual harassment get due importance; and strict punishment should be introduced for committing such a crime.

Key Words : 1.WOMEN WELFARE 2.SEXUAL HARASSMENT AT WORKPLACE 3.GENDER VIOLENCE 4.TORTURE 5.WORKING WOMEN 6.ENFORCEMENT MACHINERY 7.REDRESSAL MECHANISM.

31. India, Ministry of Human Resource Development, Indian National Commission for Co-operation with UNESCO, New Delhi. (2001). Women teachers in rural India. New Delhi : UNESCO. 144 p.

Abstract : Study reviewed the national policy framework, and analysed and reviewed the existing trends, policies, provisions, and practices among female teachers of rural areas in different parts of India. Detailed analysis of status and trends were made for Uttar Pradesh and Karnataka. Data was collected through focus group discussions and interviews. It was found that there was an increase in the number of women teachers in the country. 24.5% of the total number of women teachers was found in rural areas compared to 60.25% in urban areas. Kerala had the highest number of women teachers with the least rural-urban difference, followed by Punjab and Haryana. Bihar, Rajasthan, West Bengal, Orissa, Madhya Pradesh, and Uttar Pradesh had less than 30% women teachers. Some states had developed a policy in terms of qualifications required, and reservation for appointment of women teachers, but no policy existed in many states. More than 30% women teachers in urban areas were better qualified compared to rural areas (13%), and 87.4% rural women teachers were trained compared to urban teachers (80%). But nature and content of training rarely emphasized on the real problems and challenges faced in rural areas. Though professional development opportunities had increased, hardly any effort was made to solve the practical problems of women teachers. Insufficient transport facilities, long distances, and a sense of insecurity resulted in shortage of women teachers in rural areas. Poor facilities in

schools like separate toilets for girls and drinking water facilities were also major areas of concern. Many teachers faced problems from their supervisors and administrators with regard to attendance, increment, and pension matters. Women's representation was also found to be low in Cluster Resource Centres (CRCs), and Block Resource Centres (BRCs) as more than 95% coordinators were male. Hiring locally educated women in place of urban women with some relaxation in eligibility criteria proved to be successful, but they lacked commitment and competence. Study recommended that recruitment or appointment of teachers should be decentralized to the block level, so that availability of female teachers can be ensured for the block, from the same block. The process of selection, placement, and transfer of teachers should be made more objective and transparent so that accountability can be demanded. Relaxation in qualifications for women candidates should depend on the specific situation in the state. Training should focus on the challenging nature of the job, and attitudinal aspects. Women candidates should be trained in self-defense techniques and cycling, apart from regular course content for an empowering impact. Special long duration training should be given to rural girls to prepare them to become teachers. Facilities of separate toilets and drinking water should be considered essential for women teachers, and arrangements should be made at schools and training centres. Adequate promotional opportunities should be built in the system for women teachers. Management and academic processes should be made more women friendly and gender sensitive, by ensuring participation and involvement of women teachers in training programmes and institutions. Better linkage between women teachers of primary and pre-primary schools should be facilitated for mutual sharing and learning. A separate forum should be formed to address issues and problems specific to women teachers, which would help them to function better.

Key Words : 1. WOMEN WELFARE 2.WOMEN TEACHERS 3.WORKING WOMEN 4.TEACHERS 5.RURAL AREAS 6.GIRL ENROLMENT 7.GIRL CHILD EDUCATION.

32. National Institute of Public Cooperation and Child Development, New Delhi. (2004).
Standing at the crossroads : a situational analysis of Indian women. New Delhi : NIPCCD. 152 p.

Abstract : This report is a comparison and analysis of data available with National Sample Survey (NSS), Sample Registration Survey (SRS), National Family Health Survey (NFHS), Central Statistical Organisation (CSO), Registrar General's Office (RGO), and National Council for

