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A. Research Abstracts on Child Development

Adolescent Girls

1. Choudhary, Seema et al. (2009).
Correlates of nutritional status of adolescent girls in the rural area of Varanasi.
Hisar: Maharaja Agrasen Medical College, Department of Community Medicine.
11 p.

Background: Often health and nutritional status of adolescent girls are direct reflection of the cumulative effects of physical growth. Among rural adolescent girls an increased risk of low energy expenditure due to enhanced multiplicity of physical activities force them towards negative energy balance. Majority of rural adolescent girls suffer from chronic energy deficiency which jeopardize their nutritional status.

Objectives: To find out the association of demographic, socio-economic, personal characteristics, environmental variables and energy balance with the nutritional status of adolescent girls.

Methods: The approach adopted for this community based study was cross sectional one. Study was conducted in Chiragaon block of Varanasi district, prevalence of malnutrition in rural adolescent girls ranged from 50-72 percent. About 270 adolescents were enrolled for the study.

Findings: About 68.52 percent of the adolescent girls were under weight; 31.11 percent subjects suffered from chronic energy deficiency; 28.52 percent subjects had normal nutritional status; 92.65 percent adolescent girls, belonging to the age group of 10-12 years were under nourished; corresponding value for 13-15 and 16-19 years were 67.42 and 47.14 percent respectively; chronic energy deficiency was more in 10-12 years age (69.12%); there existed significant difference in the extent of under nutrition in subjects belonging to different age groups; in subjects with highest education in the family as graduate and above under nutrition was 55.17 percent; corresponding value for educational categories upto standard V and VI to XII under nutrition was to the extent of 82.93 percent and 72.54 percent; under nutrition was to the extent of 86.10 percent in subjects either illiterate or just literate; there existed significant difference in nutritional status of adolescent girls with varying level of fathers education. 66.67 percent and 41.67 percent subjects with fathers education high school plus intermediate and graduate and above, respectively were under nourished; corresponding values for subjects with fathers education as illiterate plus just literate and high school plus intermediate were 73.3 percent and 78.08 percent; educational status of either mother or husband showed no significant association with nutritional status of adolescent girls; extent of under nutrition in subjects with main occupation of the family as agriculture service and labour was 64.52 percent and 73.68 percent and 79.45 percent ; 82.54 percent under nutrition was observed in subjects belonging to lower SES; chronic energy deficiency grade III was least in high school

plus intermediate subjects (15.0%). Under nutrition was significantly more in unmarried subjects (72.02%) than married subjects (53.85%); 54.82 percent menstruating and 90.38 percent non menstruating adolescent girls were under nourished; neither addiction nor nature of diet was significantly associated with nutritional status of study subjects; under nutrition was to the extent of 78.97 percent and 62.57 percent with and without history of passage of worms; CED grade III was more in unmarried (35.32%); non menstruating (56.73%) and subjects with history of passage of worms (40.14%) under nutrition was 60.0 percent and 70.22 percent in subject with and without latrine facility; under nutrition was 70.21 percent and 64.63 percent in subjects with negative and positive energy balance; 80.1 – 100 percent were under nourished; under nutrition was not significantly different in subjects ill (76.19%) and not ill (65.05%); 66.67 percent and 68.72 percent subjects with and without past history of illness were under nourished; compared to menstruating girls had 3.59 (CI=1.44 – 8.93) times higher risk of being under nourished; adolescent girls belonging to labour class had 3.39 times higher risk (CI= 1.29 – 8.90) of being under nourished when compared with the business class; among adolescents of service and agriculture class the risk of under nutrition was statistically similar to business class; risk of under nutrition was insignificant in subjects having illiterate and just literate father.

Conclusion: Adolescence is a period which includes puberty spurt during which maximum growth in terms of weight and height takes place. Nutritional status of study subjects had been significantly influenced by their educational status and literacy status of their father.

Key Words : 1.CHILD WELFARE 2.ADOLESCENT GIRLS 3.NUTRITIONAL STATUS 4.BODY MASS INDEX 5.UNDER NUTRITION 6.ENERGY BALANCE 7.VARANASI.

2. Dixit, Swati et al. (2011).
A Study on consciousness of adolescent girls about their body image. Lucknow:
Lucknow University, Department of Statistics. 6 p.

Background: Adolescence, intermediary phase from childhood to adulthood is a delicate phase of life. Unique changes occur during this period and adult patterns are established. The never ending sequence of physical and psychological adaptations of adolescents has a remarkable influence on the social and behavioural aspects of lives.

Objectives: To examine the consciousness of adolescent girls about their body image.

Methods: A total of 586 (151 from rural, 150 from slum and 286 from urban area) adolescent girls of age 10-19 years were selected for this study. The observational study was conducted in Lucknow District of Uttar Pradesh.

Findings: It was seen that there is discrepancy in perceived and desired body size; 20.5 percent of girls desire to become thin at the time of their body assessment; 73.4 percent adolescents girls were satisfied with their body image; 26.6 percent of studied girls were dissatisfied; prevalence rates of dissatisfaction were higher among the urban and slum girls 30.2 percent and 40.0 percent respectively; percentage of girls satisfied with their body image was less in the 13-15 years (69.9%) age groups in comparison to 10-12 years (76.5%) and 16-19 years (76.4%) age group; out of them urban and rural girls of 13-15 years had lower satisfaction with their body image that is 69.0 percent and 67.3 percent; 75.0 percent of rural girls of age 13-15 years were satisfied with their body image; about 32.8 percent girls were under weight and 38.4 percent were stunted; number of underweight girls (42.1%) and stunted girls (64.9%) were higher in satisfied girls of slum area; the difference between actual body weight and perceived body image was used to identify the estimation about health; girls who perceived their body image normal with normal BMI were categorized into correct estimation; girls of high and medium BMI with thin and normal perceived body image were categorized into under estimation; girls of low and median BMI with perceived body image of fatty were categorized into over estimation; 32.8 percent of girls had over-estimated their weight, while only 4.9 percent of girls had under estimated their weight.

Recommendation: An urgent need to encourage adolescent girls for maintaining healthy weight and dietary habits through all possible channels.

Key Words : 1.CHILD WELFARE 2.ADOLESCENT GIRL 3.GROWTH AND DEVELOPMENT 4.BODY IMAGE 5.NUTRITIONAL STATUS 6.UNDERWEIGHT 7.STUNTING.

Behavior Problems

3. Bansal, Pir Dutt and Barman, Rajdip. (2011).
Psychopathology of school going children in the age group of 10-15 years.
Punjab: Adesh Institute of Medical Sciences and Research. 5 p.

Background: The term psychopathology in children covers various psychological problems such as behavioural problems, low intelligence, anxiety, conduct disorders. Children under 16 years of age constitute over 40 percent of India's population and information about their mental health needs is a national imperative. Mental Health of a child is greatly influenced by many environmental factors and life events.

Objectives: To study the extent and nature of psychiatric disorders in school children in a defined geographical area and to study their psychosocial correlates.

Methods: Childhood Psychopathology Measurement Schedule (CPMS) was used to measure the magnitude of 982 students in the age group of 10-15 years from four randomly selected schools in a city of North India.

Findings: Out of 982 children 53.8 percent were males and 46.2 percent were females; mean age of the students was 12.5 \pm 2.4 years; most of the children were from the parents in the income group of 10000-20000 INR/month; 31.7 percent students scored >10 in CPMS score; 20.2 percent students were found to have psychiatric illness according to ICD – 10 criteria; 28.6 percent students having psychiatric illness were in the age group of 13-14 years followed by 23.6 percent in age group of 14-15 years and 22.1 percent in the age group of 12-13 years; children having psychiatric illness 43.7 percent were also from the income group of 10000-20000 INR; psychiatric disorders were seen prevalent in the children having second birth order which was significantly higher than two other groups; no significant difference was found among children from nuclear and joint families; 49.2 percent students were in the score of 10-20 in the CPMS scale; 19.6 percent students were having specific isolated phobia; 12.0 percent were having other non organic sleep disorders like sleep talking, bruxism etc; 11.5 percent suffered from tension headache; hyperkinetic disorder was found in six percent students; pica in 5.5 percent; enuresis in 4.5 percent; sleep terror in 7.5 percent and epilepsy in 3.5 percent students; no significant difference was found among male and female students.

Conclusion: It is concluded that it is imperative to carry out this type of epidemiological survey more in number and to follow up them longitudinally to understand the natural history of childhood and adolescent disorders.

Key Words : 1.GROWTH AND DEVELOPMENT 2.BEHAVIOUR PROBLEM 3.PSYCHOPATHOLOGY 4.MENTAL HEALTH 5.PREVALENCE 6.CHILD PSYCHOPATHOLOGY 7.SCHOOL CHILDREN.

Breastfeeding

4. Sinhababu, Apurba et al. (2010).
Infant and young child feeding practices in Bankura district, West Bengal, India.
West Bengal: B.S. Medical College, Department of Community Medicine. 9 p.

Background: Optimal infant and young child feeding (IYCF) practices are crucial for nutritional status, growth, development, health and ultimately the survival of infants and young children. Timely introduction of complementary feeding can prevent almost six percent of under-five mortality.

Objectives: To assess the IYCF practices among children aged less than two years in Bankura district, West Bengal.

Methods: About, 647 children aged less than two years were selected through revised 40 cluster sampling using the indicators of the Integrated Management of Neonatal and Childhood Illness (IMNCI) and World Health Organisation (WHO).

Findings: About 3318 households in 40 clusters were covered during the survey in Bankura district; total number of people covered in the survey was 18,136; the average family size was 5.5 2.7; children aged less than five and two years comprise of 9.6 percent and 4.2 percent; 13.6 percent of the study children were put to the breast within one hour of birth; five percent of the neonates had to wait for at least 24 hours for first sips of breast milk; sex was not associated with early initiation of breast feeding; the overall prevalence of prelacteal feeding was 26.7 percent; the major types of prelacteal feeds were sweetened water, animal-milk, especially goat's milk and honey; 57.1 percent of the infants aged less than six months were exclusively breastfed; the exclusive breast feeding rate dropped from 75.0 percent in infants aged less than two months to 48.7 percent at 2-3 months and 39.0 percent at 4-5 months of age; the proportion of infants who were given only plain water, along with breast feeding, decreased with age up to six months, and the overall prevalence was 14.3 percent at the age group of 0-5 months; the consumption of 'other milk' in addition to breast feeding, was 6.7 percent, in infants aged less than two months and increased to around 30 percent and more at 2-3 months onwards and declined sharply at 9-11 months of age (5.1%); the premature introduction of liquids other than breast milk and soft/semi-solid food were found in 40 percent and 2.9 percent of the infants aged less than six months respectively; the continued breast feeding rates at one year (12-15 months) and two years (20-23 months) were 97.9 percent and 88.6 percent; it was observed that 93.6 percent of all the breast feeding infants aged less than six months were breastfed for eight times or more in the last 24 hours preceding the survey; the average number of feeds being 12.3; exclusively breastfed infants aged 0-5 months received breast milk eight times or more; 55.7 percent infants aged 6-8 months were given semi-solid/solid food in addition to continued breast feeding, and the proportion increased to 93.6 percent at the age of 9-11 months; no infants aged less than two months used bottle feeding; 10.2 percent of the study children were bottle fed; in the age group of 6-8 months and thereafter, huge disparity was observe between the proportion of children receiving complementary feeding and the proportion adhered to age-appropriate feeding as per the

IMNCI guide lines; the overall proportion of appropriate feeding in children aged 0-23 months was 21.0 percent; with 15.2 percent at 6-11 months of age and 8.7 percent at 12-23 months of age.

Recommendations: Area specific programmes should be planned to create an enabling environment for comprehensive nutrition and health education of mothers/caregivers; health and nutrition workers should protect, promote, and sustain the optimal IYCF practices in Bankura district.

Key Words : 1.NUTRITION 2.BREASTFEEDING 3.INFANT AND YOUNG CHILD FEEDING PRACTICES 4.CHILD FEEDING PRACTICES 5.CROSS-SECTIONAL STUDIES 6.INFANT-FEEDING PRACTICES 7.BANKURA 8.WEST BENGAL.

Child Health

5. Gomber, Sunil et al. (2011).
Immune response to second dose of MMR vaccine in Indian children. Delhi:
Guru Teg Bahadur Hospital. 5 p.

Background: Measles, Mumps, Rubella Vaccine (MMR) has been successfully used by many developed countries in a two dose schedule in pre-school children to eliminate measles, mumps and Rubella from their population. In India, children are given measles vaccine (MV) soon after completing nine months of age considering the large amount of morbidity and mortality caused by the disease.

Objectives: To assess the extent of zero protection against the three diseases in immunized children and to study the immune response to a second dose of MMR.

Methods: The study was carried out in Guru Teg Bahadur Hospital, a tertiary care hospital in Delhi over a period of one year. Children between 4-6 years of age attending immunization clinic consecutively on two fixed days of the pediatrics OPD for DT booster, having documented evidence of receiving measles vaccine during infancy and MMR vaccine between 12-24 months of age were included in the study.

Findings: About 84 children of the 103 recruited were followed up between 4-6 week; the mean age at recruitment was 58.0 months; all the children had either normal nutritional status or were having grade I protein energy malnutrition as per IAP classification; the age at receiving MV during infancy ranged from 7-11 months and the majority had received MMR-I between 15-16 months of age; the duration since receiving MMR-I at the time of enrolment varied from 28 to 55 months; it was observed that prior to giving MMR-II 20.4 percent children were zero protected for measles, 87.4 percent for mumps and 75.7 percent for rubella; the pre and post vaccination samples of the 84 children who were followed up, indicated that the percentage zero protection for measles rose from 21.4 percent to 72.6 percent with a high zero conversion rate of 65.2 percent; after MMR-II all the 84 children became zero protected to mumps and rubella with 100 percent zero conversion rate; the geometric mean concentration(GMC) of all three antigens rose significantly ($P<0.05$) compared to pre vaccination levels; no severe systemic or neurological adverse effects were noted in any of the subjects vaccinated; majority of the adverse effects reported were localized to the site of vaccine administration; 11 percent developed fever for 1-2 days and one of the child reported swelling in parotid region for 15 days after getting vaccinated.

Recommendations: The study suggests the need for a booster deserves consideration and a re-appraisal of the current MMR immunization policy.

Key Words : 1.HEALTH 2.IMMUNISATION CHILD HEALTH 3.MMR VACCINE 4.MEASLES 5.INDIAN CHILDREN.

6. Kaur, Supreet et al. (2008).
Prevalence of overweight and obesity amongst school children in Delhi, India.
New Delhi : All India Institute of Medical Sciences, Department of Human
Nutrition. 4 p.

Background: Obesity is one of the most prevalent nutritional disease of children and adolescents in many developed and developing countries. World Health Organization (WHO) has declared over weight as one of the top ten health risks in the world and one of the top five in developed nations. Increasing relative weight trends in populations has caused much concern among health care providers.

Objectives: To assess the prevalence of overweight and obesity among children in the age group of 5-18 years belonging to low, middle and high income group in National Capital Territory (NCT) of Delhi.

Methods: The sample size of 5,000 was taken in each socio economic group. A total of 16,595 children (LIG 5087, MIG 5140 and HIG 6368) were covered in the present study. A semi structured questionnaire was administrated to each subject to elicit information on socio demographic profile, physical activity pattern, dietary intake and anthropometric measurements.

Findings: About 42 percent children from LIG schools, 40 percent from MIG and 44 percent from HIG schools were vegetarians; 12.0 percent of children from HIG schools consumed fast food more than four times in a week, when compared with LIG (7.2%) and MIG (9.8%) school children; prevalence of obesity and over weight in LIG school children was 0.1 and 2.7 percent respectively; amongst MIG school children it was 0.6 and 6.5 percent; in HIG school children it was 6.8 and 15.3 percent respectively; according to Triceps skin fold thickness (TSFT) the prevalence of obesity and over weigh in LIG school children was 1.2 and 2.4 percent; amongst MIG school children it was 2.5 and 4.9 percent and in children belonging to HIG schools it was 9.3 and 13.1 percent respectively; data regarding physical activity of the subjects revealed that about 88 percent children from HIG schools were involved in leisure time physical activities like jogging, running, playing outdoor games, doing yoga etc; 75 percent of the children from MIG and 46 percent of the children from LIG were undertaking these activities; physical activity and BMI showed a statistical negative correlation in the LIG children.

Conclusion: The present study planned to evaluate in detail, the complete spectrum of childhood obesity and compare the prevalence in different socio economic groups. The prevalence of over-weight and obesity was greater in male subjects as compared to female subjects in all three categories.

Key Words : 1.HEALTH 2.OBESITY 3.OVERWEIGHT 4.OBESITY IN CHILDREN 5.BODY MASS INDEX (BMI) 6.SOCIO-ECONOMIC STATUS 7.SCHOOL CHILDREN 8.CHILD HEALTH 9.DELHI.

7. Mahajan, Preetam B. et al. (2011).
Study of childhood obesity among school children aged 6 to 12 years in union territory of Puducherry. Pondicherry : Pondicherry Institute of Medical Sciences. 5 p.

Background: Overweight and obesity are major risk factors for a number of chronic diseases, including diabetes, cardiovascular diseases and cancer. Obesity in children and adolescents is gradually becoming a major public health problem. About one half of obese school children become obese adults.

Objectives: To examine the prevalence of obesity and overweight among school children in Puducherry; to identify any variation as per age, gender, place of residence and type of school.

Methods: A total of 12,685 children in the age group of 6-12 years, studying in class I-VII from government and private schools of urban as well as rural areas in each of the four districts were enlisted initially.

Findings: About 2940 school children were selected from 30 schools in all the four districts of Puducherry; after applying the exclusion criteria, sample size was reduced to 2542 children consisting of 1345 (52.11%) male children; 80.28 percent were from urban areas; overall boys and girls were equally distributed in each age and gender; age group 12 had less children because 108 children had to be excluded from data analysis as they were >12 years old; prevalence of overweight and obesity was highest 7.89 percent and 3.8 percent respectively in age group 11; prevalence of overweight in age group 9 was 2.81 times more whereas in the age group 11 was 4.41 times more as compared to the children belonging to age group six; inference could not be drawn for obese children as the distribution of obesity in various age groups was not found to be statistically significant; the overall prevalence of overweight among children was 4.41 percent; prevalence of obesity was 2.12 percent; prevalence of overweight and obesity was 4.24 percent and 1.97 percent respectively, among males whereas prevalence of overweight and obesity among females was 4.58 percent and 2.29 percent among all the four regions, Manjeri had the highest prevalence of overweight 8.66 percent and obesity 4.69 percent; in a population of 1,08,842 between 7 and 12 years there are 5424 overweight and 2435 obese children using the prevalence estimate of 4.41 percent and 2.12 percent; the largest numbers of overweight 1352 and obese 651 children belong to age group 11 years; the estimated true prevalence of overweight among children 7-12 years was 4.98 and that of obesity was 2.24 percent.

Recommendations: The need to devise meaningful control measures, both home and school based pending, further research on risk factors for childhood obesity and also to monitor the trend in near future considering the alarming rise in the number of diabetics and hypertensive within the state in recent past.

Key Words: 1.HEALTH 2.CHILDHOOD OBESITY 3.OBESITY 4.SCHOOL CHILDREN 5.OVERWEIGHT 6.PUDUCHERRY.

8. UNICEF. (2009).
Management practices for childhood diarrhoea in India : survey of 10 districts.
New Delhi: UNICEF. 88 p.

Background: Diarrhoeal diseases are a leading cause of childhood morbidity and mortality in India, and an important cause of malnutrition. UNICEF entrusted the responsibility of performing this study to GfK Mode, a leading market research agency, with a hope to suggest ways having direct relevance to programming for childhood diarrhoea control in India.

Objectives: The study aimed to find out the household practices for the management of childhood diarrhoea; knowledge, attitudes, and practices of healthcare providers on the management of diarrhoea; availability and prescription of ORS and zinc from public and private providers of health services for diarrhoea management; rates of ORS and zinc use among children 2-59 months suffering from diarrhoea and compliance with ORS and zinc prescription by mothers of children with diarrhoea.

Methods: It was cross-sectional study conducted in one district each from 10 states of the country namely Medak (Andhra Pradesh), Dibrugarh (Assam), Vaishali (Bihar), East Singhbhum (Jharkhand), Guna (Madhya Pradesh), Latur (Maharashtra), Koraput (Orissa), Krishnagiri (Tamil Nadu), Lalitpur (Uttar Pradesh); and Purulia (West Bengal). In each of the districts, 1,230 households with children aged 2–59 months who had diarrhoea in the two weeks preceding the survey were selected using a multi-stage sampling. Both quantitative and qualitative approaches were used for data collection.

Findings: The study revealed that overall 19.8 percent of children had diarrhoea in the two weeks prior to the survey and out of these around 12 percent children also had blood in their stool with their proportion varying from 6 percent in Krishnagiri district to 20 percent in Vaishali. Overall 74 percent (range 58.3–88.4) caregivers sought care outside home for the diarrhoea episode in their children, 13 percent resorted to some sort of home treatment and the remaining 13 percent did not receive any treatment; most common treatments reported by those who sought care included ORS (47%), tonics (32%), injections (23%), anti-diarrhoeal drugs (18%) and antibiotics (6%). About 30 percent mothers were provided additional advice apart from medicines such as continued breastfeeding and increased frequency (62%), continuously feeding the child (46%), continued bottle feeding (7.6%), increased fluids (76%), less fluid intake (24%). Majority of service providers did not inform their clients about danger signs and “when to return immediately”. More than 70 percent of the sample mothers reported to have heard about ORS in all the districts except in Medak (63%), Vaishali (57%) and East Singhbhum (47%). About 51.5 percent mothers who did not give ORS during a recent diarrhoea episode, acknowledged knowing about ORS; about 13 percent caregivers gave home treatment to their children such as salt-sugar solution (48%), ORS (23%), rice water (19%), and dal water (15%); out of those mothers who knew about ORS, 68.2 percent also had some knowledge of how to prepare an ORS solution for use and knowledge of zinc was almost “nil” among caregivers.