Education, Research and Training (NCERT). It broadly studied differences between men's and women's developmental experiences and their social attitude, it focused on different experiences of women from rural and urban areas belonging to different classes and various educational backgrounds, and how they are affected by the existing developmental policies and practices, and areas of concern outlined in Platform for Action (PFA). It also discussed Government initiatives and actions to enhance women's productivity, sustainability, equality and empowerment. Disaggregated statistics highlighted differences between needs of girls, adolescents and women, and how policies affected their lives. It was found that girls had lesser access to health care and education than boys roles they performed were undervalued at home and at workplaces; and their human rights were violated through sexual abuse, trafficking and prostitution. Social structures determined girls' importance and also their level of education. New Policy on Education (1986) stressed planning for girls and women's education, especially in rural areas. In areas of maternal health, life expectancy had improved but incidence of cancer still poses health challenges for women. Poverty and economic issues were influenced by micro and macro economic policies, and affected women's security in terms of access to resources, such as health and education. Women worked in a number of occupations, in both organized and unorganized sectors, and comparatively women received unequal remuneration for their work. Government and NGOs schemes and programmes attempted to mitigate against the negative impact of structural adjustment and gender biases by creating programmes that increased women's economic options and income security. Changes to the natural environment affected women in rural and urban areas in the same way as changes to the economy affected their sources of income. India's legal mechanisms are a combination of support and neglect for women: on one hand crime against women steadily increased, and on the other, NGOs and Government worked to safeguard women's rights through institutions like National Human Rights Commission (NHRC) and National Commission for Women (NCW). Media played a double role, both a source of leadership for women, and also propagated exploitative images that reinforced unequal power relations between men and women. Government's media policy encouraged active participation of women in various media activities, while NGOs promoted healthy, well-rounded images and roles for women in the media. In terms of political power, women had a very low representation in the National Parliament and State Assemblies. 73rd and 74th Constitutional amendments gave women an opportunity to exercise leadership at local level. State and Central Governments, major NGOs, local action groups, and research and training institutions are all involved in the formulation and implementation of policy that affects women's lives. It was concluded that social structuring and conditions influenced policy, and how women

are positioned at the crossroads. It was recommended that NGOs, and Central and State Governments should implement policies and programmes to support rural women, decrease pollution, and promote conservation.

Key Words : 1.WOMEN WELFARE 2.SITUATION OF WOMEN 3.VIOLENCE AGAINST WOMEN 4.GIRLS EDUCATION 5.GIRL CHILD EDUCATION 6.DISCRIMINATION AGAINST WOMEN 7.WOMEN AND HEALTH 8.WOMEN'S
HEALTH.

33. Sharma, Adarsh. (2002).
Gender budget analysis of selected states: an initiative. New Delhi : National Institute of Public Cooperation and Child Development. ~150 p.

Abstract : Gendering the budget is to analyze the budgetary expenditures from a gender perspective. The objective was to enhance fiscal policy making and measures, by providing a mechanism for ascertaining their impacts on women, men, girls and boys. Study analysed data of ten selected states, namely Assam, Bihar, Meghalaya, Gujarat, Jammu and Kashmir, Maharashtra, Rajasthan, Madhya Pradesh, Orissa, and Manipur. It involved analysis of public expenditure, and methods of raising revenues; analysis of gender targeted allocations especially programmes targeting women; and a review of equal opportunities, policies and allocations within government services. It was found that Assam, Meghalaya, and Manipur allocated substantial percentage of the state budget to social sector. In other states social sector budget received around 22-36% of state budget allocations in 2000-01. In 10 states selected, range of allocations to women programmes varied between 3 - 13% of the state budget. Targeted schemes, as compared to pro-women schemes, received lower percent allocations, and in 4 states they allocated less than 1%. Allocation to pro-women schemes showed vide variations across states and ranged between less than 1–11%. It was observed that fiscal flow to women's programmes in all states were far below the desired level and lower than the norms recommended by Planning Commission (30%). The percentage allocations to women targeted programmes of the social sector budgets were less than 5% in Bihar, Madhya Pradesh, Orissa, and Assam, and less than 1% in Manipur. Department of Women and Child Development/Social Welfare, Education, Health and Family Welfare made higher percentage allocations of their departmental budgets to both women targeted and pro-women programmes. For pro-

women schemes, other departments like Rural Department, Agriculture, Cooperatives and Tribal, and Labour played an important role in women's development by having pro- and targeted schemes and reasonable allocations. Status of women was reviewed through indicators like sex ratio, female literacy rate, female school enrolment ratio 6-11 years and 11-14 years, and female drop-out rate (6-11 years). It was suggested that a serious methodical debate should be carried out for gender based analysis, and tools for monitoring the progress of women's component plan should be sharpened. There is a need for more in-depth analysis on sectoral issues and formulating uniform guidelines and procedures, so that comparisons and inferences can be made at regional and national level. For a comprehensive assessment of gender impact of government budgets, DWCD should formulate and disseminate uniform guidelines on gender budgets and analysis to States, and develop software for such analysis. Restrictions should be imposed on re-appropriation of budgetary allocations meant for women and girls. Closer monitoring, accountability, and community involvement should be encouraged to improve implementation of programmes. Gender budget initiatives can improve efficiency of resource allocations, and strengthen economic governance through a framework that can enhance accountability and transparency.

Key Words : 1.WOMEN WELFARE 2.GENDER BUDGET 3.GENDER BUDGET ANALYSIS 4.PRO WOMEN SCHEMES 5.BUDGET FOR WOMEN 6.GENDER MAINSTREAMING.