Conclusion: The study confirmed the low use rates of ORS across the districts and highlighted inadequate management of childhood diarrhoea at the household level and at health facilities. Extremely low prescription and use rate of zinc as an adjunct therapy for diarrhoea is also evident.

Key Words : 1.HEALTH 2.DIARRHOEA MANAGEMENT 3.DIARRHOEAL DISEASE 4.DIARRHOEA PREVENTION 5.CHILD HEALTH 6.ORT 7.ORS 8.SURVEY.

9. Dongre, A.R. et al. (2008).
An Approach to hygiene education among rural Indian school going children.
Sewagram: Mahatma Gandhi Institute of Medical Sciences. 6 p.

Background: The intestinal parasites are among the most common infections of school age children in developing countries. As a result of this morbidity, they are at risk of detrimental effects like poor cognitive performance and physical growth. In year 2004, the government of India has started a Total Sanitation Campaign (TSC) to ensure School Sanitation and Hygiene Education (SSHE) which emphasis skill based child to child hygiene education for behavior change among school going children.

Objectives: To find out the prevalence of intestinal parasites and its epidemiological correlates among rural Indian school going (6-14) years children; to study the effect of focused, need based child to child hygiene education on personal hygiene of school children.

Methods: The present study was undertaken during at Dhotra (Kasar) in Wardha district of Central India. The study subjects were school going children (6-14) years of age. Out of enlisted 172 children, data of 118 children with complete information was used for final analysis.

Findings: Out of 118 (50 male and 68 female) subjects examined, 21 had intestinal parasite infection; children aged (6-8) six-eight years had the highest prevalence of intestinal parasite infection (20.7%, 95% CI, 7.9-39.7%); those in 12-14 years (19.5%, 95% CI, 8.8-34.8%); the lowest prevalence was recorded among those age 9-11 years (14.6%, 95% CI, 6.1-27.7%); prevalence of intestinal parasitic infection was significantly high among children having dirty untrimmed nails, followed by those having poor hand washing practices; there was no significant disparity between the infected and uninfected children with respect to sex, socio-economic status, source of drinking water and use of sanitary latrine and chappal; 96 percent families of school children used filtration with cloth as household water purification method; six intestinal parasites were identified; students formed groups of open defecation and sanitary latrine; compost pit and waste disposal, soap and bath taking, drinking water and hand pump and washing vegetables with water; they could not strongly relate hand washing and nail trimming practices with any of the groups; village had public taps for distribution of drinking water supply those children who had sanitary latrine in their houses used it during rainy season only; use of footwear by children was not a common practice; parents avoided giving footwear to younger children as they frequently forgot and lost it; one month after hygiene education, there was significant improvement in the key personal hygiene behavior; the proportion of children having practice of hand washing with soap after defecation significantly improved from 75 (63.6%) to 92 (78%); the proportion of clean and cut nails also improved from 80 (67.3%) to 95 (80%).

Recommendations: An integrated approach of drug treatment and focused participatory hygiene education is required to control parasite load among rural Indian school going children.

Key Words : 1 HEALTH 2.HYGIENE 3.HYGIENE EDUCATION 4.PERSONAL HYGIENE SCHOOL CHILDREN.

Girl Child

10. Borooh, Vani K.

Gender bias among children in India in their diet and immunisation against disease. United Kingdom : University of Ulster, School of Economics and Politics. 31 p.

Background: A feature of developing countries that is particularly worrying is the adverse ratio of the number of women to that of men. Even though males outnumber men in North America and Europe with an average ratio of 1:05. By contrast, the female-male ratio is substantially below unity in many countries of the third world: 0.96 in North Africa, 0.94 in China, Bangladesh and West Asia, 0.93 in India, 0.91 in Pakistan. In this context, this paper attempts an econometric investigation of the likelihood of a child, but the ages of 1-2 years, being fully immunised and of the likelihood of it receiving a nutritious diet.

Methods: Total sample comprised of 2,269 boys and 2,064 girls.

Findings & Conclusions: The proportions of fully vaccinated children and children receiving a nutritious diet in households with empowered females was much higher (61% and 29%) than the corresponding proportions in households with 'non-empowered' females (46% and 22%); in terms of health care facilities, the two important items were the easy access to a trained midwife and the presence of an anganwadi in a village, a higher proportion of children living in the presence of these facilities were fully vaccinated (63% for midwife and 62% for anganwadi) than the corresponding proportion of children living without these facilities (48% for 'no midwife' and 46% for 'no anganwadi'). When mothers are literate the gender bias against girls in their likelihood of receiving a nutritious diet, was nullified and, indeed, reversed with the likelihood of girls receiving a nutritious diet (32%) being slightly higher than that for boys (31%). However maternal literacy by raising the likelihood of being fully immunised by the same amount for boys as for girls, did nothing to erode the five point 'immunisation gap' between boys and girls (83%) of the immunization gap and (91%) of the nutritional gap between boys and girls could be explained by the fact that girls were treated differently from boys and the remainder was due to the fact that girls were born to less advantageous familial circumstances than boys.

Recommendation: The issue of children being neglected is one that has many facets. Of course, the very important aspect of gender discrimination and indeed this is the aspect that has attracted the most attention.

Key Words : 1.CHILD WELFARE 2.GIRL CHILD 3.GENDER BIAS 4.DIET 5.HEALTH 6.VACCINATION 7.DISCRIMINATION AGAINST GIRL CHILD

11. Joseph, Josantony et al. (2007).
Reflection on the campaign against sex selection and exploring ways forward : a study report. Pune: Centre for Youth Development and Activities (CYDA). 233 p.

Background: The study was commissioned by the United Nations Population Fund (UNFPA) in late 2005, in the light of the 2001 census findings regarding declining Child Sex Ratio (CSR) in India, the issue of 'missing girls', and to take stock of its own initiatives and those of others to develop a future roadmap on reversing the declining CSR.

Objectives: The study aimed to map the gamut of reasons why despite all the advocacy and other efforts by various sections on the issue, the CSR in the country continues to be dismal; to review the efforts of various stakeholders on the issue; to explore ways forward and suggest guidelines for future strategies to the campaign as a whole, and to UNFPA in particular.

Methods: As the study was not meant to be a formal research study, nor an evaluation of any particular organisation or effort, the team created its own process, using insights from the case study and Delphi approaches, to carry out the study in nine states. The process was validated by a wide variety of activists involved in this campaign, who at various points during the duration of the study acknowledged the validity of the insights and strategies offered in the report.

Findings: The study revealed a widespread knowledge among the relevant groups (those in the reproductive age and the medical community) about the availability of sex determination services in their localities, though implementers of the Act don't seem to have this information; illegality of sex determination is more widely known among the medical community and the implementers, though the community in general don't seem to know much; there seems to be a lack of sufficient knowledge among all groups including the implementers and the legal community (both judges and lawyers) about other aspects of the Pre-Conception and Pre-Natal Diagnostic Technique (PCPNDT) Act; many are aware that in general there are fewer girls in the country, but very few are willing to admit that it is also present in their own communities, hence, except in a few states/districts where it has been highlighted by the government or the media, the awareness that sex selection is a matter of grave concern is not widespread. While abortion in itself is disapproved of, sex selective eliminations (SSE) of the girl child seems acceptable and justified because of son-preference and the patriarchal mindset of large sections of society, that seem to help in overcoming most people's reluctance to go in for SSEs. In addition, the financial costs expected to be incurred in the education and marriage of girls, the growth of affluence and urbanization, and even concern for the future well-being of the girl in a world where she would face many forms of oppression, have been the main reasons why people seem to prefer not to have a girl child. This is compounded by the attitude among a small but significant percentage of the medical community, which see a very lucrative business opportunity in offering sex determination services. As far as the implementers go (all of whom are currently from the medical community), the attitude seems to be one of helplessness or silent abetment because of a conflict of interest; limited political will is also seen as a significant reason to explain the lack of effective implementation of the Act. With regard to the Act itself, the report points out the need for clarification in terms of

interpretation of specific sections like who can be legally authorised to operate an ultrasound machine or the silence regarding whether non-pregnancy-related ultrasound tests are to be recorded on the F-forms amongst others. The overlaps between legal abortion under Medical Termination of Pregnancy (MTP) Act and the use of technology for sex selective abortions punishable under PCPNDT Act, along with a push for small families also contribute significantly to the failure of the PCPNDT Act; various stakeholders highlighted certain aspects of the implementation and monitoring process, including the difficulties that arise from appointing doctors as Appropriate Authorities (AA), which contribute towards making it difficult to implement the Act successfully. Reasons for the lack of sufficient success in reversing the CSR include various communication strategies adopted by different groups, the difficulties of undertaking sting/decoy operations, and the weaknesses of community-based initiatives; Information, Education and Communication (IEC) products that have been created are very often not professionally made or not disseminated enough. The efforts at communication on Sex Determination (SD) issue are sometimes made without taking into account the environment in which these messages have to find a place – either because they are not location specific or they are lost in an environment of other media broadcasts (like soaps/serials) that foster gender inequity, the inability to co-opt a sufficient number of the medical community members to join in this campaign and the general perception that violating this law goes unchecked making sex determination a low-risk business with high monetary returns and the lack of accountability of the State and its officers and the lack of political will seem to be some of the major reasons behind slackness implementation of the law effectively.

Conclusion: Only if the issue of sex selection is seen as a national emergency or national disaster, the campaign is supported by all, whatever their ideologies (on abortion, on gender issues or on anything else), can the success be achieved.

Recommendation: A central strategy and a synergy among the different activist groups and individuals (government and non-government) who are committed to this issue are the need of the hour. Strategies could be carried out to get on board various kinds of stakeholders (e.g. phones and web-based helplines, keeping track of legal efforts being made around the country, and improving strategies for communication by bringing together experts from different fields); Other steps are : making the State and its officers more accountable and involving medical community in the campaign. Participation by local communities can help changing the practices within their own groups and in clarifying certain aspects of the Act as well as to making advocacy efforts to influence the government at a policy level for a significant success in a campaign. There is also need to work at building a strong political will to take up required action.

Keywords : 1.CHILD WELFARE 2.DECLINING SEX RATIO 3.GIRL CHILD 4.CHILD SEX RATIO 5.SEX SELECTION ABORTION 6.COMMUNITY AWARENESS 7.COMMUNICATION 8.STRATEGY 9.MISSING GIRLS 10.PCPNDT ACT 11.GENDER BIAS.

12. State Planning Commission, Bhopal. (2009).
Study of girl child enrolment and retention in rural schools in Madhya Pradesh.
Bhopal : SPC. 156 p.

Background: Madhya Pradesh has universalised access to primary and upper primary education. However, the retention rate (69 %) is a serious concern and only 60-65 percent children complete eight years of schooling in the state. The Poverty Monitoring and Policy Support Unit Society (PMPSUS) is anchored within the Madhya Pradesh State Planning Commission (MPSPC) for carrying out development work in various sectors. It hired the services of a consultant firm to carry out a comprehensive study of the girl child enrolment and retention in the rural schools in Madhya Pradesh.

Objectives : To assess the existing status of girls enrolment and retention in school education for both elementary and high schools in rural areas (tribal and non-tribal districts) of the state; identify gaps and problems both in the demand and supply side for ensuring retention and enrolment of girl child in the elementary and high schools; ascertain the efficacy of inter-linkages between school education, Sarva Shiksha Abhiyan, and bridge courses for ensuring retention of girl child and draw appropriate lessons, identify the bottlenecks, framework and approach for the improvement in design, implementation for enrolment and retention of girl child in school education.

Methods: A multistage stratified sampling method was used to collect the data from six regions of the state namely Central, Malwa, Northern, South, South-Western and Vindhya on the basis of female literacy rate in rural area. The field work was carried out in 200 villages from 36 blocks and 18 districts covering approximately 130 households in each village. Thus, about 26,000 households were contacted in the state. Apart from these 144 schools, 144 Panchayati Raj Institutions (PRI) and Parent Teachers Associations (PTA) were also consulted to take the information.

Findings: About 76 percent households were living in a nuclear family, about 61 percent belonged to BPL category and 95 percent were Hindu; about 49.5 percent respondents were illiterates; 19.5 percent were educated up to primary level; 17 percent upto secondary level and 11 percent up to higher secondary level; around 71percent (73.6% female and 68.8 % male) of population of age group upto 16 years attended school followed by 21 percent having never gone to school and 7 percent dropouts (8.4% female and 5.9% male); 27.6 percent respondents stated sibling care and 25.2 percent respondents stated unawareness about the importance of education as reasons for not sending girls to school; about 60.2 percent respondents stated sibling care and household chores and 20.2 percent respondents stated weak financial condition and earnings for the household as major reasons for school dropout; most of the villages and households (91.3%) had an easy access to the nearby primary or secondary schools; although more than 90 percent of the schools had classrooms and seating arrangement, 78.5 percent schools had drinking water facility and 76.4 percent schools had a playground but the availability of other facilities like, separate toilet for girls in co-educational schools (63.2%), kitchen (51.4%), library (55.6%) and electricity (27.8 %) was relatively low; all the head teachers reported of teaching aids being used in the school but the same was

endorsed by only 52 percent PRI members and 25 percent of the PTA members; the teacher student ratio was 1:35; around 89 percent of the PRIs felt that teachers in the nearby school were regular while 72 percent of the PTA members did not comment on the same and hence replied as 'do not know' and only 27 percent mentioned that teachers were regular in the school; the State average of untrained teachers of primary level is about 9 percent but higher number of primary teachers were found untrained in some of the selected tribal dominated district namely Sheopur (25.1%), Shivpuri (10.7%), Neemuch (11.1%), Raisen (17.2%), Jabalpur(13.9%) and Sidhi (16.9%). However, in case of others the proportion of untrained teachers was either at par with the state average or less; among upper primary teachers the proportion of untrained teachers was as high as 31 in comparison to 9.7 percent of the state average and a number of organisations namely Mamidipudi Venkatarangaiya Foundation, Microsoft- Project Shiksha, United Nations Children's Fund, Samavesh, Naandi Foundation, Madhya Pradesh Consultancy Organisation Limited and Pratham worked in partnership in the state to achieve the goals of SSA.

Recommendations: The study suggests enhancement of the role of SSA and PRIs; reforms in education programmes; exposure visit of the district and block level officials to other better managed States/UTs; strengthening of Management Information System (MIS), DIET, Janpad Shiksha Kendra, Jan Shikshan Kendras and Parent Teacher Association; transfer of teaching staffs to districts having shortage of teachers; strengthening of existing balwadis/anganwadis and construction of more such facilities within school premises; improvement of infrastructure in school buildings; development of a holistic programme for promoting meritorious girl child and reforming the education system to ensure quality early childhood education and full course of elementary education up to 16 years through a robust institutional system.

Keywords : 1.CHILD WELFARE 2.GIRL CHILD EDUCATION 3.RURAL EDUCATION 4.SCHOOL EDUCATION 5.QUALITY OF EDUCATION 6.EDUCATIONAL STATUS 7.MADHYA PRADESH 8.EDUCATION OF GIRL CHILD 9.GIRL ENROLMENT 10.RURAL SCHOOL 11.MADHYA PRADESH.

ICDS

13. Anchalik Samajik Samikshya Manch, Bolangir, Orissa (2007).
Report on gram sabha for social audit of ICDS programme in Ratakhandi gram panchayat of Loisingha block, Bolangir. Orissa: ASSM.

Background: The Integrated Child Development Services (ICDS) programme, launched in the year 1975, seeks to provide an integrated package of services in a convergent manner for the holistic development of the child. Though the Government of India has invested thousands of crores of rupees on the ICDS programme but the desired impact of the programme has yet not been achieved and a people's organisation named 'Anchalik Vikas Samiti' felt the need for a social audit to streamline the ICDS programme for the benefit of the larger community of the backward region of Orissa.

Objectives: The social audit aimed to make the system and the administration accountable to the people; enable the community members understand about the relevance of right to information; build confidence of the community members to break the culture of silence and raise questions; bridge the gaps between service delivery mechanism, service providers system and service recipients; capacitate people to play their role as real change actors instead of mere recipients of dispensed benefits and to streamline the transparency and public scrutiny system as a part of grass root democracy at all levels.

Methods: At the Gram Panchayat level a social audit manch or a samajik samiksha manch was formed consisting of 12 members from the following 12 villages namely Ratakhandi, Phalsamal, Dumerjharan, Dandapani, Banipali, Bianrpali, Babja, Bagdungri, Belpali, Badipali, Taljuri and Tabalbanji. Likewise, village level samajik samiksha manch were also formed with the same objectives as of the Gram Panchayat Level manch. The information regarding the delivery of the ICDS services was collected during the period April 2006 to March 2007 from anganwadi workers through various sources and it was further sorted, analysed, verified and shared with the villagers on 18 June 2007.

Findings: The anganwadi centres (AWCs) were not conveniently located for an easy access to the villagers and most were unaware about the ICDS services and guidelines; in three villages the guidelines for supplementary nutrition programme (SNP) were made public through wall painting; stock registers were not maintained in all the 12 AWCs; the process of appointment of the anganwadi worker (AWW) and anganwadi helper (AWH) was neither transparent nor done in consultation with the community members; none of the villagers were aware about the 'food committees' officially designated to monitor ICDS service delivery and functioning; the supervisors didn't visit AWCs to monitor the delivery of ICDS services; instead of being given to the ICDS beneficiaries the supplementary nutrition was being used to pay daily wages working for the AWW for their personal work; no supplementary nutrition was given to children of 3-6 years age in six villages namely Dumerjharan, Dandapani, Belpali, Badipali, Tabalbanji and Bianrpali; malnourished children were not properly identified and often didn't get proper referral support or nutrition, also those identified were not given double rations as per ICDS guidelines; distribution of take home rations (THR) was irregular; children and pregnant

women did not receive timely health checkup services and regular immunisation; the growth monitoring charts for children were not discussed or shown to the mothers; AWCs did not open regularly except one centre in Taljuri village; none of the adolescent girls or women received nutrition or health education and only one training programme was organised for adolescent girls in three centres at the gap of 3 years.

Conclusion: On 19 June 2007 the members of the Anchalik Vikash Samiti met the District Collector to share the findings of the Social Audit and after discussing the various dimensions and dynamics of the ICDS programme, a peoples-centric model of streamlining process was chalked out for effective implementation of the scheme.

Recommendations: The Anchalik Vikash Samiti Members were suggested for replication of the social audit to other food security and employment generating programmes like Public Distribution System (PDS) and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).

Key Words : 1.ICDS 2.EVALUATION OF ICDS 3.NUTRITION AND HEALTH STATUS
4.MONITORING 5.PRESCHOOL CHILDREN 6.SOCIAL AUDIT OF ICDS 7.PRESCHOOL
EDUCATION IN ICDS 8.BOLANGIR 9.ORISSA.

14. Dhuru, Arundhati. (2009).
ICDS in Uttar Pradesh : an abandoned vehicle : a report Integrated Child Development Scheme in U.P. based on a survey of 9 Districts. 15 p.

Background: Recognising the poor implementation of the ICDS programme in Uttar Pradesh (UP), a rapid assessment of the scheme was carried out in the state and the study was supported by CARE, UP.

Objectives: The study aimed to assess the performance of the ICDS project in the state; monitor the status of adherence/ violation of Supreme Court (SC) orders and directions with respect to ICDS; make recommendations to the state government for better implementation of ICDS with focus on serving of hot cooked meals in Anganwadi Centres (AWCs) and to understand the strategic role played by NGOs and technical experts which are working with the ICDS.

Methods: The study was carried out in nine districts of Uttar Pradesh and a total of 43 AWCs were visited in these districts during the period 18 May to 10 June.

Findings: Out of the 43 AWCs visited only six open for more than 20 days in a month, 24 open for about five days in a month and the remaining 13 AWCs did not open at all; the distribution of the supplementary nutrition by the AWCs was not satisfactory and even by the official records almost 40 percent children were outside the coverage of Supplementary Nutrition Programme (SNP); only four AWCs provided hot cooked meals for more than 15 days in a month, eight AWCs provided meals for 10 days, seven AWCs provided meals for less than 10 days and the remaining 24 AWCs did not provide hot cooked meal due to inadequate budgetary allocation, inefficient flow of funds, negligible role of mothers committee and non-availability of funds for utensils and cooking medium; the supplementary nutrition for children under three years of age and for pregnant and lactating mothers was given in the form of Take Home Rations (THR) once or twice a fortnight but was not found to be very effective due to poor quality of food, skewed distribution and absence of need-based allocation of food; none of the AWCs had a toilet facility of its own; altogether 14 AWCs had safe drinking water facility; only two AWCs had an anganwadi teacher to address the component of pre-school education; none of the AWCs had weighing machine to weigh children below three years of age and only nine centres had weighing machine for children between three to six years of age; none of the AWCs had a fully equipped medical kit and the health services provided were hampered by lack of coordination between the Auxiliary Nurse Midwife (ANM) and the Anganwadi Worker (AWW); in five out of the nine districts visited, AWWs were forced to procure the raw materials for hot cooked meals from shops recommended only either by the Supervisors or by the Child Development Project Officers (CDPOs); access to services by deprived communities like SCs/ STs was restricted if the AWC was located in a predominantly upper caste area and no record was found of coverage of disabled child under the ICDS programme.

Conclusion: The study presents a glimpse of the ICDS programme in UP and inspite of repeated orders of the SC, the state government continues to ignore this flagship programme meant for child nutrition and overall development

Recommendations: The study suggests launch of a special drive for total universal coverage of children under the ICDS programme; convenient access to the AWC or to a mini AWC by every household; opening of AWCs for atleast 300 days in a year; immediate implementation of the new cost and nutritional norms suggested by the GOI and the SC for supplementary nutrition; providing foodgrains for ICDS programme at BPL rates through panchayats; immediate introduction of hot cooked meals in all the AWCs of the state; planning of THR on the basis of locally procured food with help of the nutrition institutes; training of local SHGs for preparation of THRs; need-based supply of ready to eat and wearing food; proper infrastructure at every AWC for providing ICDS services; careful placement of AWWs/ supervisors to avoid their coming from a long distance; training of supervisors and CDPOs for proper supervision and follow-up; convergence between health and WCD Departments; establishment of Nutritional Rehabilitation Centres for severely malnourished children; introduction of anganwadi-cum-crèche on a pilot basis; placement of an independent monitoring and evaluation system by the state government and improving the working conditions of AWWs by recognising them as regular, skilled workers with higher wages and other facilities for consideration of both the central and the state government for successful implementation of the scheme.