34. Shinghal, N.K.

Crimes against women role of Section 498-A IPC in states of Delhi and Haryana : study report. New Delhi : Bureau of Police Research and Development. BPRD, 2002. 118 p.

Abstract : The present study assessed the effectiveness of legislation related to torture of married women and atrocities by husbands and their families, particularly under Section 498-A IPC in the states of Delhi (5 districts) and Haryana (3 districts). Objectives of the study were to assess the adequacy of special legal provisions; examine their implementation in practice, deficiencies, difficulties or misuse; suggest amendments, if any were necessary; and make the laws more effective for preventing marital violence against women. The study found that in West Delhi district, a total of 3845 complaints were received in the district crime (women) cell during 1995-99, of which 75 were transferred to the other districts/units. Of the remaining 3570 complaints, 34 enquiries were pending, 3536 cases were disposed off, 33 (1%) criminal cases

were registered after enquiry under 498A and 650 (18%) under Section 498-A/408, 1237 (35%) mutually compromised, Stri Dhan was returned in 287 cases (8%), and 1329 (38%) were closed due to inadequate evidence. In South West District 2061 complaints were received in which 77 (4%) cases were pending enquiry, 1984 were disposed off during the period; 64 (3%), 467 (23%), and 76 (4%) criminal cases were registered after enquiry under Sections 498-A, u/s 498-A/406, and u/s 304B respectively; 36% withdrawn; and 30% (626) were mutually compromised/Stri Dhan returned. In East District, of a total of 3645 complaints, 96 were pending enquiry; 11% criminal cases were registered, 51% were withdrawn; 1014 (29%) were mutually compromised, and Stri Dhan returned in 339 (10%) cases. According to district police, 6365 complaints related to alleged torture/harassment in connection with dowry demands, and in some cases to live separately from the in-laws. In Faridabad and Gurgaon study found that there was a progressive increase in the number of complaints from 142 in 1995 to 425 in 1999 (increase of 199%); and from 34 only in 1995 to 165 in 1999 (increase of 385%) in Faridabad. More than 50% of the complaints related to disputes over Stri Dhan/dowry; and criminal cases were registered in 82% of the complaints. Study suggested that there is need to reduce the area of ambiguity with regard to the term 'grave injury' and 'danger to mental health' in the case of 'Explanation' under the Section, defining 'Cruelty' and elaborate the same 'mental cruelty' with 'operational indications; punishment under the Section should be increased to 5 years to add to its deterrence. (Para 3.3 (v)); offences under the Section should be made compoundable with permission of the court, by amendments to Section 320 of the Cr.P.C., as already proposed by National Commission for Women, etc.

Key Words : 1.WOMEN WELFARE 2.DOWRY 3.DOWRY DEATH 4.CRIME AGAINST WOMEN 5.IPC SECTION 498 A.

35. World Bank, New Delhi. (2003).
India, Rural Women's Development and Empowerment Project : Cr. 29240-in draft aide memoire 31 Jan - 2003. New Delhi : World Bank. ~70 p.

Abstract : The World Bank sent a team to evaluate Rural Women's Development and Empowerment Project in January, 2003. In November 2002, the Project supported 17,587 Women's Self Help Groups (SHGs) involving 240,236 women in 7274 villages in 56 districts of 9 states. This represents 10% of all districts and has the potential to scale up and replicate the lessons learnt. Work is done in partnership with the

Government and 232 NGOs. Some improvements were required in financial aspects related to bottlenecks in fund flow, procurement and staffing. Excellent work and achievements were observed in many states, such as work in earthquake affected areas of Gujarat, gender equality in Haryana, marginalized groups in Bihar, such as musahars etc. The Project has successfully institutionalized linkages with various agencies and departments, providing services to poor women in UP. Bank accounts were opened for nearly 90% of the project groups. Sustainable improvements in livelihood remain one of the most challenging issues faced by the project. Staff positions need to be filled with suitably qualified staff, as absence of staff affects the functioning of the project. It was suggested that sustainability issues need to be addressed in the action plans of various state annual plans. It was recommended that participatory approach may be adopted for monitoring and evaluation of the project in each state.

Key Words : 1.WOMEN WELFARE 2.SWASHAKTI 3.RURAL WOMEN'S DEVELOPMENT AND EMPOWERMENT PROJECT 4.SELF HELP GROUPS 5.WORLD BANK ASSISTED SWASHAKTI.

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Compilation & Abstracts : Meenakshi Sood

Preeti Alexander

Nidhi Gupta

Madhulika Srivastava

Hemi Shah

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Preeti Alexander

Sushil Tiwari