Key Words: 1.ICDS 2.EVALUATION OF ICDS 3.ANGANWADI CENTER 4.HOT COOKED MEAL 5.NGO 6.SUPREME COURT 7.UTTAR PRADESH.

15. Dixit, Sanjay et al. (2010).
Evaluation of functioning of ICDS project areas under Indore and Ujjain divisions of the state of Madhya Pradesh. Indore: MGM Medical College.
5 p.

Background: The Integrated Child Development Services (ICDS) scheme is recognized worldwide as one of the most efficient community- based programmes promoting early childhood care. The scheme has been subjected to a number of evaluation and appraisals since its inception in order to optimise the services delivered.

Objectives: The study aimed to evaluate the functioning of the Anganwadi Centres (AWCs) under different project areas of Indore and Ujjain Divisions in the State of Madhya Pradesh.

Methods: Altogether nine ICDS project areas and 45 AWCs were evaluated from October 2008-June 2009. Stratified sampling was employed to select the project areas and the five AWCs under them which were visited on a monthly basis to review the services provided. Also, pre-designed questionnaires developed by NIPCCD were utilised for the survey.

Findings: Educationally, 12 AWWs were graduates, 23 had studied upto higher secondary, six up to secondary school, three till primary school and only one AWW was illiterate in the study sample; altogether 18 AWWs were employed for the last 1-5 years, 13 AWWs for 6-10 years and 24 AWWs for more than 10 years under the ICDS scheme; all the AWWs had received induction training, 36 AWWs had received job training and 28 AWWs had undergone atleast one refresher training course since being employed. However, training was found to be deficient in the two project areas namely Mhow (Urban) and Dewas (Urban) ; only two AWCs operated from pucca or semipucca buildings and 29 centres were operating from rented buildings; drinking water facilities were available at all the AWCs; proper toilet facility was absent at 13 AWCs; storage facility was lacking at 19 AWCs; only four AWCs provided both 'hot cooked food' and 'ready to eat food' as Supplementary Nutrition (SN) to its beneficiaries; standard measures for distributing SN were available at 40 AWCs; at none of the project areas SN was being provided as per the new revised rates under the 11 Five-Year Plan; inadequacy of utensils was found at 11 AWCs; shortage of SN to all the enrolled beneficiaries was found in almost all the centres; except for one centre in the Dewas (Rural) project area, the Salter Scale was available at all the AWCs and children were weighed on periodical basis; the plotting of growth curves on 'Mother and Child Protection' cards was inadequate at almost all the centres. Absence of routine health check up of beneficiaries, unavailability of medicine kits and lack of regular visits by the Auxiliary Nurse Midwives (ANMs) were observed at almost all the centers; referral slips were available at only 10 centres leading to problems while referring patients to health care settings; shortage of Pre-School Education (PSE) kits at 28 centres and Nutrition and Health Education (NHED) kits at 11 centres compromised the respective activities; local Self Help Groups (SHGs) were functional at 19 centres and the regular coordination meetings with ANM and Village Health Committees (VHCs) were conducted at 11 AWCs.

Conclusion: It was concluded that coordinated steps catering to different services provided at the centers were needed to optimise the functioning of ICDS scheme.

Recommendations: Key discussions from the study were that regular refresher training; evolving a package of coordinated and joint training programme for various health functionaries with provision of practical field-oriented training; functioning of AWCs through government buildings in the locality; formulation of guidelines for the type of buildings to be rented; provision to provide SN to all the beneficiaries at every center; initiation of formulating SN recipes after consultation with beneficiaries or local community leaders; adequate quality maintenance by regular monitoring of the food production and processing sites; provision of SNP according to the revised rates; training of AWWs to plot the growth curves; introduction of the new WHO growth standards; regular visit of the AWCs by the ANMs; availability of a doctor under each project area; regular supply of essential medicines and referral slips; formation of social networking groups and providing a comprehensive package of health services to the women and adolescent girls; streamlining PSE activities at the AWCs; regularly undertaking performance appraisals of the children attending AWCs and optimising the community participation is essential for improving the overall functioning of the scheme.

Key Words : 1.ICDS 2.EVALUATION OF ICDS 3.ANGANWADI CENTERS 4.ANGANWADI WORKERS 5.UJJAIN 6.INDORE 7.MADHYA PRADESH.

16. India, Planning Commission of India, New Delhi. (2011).
Evaluation report on Integrated Child Development Services. New Delhi: I-PC,
260 p.

Background: The Government of India launched Integrated Child Development Services (ICDS) in 1975 in recognition of the importance of early childhood care as the foundation of human development. An evaluation study was commissioned by the Programme Evaluation Organisation (PEO) of Planning Commission to look into the various transformations the programme has undergone in terms of scope, content and implementation.

Objectives: The study aimed to seek answers to a number of important process, outcome and impact-related questions identified by the Planning Commission in order to know the ground reality about the programme design, implementation process, outcome, impact and to assess the relevance of this programme in achieving its aims and objectives.

Methods: The secondary data was collected from the websites of MWCD and the required primary data through a sample survey covering 19,500 households, 3,000 community leaders and 1,500 Anganwadi Centres (AWCs) from 300 projects spread over 100 districts in 35 states and UTs.

Findings: The study revealed that AWC surveys cover about 62 percent of the estimated number of children reflecting a large survey gap in most States, except in Assam, Jharkhand, Karnataka, Kerala, Orissa and West Bengal; a majority of the AWCs had inadequate infrastructure for adequate delivery of the services; anganwadi workers are over burdened, underpaid and mostly unskilled which affects the implementation of the scheme; 49 percent of the size of the eligible group (as per census) are actually registered for ICDS benefits; at the national level, of those recorded in the delivery register for ICDS benefits, 64 percent received supplementary nutrition (SN), immunisation and other benefits, 12 percent received other benefits but not supplementary nutrition and 24 percent did not receive any benefits; against the norm of 25 days a month, on an average, the children received food for 16 days in a month; about 29.5 percent of the children on delivery register who did not get food cited supply side constraints like food was not distributed, food was not available for most of the days and AWC often remained closed; a little over 6.5 percent of the children did not avail themselves of the benefits of SN services due to AWC being far away, low food quality, loss of work, lack of time, not aware of services and because family didn't permit; the inter-state variations across both coverage and the frequency of supply was noticeable; around 78 percent of the women (pregnant and lactating) and 42 percent of adolescent girls recorded in the delivery register actually received benefits under SNP (not necessary for all 300 days and as per entitlement); on an average pregnant and lactating women received such support for 12 days and adolescent girls for 6 days a month against the stipulated norm of 25 days and thus the effective coverage rate worked out to be 37.56 percent and 10 percent respectively; around 18.4 percent pregnant and lactating women cited supply side constraints in availing themselves of the service while 3.3 percent did not access the service and only 26.83 percent of the beneficiaries were aware of their entitlements under supplementary nutrition programme; around 54.9 percent of the adolescents recorded in the delivery register did not

receive the support due to supply constraints while 3.5 percent did not receive the support due to demand-related reasons and only 26.8 percent of them were aware of their quantitative entitlement of food support and at the national level, 41 percent of children, 38 percent of women and 10 percent adolescent girls are estimated to have received supplementary nutrition in 2008-09.

Recommendations: The study suggested restructuring of ICDS for realisation of its potential and an assessment of time disposition of AWWs in order to understand the feasibility for them to satisfactorily carry out their AWC-related activities; an independent assessment of the infrastructural deficiency at AWCs needs to be undertaken for necessary corrective actions; convergence of complementary services; utilisation of the institution of Gram Sabhas to sensitise people about entitlement of food/medicine/other facilities, the rights of child and services available at AWCs; revision of per capita norms of financial allocation for the SNP every year is must in keeping with the rising food prices and restructuring of the existing mechanism of “flow of funds” and its use for providing supplementary nutrition.

Key Words : 1.ICDS 2.EVALUATION OF ICDS 3.MONITORING AND EVALUATION OF ICDS 4.EVALUATION OF ICDS 5.SUPPLEMENTARY NUTRITION 6.ANGANWADI WORKERS 7.IMPACT OF ICDS 8.DELIVERY OF ICDS SERVICE 9.NUTRITIONAL STATUS.

17. Rana, Kumar et al. (2009).
A Study on the delivery of ICDS in West Bengal : The Pratichi child report.
New Delhi : Pratichi India Trust. 100 p.

Background: According to the 2001 Census, children below six years of age in West Bengal formed 14 percent of the total population as against 16 percent for all-India. Proportions of 0-6 children among the disadvantaged groups namely, Muslims (19%), Scheduled Castes (15%) and Scheduled Tribes (17%) in West Bengal were higher than the state average. The socio-economic composition of children thus adds urgency to the necessity of proper implementation of ICDS (Integrated Child Development Services) programme, a massive intervention programme to combat nutrition deprivation among children under the age of six years. An in-depth study to assess the status of the ICDS programme in West Bengal was carried out by the research team of Pratichi (India) Trust.

Objectives: The study aimed to gauge the reach of the ICDS programme in West Bengal; assess the extent of delivery of various components of the ICDS programme – both in actual terms and as perceived by the stakeholders; assess the quality of services delivered; identify and analyse the constraints faced by the programme; assess the extent of public awareness and participation in the delivery and to understand the views of various constituencies (eg. parents, officials) on ways to improve the delivery of the programme.

Methods: The study was carried out in six districts of West Bengal namely Jalpaiguri, Dakshin Dinajpur, Murshidabad, Bardhaman, Bankura and South 24 Parganas. Altogether six rural projects, three urban projects, and five tribal projects were selected through stratified random sampling procedure. The data was collected through direct interviews of officials at different levels of implementation i.e. state, district and block level combined with structured questionnaire surveys of ICDS centres and households.

Findings: The study revealed that only 35 percent of the centres studied had their own buildings while the rest were operating from *Verandas* of primary schools or Sishu Siksha Kendras (SSK), temples or mosques, common places like *atchala* (thatch-covered, unwalled construction where village meetings are held) or simply under the trees; in most cases the programme was found to be limited to providing supplementary nutrition and pre-primary schooling only but even these two components excluded sections of children; about 50 percent mothers complained about the abysmally low quality of the food served in the centre, 28 percent mothers expressed resentment about the absence of the pre-school education and 91 percent mothers complained that they were never invited to meetings; about 46 percent mothers complained regarding absence of weighing of their children and 70 percent about no medicines being provided; the data of supply of rice and other ingredients collected from 10 of the 14 projects studied showed that all the projects barring one had suffered from inadequacy of supply vis-à-vis actual requirement; a general shortage of staff and their uneven distribution across the projects led to the overall poor functioning of the programme; the Anganwadi Workers (AWWs) and the Anganwadi Helpers (AWHs) were overburdened with multiple tasks and almost all of them complained of additional workload due to work regarding implementation of various government programmes such as sanitation campaign,

facilitation of self-help groups, collection of village level data, various public health related programmes etc.; lack of coordination was observed between various departments involved in the maternal and child health programmes; lack of Supervision of AWCs' was observed, only 29 percent centres were reportedly visited by Child Development Project Officers (CDPOs) in the year prior to the survey and 18 percent centres were not even visited by supervisors who were supposed to be the main link between the centres and the project; the AWWs and the AWHs complained of lack of training given to them to effectively deliver the range of services under the programme; although the willingness to take part in the delivery of the services by the village community in general and mothers in particular was observed to be very high and community ownership of the AWCs was also common but in practice the public participation in the ICDS programme was almost non-existent and only three percent mother were aware of any centre-specific committees; inspite of the appallingly poor quality of services in some of the AWCs, the poorer sections of the children were found to attend them on a regular basis as the food they got formed an important part of their daily intake. However, the children from relatively affluent families tend to abstain from the centres. Apart from nutritional intervention, mothers expressed strong preference for pre-school education of their children through the AWCs and wanted their children to be prepared for primary schools; and a positive effect on people's expectations regarding ICDS was observed, consequent upon the successful launch of the Mid-Day Meal (MDM) programme with increased emphasis and budgetary allocation and proper implementation on ground.

Conclusion: The ICDS programme in West Bengal could make a huge difference in terms of wellbeing of the society in general and the children in particular by overcoming the shortcomings identified in the study by making the working of ICDS more efficient, more equitable, more humane and by better integration the programme with the human resources that the village communities have.

Key Words : 1.ICDS 2.DELIVERY OF ICDS SERVICE 3.EVALUATING ICDS 4.ANGANWADI WORKERS 5.ICDS FUNCTIONARIES 6.ICDS IN WEST BENGAL.

18. Ranjan, Ashish, Swami, Kamayani and Vardhan, Vibhore. (2011).
ICDS social audit report : GP Pachira, block Raniganj, District Araria. Patna.
20 p.

Background: A Social Audit (SA) of the Integrated Child Development Services (ICDS) Scheme was organized in partnership with several people's organisations, NGOs and civil society groups, in Pachira Panchayat (block Raniganj) of Araria district, Bihar between 28 May and 2 June 2011.

Objectives: The SA aimed to monitor the implementation of ICDS programme in the district.

Methods: An eight member SA team along with the local volunteers from Pachira gram panchayat visited nine Anganwadi Centres (AWCs) and interviewed eight sevikas, 543 beneficiaries and their family members in case the beneficiary was a child. The ICDS public hearing was held on 2 June 2011 at the Idgaah Maidan, Pachira.

Findings: The SA revealed that only three AWCs had a pucca building and the rest were temporary bamboo structures made on hired land; only one AWC had a functional toilet facility; none of the AWCs had their own handpump for drinking water; in almost 50 percent AWCs weighing machines were not functional and three AWCs were not provided with utensils for serving or cooking food; the sevikas had to select only 99 beneficiaries from all the categories out of the total population of 1000 they surveyed; sevikas were not given their honorarium for the last six months or more; sevikas had not been given rent of the AWCs for the last four months. Major irregularities were reported regarding the distribution of Take Home Ration (THR) such as receiving less THR by the beneficiaries than the recorded value, altogether 43 percent beneficiaries were not given any THR as against the entries shown in the register, on an average 83.9 percent THR was embezzled at the AWCs and did not reach the beneficiaries, a few complaints were regarding the quality of THR, and the scale used for measuring and distributing THR varied across the AWCs; sevikas resorted to changing beneficiaries every month in order to avoid the pressure of selecting only 40 THR beneficiaries from a much larger population; many parents were unaware regarding their entitlement of Rs 250 for their children's uniform and instead of cash some were given one or two pairs of low quality stitched uniform; the AWCs remained closed for 15 days in a month and children didn't get any food during these days; the food cooked was of poor quality as the recommended ingredients were not being used for the preparation; often the hot cooked meal was replaced by cheaper substitutes like biscuit and toffee; the recommended menu was not being followed and everyday khichdi was being cooked; there were hardly any toys and learning aids at most of the AWCs and the parents were not satisfied with children's learning at the centres; most of the parents were unaware of their children's malnutrition grade; one of the Auxiliary Nurse Midwife (ANM) charged Rs 5 for the immunization card; the panchayat residents were not aware of the existing 'Poshahar Kriyanvayam Samiti' and a day prior to the SA the sevikas of AWCs had told the beneficiaries to report of receiving full THR all the time.

Recommendations: The SA suggests taking concrete efforts towards improving the infrastructure of AWCs; payment of pending honorarium of all the AWWs; pending

reimbursement of centre rent; immediate revision of rates of rice and dal; replacement of all 'poshahar kriyanvayan samitis' by new committees; formation of 'Nigrani Committee' at each AWC, as per the provision of the Bihar Panchayati Raj Act; giving notices to the functionaries of ICDS programme for accepting money for immunisation, gross negligence of duty, not visiting centres monthly and for failure to control irregularities at the centre; recovery of Rs 150 per beneficiary from each AWC and redistribution of the same to beneficiaries through their postal bank accounts for buying children's uniform and an overall improvement in the implementation of the ICDS programme in the Araria district.

Key Words : 1.ICDS 2.EVALUATION OF ICDS 3.SOCIAL AUDIT OF ICDS 4.ANGANWADI WORKERS 5.MIDDAY MEAL 6.PRESCHOOL 7.HEALTH AND NUTRITION 8.COMMUNITY PARTICIPATION 9.ARARIA 10.BIHAR

19. Venugopal, K.R. (2009).
Report of the social audit of the ICDS programme in the district of Anantpur in the state of Andhra Pradesh. Hyderabad : National Human Rights Commission.158 p.

Background: The United Nations Universal Declaration of Human Rights 1948 proclaims in Article 25 that motherhood and childhood are entitled to special care and assistance. The proposal as formulated on the Social Audit should look for in the ICDS programme as implemented in Anantapur district by the Social Audit team.

Methods: The Social Audit team should consist of 10 members.

Findings & Conclusions: Children need stimulation from the time they are born and appropriate nutrition complementary to mother's milk after they are six months old. The children below three should be taken to the Anganwadi Centre (AWC) only once in a while for weighing and receiving "take home" supplementary food has, therefore limited validity; in Brahmapalli Tanda of Ramanepalli Gram Panchayat in Belugoppa Mandal, two children who are three months old had not received BCG though they had both received one dose of DPT of the two pregnant women, T.T. had not been received by one of them who was nine months pregnant, in Ervadoddi village the Social Audit found that the ANM visited only once a month, in Brahmapalli Tanda two children who were three months old had not received BCG because the ANM visited the village only once in three months. In Dhonnikota AWC-I, children who had not received immunisation were shown as having immunised; in Kalasamudram two pregnant women and one nursing mother were found not registered for supplementary nutrition, in Dhonnikota the target groups depend in a big way on the supplementary nutrition supplied at the AWC at Brahmapalli Tanda the new type of Ready to Cook Mixes were being supplied under SNP which the Government has recently introduced and found to be popular among pregnant women; no one was responsible to supply IFA tablets to the target groups, IFA tablets were not distributed over long periods in Dhonnikota because the Government failed to supply them to the AWC, the position of near total failure in regard to all aspects obtained in Pemanakuntapalli Tanda as well, including the Government's failure to supply vitamin – A, IFA tablets and medicines to the AWC; an AWW should open and close the AWC on time, and Anganwadi Centre should adhere to the time allotted for health, nutrition and education activities in (75%) out of 154 Anganwadi centres it was reported that children were not attending pre-school regularly and the reasons were ill health absence of regarding in providing supplementary Nutrition; absence of interest on the part of the Anganwadi workers in this work and taking the children to the fields where they work for their livelihood.

Key Words : 1.ICDS 2.EVALUATION OF ICDS 3.SOCIAL AUDIT OF ICDS 4.EARLY CHILDHOOD EDUCATION 5.TRAINING OF ICDS FUNCTIONARIES 6.ANGANWADI WORKERS 7.ANANTAPUR 8.ANDHRA PRADESH.

Nutritional Status

20. Hasan, Izharul et al. (2011).
Assessment of nutritional status of the children of Government Urdu Higher Primary Schools of Azad Nagar and its surrounding areas of Bangalore. Bangalore: National Institute of Unani Medicine, Dept of Preventive and Social Medicine. 10 p.

Background: Children are the future of the country. In India, children under 15 years of age constitute about 40 percent of the population school children constitute a large pool of children of this age. Malnutrition causes a great deal of physical and emotional suffering and it is a violation of a Child's human rights; malnutrition substantially rises the risk of infant and child deaths, and increases vulnerability to a variety of diseases in later life.

Objectives: To assess the nutritional status, anthropometric indices, and to make early diagnosis of nutritional deficiency of government under higher primary school children in Azad Nagar and its surrounding areas.

Methods: The study was conducted in government urdu higher primary schools of Azad Nagar and its adjacent area in Bangalore. Total strength of children in the school was 700, children between 5-14 years of age were selected for the study. 500 children between 5-14 years of age were found in three schools.

Findings: Out of 500 children 52 (10.40%) children were belonging to 5+ age group, 63 (12.60%) were belonging to 6+ age group, 87 (17.40%) were belonging to 13+ age group and 50 (10.00%) were belonging to 14 years of age group; 59.80 percent were boys and 40.20 percent were girls; the ratio of girls and boys was 1:1.49; 14.60 percent children were Hindu and 85.40 percent were Muslim; the area of study was muslim dominated and schools were urdu medium; 55.40 percent children were belonging to nuclear family; 14.60 percent children had their mother education upto High school; 11.60 percent had their fathers education upto Intermediate; the number of children who had illiterate mother was more as compared to children having illiterate fathers; 44.80 percent children had occupationally skilled father; 5.60 percent were having occupationally unemployed father; 6.20 percent children had occupationally skilled mothers; 15.80 percent had occupationally semi skilled mothers; the unemployment was more frequent in mothers in comparison to fathers of the children; 8.40 percent children were belonging to upper middle class; 47.60 percent children were belonging to lower middle class; overall prevalence of under-weight in the studied school children was 58.20 percent; prevalence of under-weight in boys was 65.55 percent and in girls it was 47.26 percent; overall prevalence of malnutrition was 52.00 percent; prevalence of malnutrition in boys was 53.85 percent among girls it was 49.25 percent; boys suffered more from malnutrition than girls in early age group this was due to high frequency of early age group pediatric diseases in boys than girls; 48 percent children had normal nutritional status; 21.60 percent had grade I malnutrition status; 26.60 percent children had grade II malnutrition and 3.80 percent children had grade III malnutrition status; grade IV malnutrition status was not

seen in any child; among boys 46.15 percent had normal nutritional status; among girls 50.75 percent had normal nutritional status; overall prevalence of stunting in the school children was 40.11 percent; prevalence of stunting in boys was 41.47 percent while in girls it was 38.81 percent; prevalence of stunting was more in boys as compared to girls this was due to improper dietary habits, lack of knowledge of balanced diet in boys and their parents.

Recommendation: The study recommends that Health education, personal hygiene education, nutrition education should be made as part of the school curriculum apart from the regular educational activities in the community; improvement of home hygiene and health services; better school health services may be planned periodically for the school children; creation of facilities for improving economic status of the population in the study area.

Key Words : 1.NUTRITION 2.NUTRITIONAL STATUS PRESCHOOL CHILDREN 3.ASSESSMENT 4.SCHOOL CHILDREN 5.NUTRITION EDUCATION 6.BANGALORE.

B. Research Abstracts on Child Protection

Child Labour

21. Jeyarathnam, M. (2011).
Rehabilitation of child labour - a Study in special schools. Coimbatore :
Bharathiar Univ., Department of Women's Studies. 43 p.

Background: One third of the world population comprises of children. The problem of child labour is international and child labour is a socio-economic phenomenon arising out of poverty and lack of development. It is common in India to see the child labour in farms, households or industries. Despite a stringent legislation against child labour, children continue to be engaged in significant numbers in hazardous and nonhazardous sectors.

Objectives: To study the socio economic profile of respondents; to study their profile as child workers and the conditions under which they worked; to study their opinion about special school timing, teaching methods adopted and possible rehabilitation measures.

Methods: There were 21 special schools operating in Coimbatore and Tirupur districts. The present students and those who completed the special school education constitute the respondents of the study. The special school children were individually contacted and the interview schedule was translated into Tamil for the data collection.

Findings: About 62 percent of the respondents worked as child labour before joining special schools; 38 percent were school dropouts; 97 respondents are 9 year old, 121 respondents are 10 year old; 67 percent of the respondents are in the age of 9, 10, 13 and 14 years; 54.5 percent of the respondents are male; 45.5 percent of respondents are female; 86.6 percent of the respondents lived in nuclear family; 59.2 percent respondents belong to Coimbatore , 25.9 percent to Tirupur; 85 respondents do not have their father living and 71 respondents mothers had passed away; the death of parents was a contributory factor for poverty, school dropout and child labour for many respondents; 83.6 percent respondents live in houses which consist of single room; 86.8 percent respondents do not have toilet facility at home; 68.8 percent of the respondents families rely on kerosene as cooking fuel; 30.5 percent respondents worked in textile mill and paper mill as helpers; 10.8 percent were beggars; 12.7 percent were street vendors; 20 percent were involved in hazardous jobs in stone quarry, civil construction and errand work with dangerous machines in textile mills and paper mills; the main reasons for child labour were poverty (51.8%) and parents compulsion (40%); 90 percent of the respondents worked for more than four hours per day; 20 percent of the respondents worked for more than eight hours per day; 49.1 percent respondents got daily wage of Rs. 100; 49.7 percent respondents received wages per week; 41.1 percent received wages daily; 96.8 percent respondents were enrolled in regular school; 18.9 percent have studied up to 5th standard and 16.1 percent have studied up to 3rd standard; 69.1 percent of respondents attributed poverty as cause of discontinuing from regular school; 34 respondents have

completed special school education and have gone for higher education; 21 percent of the respondents were studying in 5th standard; 17.2 percent in 8th standard; 97.6 percent agreed that they are regular to the special schools; 2.4 percent of the respondents are irregular to special schools; 99.1 percent of the respondents observed that from 9.30 am – 4 pm is very convenient time for them to attend special school; 99.6 percent of respondents evinced keen interest in acquiring formal education; four percent were interested in opting for job; 77.3 percent of the respondents asked for financial support for their higher studies; 22.7 percent had keen ambition to get good jobs.

Conclusions: The functioning and responses to special school children show that the special schools provide a suitable atmosphere for child labour and school dropout to learn and continue with their formal education. It proves to be an effective measure for eradication of child labour.

Key Words : 1.CHILD LABOUR 2.SPECIAL SCHOOLS 3.REHABILITATION 4.CHILD PROTECTION 5.VOCATIONAL SKILLS 6.REHABILITATION 7.MID DAY MEAL 8.STIPEND 9.EDUCATION 10.TEACHING METHODS 11.NATIONAL CHILD LABOUR PROJECT (NCLP).

22. Pradhan, Nityananda et al. (2006).
Perspectives of child labour in Koraput district and related issues in education at primary stage : a case study. Koraput : Society for Promoting Rural Education and Development (Spread). 40 p.

Background: Child labour is a global phenomenon. Its magnitude and dimensions, vary widely from country to country. India possesses the largest child labour force in the world despite various measures undertaken by the government and non-governmental agencies to tackle this issue.

Objectives: To assess the incidence of child labour in the study area; to check the factors responsible for child labour among vulnerable groups such as girls and children belonging to SC and ST categories; to suggest measure to motivate children and their parents against child labour; to examine the provisions, particularly educational provisions under National Child Labour Project (NCLP) for the elimination of child labour; to examine the issues associated with implementation of NCLP in the study area.

Methods: A comprehensive survey of child labour was done in the district of Koraput, Orissa. The sample for the study consisted of child workers representing major variables such as sex (boys and girls), caste/tribes (SC and ST), parents of child workers; teachers of special schools for child labour and NCLP functionaries.

Findings: The district bears 12,558 child labourers both in hazardous and nonhazardous occupation, out of which 6,440 are girls; two, out of 20 special schools for child labour in the study area were selected for case study by employing purposive sampling technique so as to represent ideal cases, typical cases and extreme cases; most of the inhabitants of these habitations are daily wage labourers and work mostly in Jeypore town; women and girls work as maid servants or as daily wage labourers in road and building construction sector; the school has a student enrolment of 50 as sanctioned by NCLP, Koraput; there are three teachers in the school including one vocational teacher; none of the teachers have reported to have undergone training in pedagogy; the school does not possess the essential teaching learning materials; students were provided with quality mid day meals; the students often cook food by themselves; most of the students were found without school uniform as the supplies do not fit them; all the students, however, have been supplied with adequate reading-writing materials and text books; the major strength of the school seems to be the commitment of the teachers to profession; the special school for child labour, Dongaguda is functioning in another habitation, namely Hatapada; the school functions in a nice pucca building with five rooms of different size; there are separate rooms for vocational training, dinning and kitchen; the students mainly belong to SC community with equal proportion of boys and girls; most of the students have been brought from brick factories, cashew-nut de-scaling and processing factories; there are three teachers in the school, the school does not have the essential Teaching-Learning materials; the school maintains the records/register for students/teachers/visitors the school provides uniform and mid day meal; the special schools for child labour follow the curriculum developed by the State Institute of Labour, Orissa; the syllabus published by the State Institute of Labour recommends two types of course; two

structures and three structures; a student after completion of education in a special school for child labour is eligible to take admission in class – VI of a formal school; there was a provision of regular monitoring and supervision of special schools by the Project Director; schools were supervised by the members of the respective monitoring committee at regular intervals; schools as practice, conducted written examinations at the end of each semester.

Recommendations: Teachers should be aware of the incidence of child labour in the locality; they should also be aware of the laws/act prohibiting child labour; record of child labourers working in hazardous and non-hazardous sectors to be maintained; curriculum designers should prepare activity based curriculum; more emphasis on vocational activities should be laid; scope for continuous and comprehensive evaluation to be made; issues of child labourers to be reflected in text books; supervision of special schools to be done regularly; freedom to be provided to teachers in the preparation of teaching-learning materials; non-governmental organisations to keep record of incidence of child labour in the locality.

Key Words: 1.CHILD LABOUR 2.CASE STUDY 3.CHILD PROTECTION 5.NATIONAL CHILD LABOUR PROJECT 6.ELIMINATION CHILD LABOUR 7.CHILD LABOUR SC/ST 8.CHILD LABOUR EDUCATION 9.CASE STUDY 10.KORAPUT 11.ORISSA.

Children in Conflict with Law

23. Kalnoor, Yallaling and Malipatil, K.S. (2009).
A Study on the psycho-familial problems of delinquent children. Gulbarga: Univ
of Gulbarga, Department of Social Work. 4 p.

Background: The juvenile delinquents represent a severely traumatised population, mainly due to high levels of exposure to violence. Many delinquent children of psychiatrically impaired and criminal parents had remarkably adverse health histories.

Objectives: To analyse the records of juvenile delinquents with regard to their familial problems and alcohol abuse; organic brain dysfunctions, and psychological disorders.

Methods: The study was conducted in Juvenile Justice Bureau (JJB) and Observation Home in Gulbarga District of Karnataka state. The sample consisted of 91 male pupils aged 11-16.

Findings: The findings brought out that delinquent juveniles showed a high rate of psychological disorders; social phobia was most frequent in lower age group; alcohol dependence was seen in many children; emotionally unstable personality disorder was seen in lower age group; 40 percent of the subjects showed signs of organic brain dysfunctions, sleep walking and sleep talking; aggressive behaviour was common, in lower age group; 39.6 percent of the boys had run away from their home and were skipping school frequently; school performance was poor in most subjects; most of the subjects were enrolled in primary school at age seven; no additional measures were taken in order to compensate for the children's deficits at the age of 14-16 years; 91.2 percent displayed addictive behaviour; attention deficit by hyper activity was seen in 65.9 percent, 21 percent showed signs of hypererethism; 39.5 percent were demonstrative runaways.

Recommendations: The study recommends that the need for a revision and an expansion of the indications for training at specialised schools should be done. Additional jobs should be created for psychiatrists, alcohol and substance abuse experts, psychologists, psychotherapists and social workers.

Key Words : 1.DELINQUENT 2.DELINQUENT CHILDREN 3.CHILDREN IN CONFLICT WITH LAW 4.CHILDREN IN DIFFICULT CIRCUMSTANCES 5.JUVENILE DELINQUENTS 6.PSYCHO SOCIAL PROBLEMS 7.DRUG ABUSE 8.PSYCHOLOGICAL DISORDER 9.BEHAVIOR PROBLEMS 10.CHILD PROTECTION.

Children in Need of Care and Protection

24. Suresh, Lal B.

An Empirical study on child ragpickers in Warangal City, Andhra Pradesh. Warangal: Kakatiya University, Department of Economics. 8 p.

Background: Child labour is a global phenomenon. It exists both in the developing and the developed countries, though with a difference in cause and magnitude. Among various causes of child labour, unemployment, poverty and indebtedness of the households are the most important.

Objectives: To analyse the socio-economic conditions of child rag pickers; to estimate their earning patterns; to examine their consumption patterns; to examine the effects of environment on their health condition; to identify the factors responsible for poor conditions of the child rag pickers; to identify their problems at work.

Methods: About 150 rag pickers were selected randomly from different parts of Warangal city in Andhra Pradesh for purpose of collecting data.

Findings: Findings of the study indicate that majority of the child rag pickers are male; belong to age group of 11-20 years; 66 percent of the rag pickers were illiterates; 68 percent of the rag pickers belonged to schedule caste, 20 percent belonged to schedule tribe and 12 percent belonged to backward class; majority of the rag pickers were from total areas of the same district; other rag pickers came from the urban areas of neighbouring districts like Khamman, Malgonda; majority of the child rag pickers belonged to nuclear family; children of bigger families were forced more to go in for rag picking; 73 percent of the rag pickers used to stay at railway station or near to bus stations; 58 percent of them had taken to rag picking for last five years; illiteracy, poverty, indebtedness, other economic factors are main reasons for their rag picking; 97 percent of them were earning below Rs. 1200 per month; while the highest and lowest earnings were Rs. 1600 and Rs. 400; 80 percent of the child rag pickers, families are still having huge debts, source of debt being money lenders; majority of child rag pickers go for collection of garbage on foot, 90 percent of the respondents face different problems at the time of rag picking and they suffer from infections and ill health; 70 percent of the rag pickers were not getting reasonable price from the garbage buyers; majority of child rag pickers are having bad habits such as consumption of alcohol, tobacco and gutka in various forms while some have tendency of homosexuality; majority of the rag pickers do not purchase significant consumer durable items; majority of child rag pickers spend money on consumable and unproductive items, such as beedi, wines, tobacco and cinema.

Conclusion: The problem of child rag pickers has to be addressed from all angles. First one is the attitudinal change of the society. Street children represent the end point of a complex set of factors, which require a multitude of resources and efforts to address the problem. Policy makers, industry, society need to view the street children with compassion and sensitivity.

Recommendations: The study recommends that concentrated and specific efforts needs to be taken up by NGOs, philanthropists and the Government; provision of providing counselling to the children; setting up of training centers, providing non formal education to the children; teaching the children marketable and useful skills which can help them in earning their livelihood at later stages.

Key Words : 1.CHILD LABOUR 2.RAGPICKER 3.CHILDREN IN DIFFICULT CIRCUMSTANCES 4.SOCIO-ECONOMIC CONDITION 5.CHILD PROTECTION 6.STREET CHILDREN 7.CHILD RAGPICKER 8.SOCIAL PROBLEM 9.SUBSTANCE ABUSE 10.WARANGAL 11.ANDHRA PRADESH.

25. Aggarwal, Honey (2009).

Social deviance among street children in metropolitan city of Delhi. New Delhi: Lok Nayak Jayaprakash Narayan National Institute of Criminology and Forensic Sciences. 19 p.

Background: The problem of street children is a global one which concerns all sections of the society. The fast rate of urbanisation being followed by industrialisation has led to rapid growth of the number of houseless population living on the pavements, railway platforms, public parks. Growing incidents of broken homes and child abuse have got a close linkage with the menace of street children.

Objectives: To study socio-economic background of the families of street children; to ascertain their present socio-economic status on the street; to explore the sources through which they raise their livelihood; to reveal the extent and forms of social deviance prevalent among the street children; to suggest ways and means in order to bring them back into the main stream of social life as useful and productive citizen.

Methods: The study was conducted in Seelampur, Geeta Colony and Rohini (Kali Mandir) in Delhi. A total sample size of 60 street children were selected for the study.

Findings: The study showed that 49 percent respondents were Muslims and 28 percent were Hindus; 64 percent of the street children were illiterate; 49 percent of the street children cited financial reason for being illiterate; 23 percent were illiterate due to parental pressure for employment; 28 percent were found who had no interest in the studies; 38 percent were engaged in stealing; 32 percent were in misappropriation of parental money; this shows that they were engaged in money oriented activities due to poverty; 65 percent of the respondents were found unhappy and had not compatibility at their home; 23 percent did not show any emotion for their home; 12 percent were found to be happy at home; 50 percent of the respondents were found involved in highly anti social activities, drug addiction etc; 23 percent were found in pick pocketing ; 22 percent were found engaged in gambling and five percent were found involved in smuggling; 38 percent of the respondents live on the pavements; 29 percent of the respondents parents were working as daily wage workers; 28 percent respondents parents were working as household workers; five percent respondents parents were unemployed; 88 percent respondents said that their fathers were alcoholic; 35 percent of them were living on the street for last 6 months; 28 percent were living for last two years and above; 38 percent respondents were self employed and 62 percent were not employed; 37 percent self employed respondents were found as rag pickers; 22 percent repaired cycle/scooters; 18 percent were domestic servants; 15 percent were beggars; 49 percent respondents found their employers emotionless and professional; 38 percent respondents were found working for about 9-12 hrs ; 32 percent were found in the range of working between 3-6 hrs ; this showed that for the survival sometimes children used to work for 12 hrs or above; 80 percent of the respondents lived on the open pavement; five percent respondents had meal once a day; 60 percent had twice a day and 35 percent had meal thrice a day; 52 percent were satisfied with the basic amenities; 72 percent were unhappy with the behaviour

by the private doctors towards them; majority of the respondents visited government hospital due to poverty; majority of the respondents have never been to jail; 42 percent of the respondents were involved in drug and liquor peddling; 18 percent were involved in gambling.

Recommendations: The study recommends that the mode of handling of the police should be kind; mobile health teams should make regular visit to areas where the working and street children are heavily concentrated; numerous centers should be set up where street children can learn and earn simultaneously and the concept of free education should be implemented properly.

Key Words : 1.DESTITUTE 2.STREET CHILDREN 3.CHILDREN IN DIFFICULT CIRCUMSTANCES 4.DEVIANCE BEHAVIOR 5.NEGLECTED CHILDREN 6.CHILD PROTECTION 7.CRIMINAL BEHAVIOR 8.SITUATION OF CHILDREN SOCIO-ECONOMIC STATUS 9.LIVELIHOOD 10.METROPOLITAN CITY 11.DELHI.

26. Chakraborty, Barsha (2010).

Runaway children : a criminological study at Sealdah railway station region, Kolkata. New Delhi : Lok Nayak Jayaprakash Narayan National Institute of Criminology and Forensic Sciences. 11 p.

Background: The present research has been conducted on those children who have run away from home and are living on the railway platform. These children fall in to the category of street living children.

Objectives: To understand the causes of runaway; to study the activities of runaway children; to explore the exposure to victimization (drug addiction, abuse) of the runaway children; to examine the role of police and NGOs in handling the issues of runaway children; to suggest different measures to prevent and highlight the needs of runaway children.

Methods: The study was conducted at Sealdah Railway Station, Kolkata. About 50 samples were taken to conduct the study. These samples were divided into three categories. runaway children (30 <15 girls and 15 boys ; government enforcements CRPF/ GRPF [10]; NGOS (CINI ASHA) [10].

Findings: About 70 percent of children were in the age group of 8-14 years; 30 percent of the total kids reported that the solo reason of their running is quarrel between their parents; 30 percent reported various reasons like fear of physical or sexual threats, fear of withdrawal of emotional and monetary support for wrong doings, and to accompany a friend in distress; 40 percent kids said it was due to drug addiction, delinquent behaviour, death of both parents or one made them running away from the house; about 35 percent to 55 percent girls were involved in prostitution; 90 percent of the girls were found to be sexually harassed by the senior addicts in the station area; 43.3 percent children were involved in selling newspapers, flowers, water in platform or platform connected area; 23.3 percent children were involved in rag picking and 13.3 percent were involved in cleaning car and selling vegetables; 16.6 percent were involved in food stalls; 3.3 percent of the children were engaged as coolie; 66.8 percent children were involved in drug addiction; 90 percent of the kids have reported that they are often harassed by the police, kids reported that police used to torture them physically; there was no police involvement in prevention and rehabilitation of runaways; there is no Special Juvenile Police Unit (SJPU) in West Bengal.

Conclusion: There is total negligence by the society about this issue. Children are the future of our country and we need to protect them. Attitude of the society needs to be changed so that children get their rights. Rehabilitation of children found in railway platforms is must. There is a need for institutions that provide shelter, education and skill training for such children.

Recommendations: Parents should be oriented so that they can behave in a child friend way, more studies and survey should be done on this problem, it will help to highlight the issue and will make the issue more prominent; existence of Special Juvenile Police Unit is very important in handling the case of runaway children; NGO workers should interact with the kids and make them motivated enough to join the educational programme; HIV/AIDS control programme

should be held, as such children are found involved in immature sexual activity in young age; provision of half way homes , medical support and vocational training should be made for these children .

Key Words : 1.DESTITUTE 2.STREET CHILDREN 3.CHILDREN IN NEED OF CARE AND PROTECTION 4.RUNAWAY CHILDREN 5.CHILD PROTECTION 6.ADOLESCENCE 7.DRUG ADDICTION 8.DRUG ABUSE 9.CHILDREN IN DIFFICULT CIRCUMSTANCES 10.ROLE OF POLICE.

27. George, Alex et al. (2011).
Surviving the streets: a census of street children in Delhi. New Delhi: Institute for Human Development. 84 p.

Background: Existence of a street population is an outcome of urban planning's inability to accommodate the rapid inflow of people into a city. Governments and NGOs, have initiated a lot of efforts at the policy and programme levels to alleviate the plight of street children. Street children fall into three categories: first those children who have run away from their families and live alone on the streets. Second are street working children who spend most of their time on the streets fending for themselves. Third is children from street families who live on the street with their family.

Objectives: To estimate the total number of street children in Delhi; to bring about an understanding of the socio-economic and related conditions of street children; to generate district-wise information on the concentration of street children; to profile the type of street children in terms of age, gender, education, religion, social class, occupation, night shelter and link with family; to provide details on the mobility patterns.

Methods: The entire Delhi state which is also known as NCT Delhi was the field of the study. This included the city of Delhi and New Delhi. The sample study consisted of 1,009 children.

Findings: About 50,923 children below 18 years of age were identified as street children in Delhi; North Delhi district had the highest concentration of street children at 10,091 and south west Delhi concentrated of 2,396 children; out of 50,923 street children about 1,009 children were selected for the study; 36.03 percent belonged to the category of children from street families; children who work on the streets constitute 29.05 percent; street children constituted of 27.91 percent ; 20.5 percent of the street children were girls; 61 percent belonged to the 7-14 years age group; 36 percent belonged to Other Backward Castes; 50.5 percent of the street children were not literate, 23 percent had received some form of non-formal education; 20.3 percent of the street children were involved in rag picking; 15 percent were involved in begging; 12.19 percent worked at road side stalls or repair shops; 34 percent of the children were on street due to poverty and hunger; 30 percent were on the street in search of jobs; 17.7 percent children were sent by their parents; nine percent were on the street after running away from home; 39 percent of the street children slept in slums; four percent slept in shelters provided by NGOs; 63 percent of the street children stayed with family members; 92 percent of the street children knew about their families and also where they hailed from; 70 percent of the street children had families in Delhi; 88.5 percent of the children who had left their homes had contact with their families; 57.1 percent visited their homes periodically; Ten percent were cut off from their families and were absolute street dwellers; 87 percent were involved in some income generation activity; 49 percent of their total income was given to their parents; 22 percent of the street children said they used drugs, tobacco, pan masala etc; about 50 percent were daily consumers; 64.2 percent of the children demanded some kind of skill training; 43.7 percent wanted school education; 44.6 percent said that they had approached a private nursing home/clinic for treatment; 87 percent of the street children paid for accessing toilet facilities in Delhi; 60 percent of the street children had some disability; 50 percent of the boys

had been beaten up or were physically abused; 30 percent were aware of existing programmes, support or help; 15 percent had received some kind of support; 19.2 percent of the children had some kind of identity proof issued by agencies/NGOs; Delhi's street children were found to be mobile and nearly 20 of them had shifted at least once in the month prior to the survey; only a few children said that they would prefer to go back to their place of origin; 46.2 percent preferred to continue living in Delhi.

Recommendations: A programme focusing on re-uniting street children with their families should be adopted; children should be facilitated in getting identity proof, which the government accepts as an entitlement document and enables them to get admitted in schools; increase the number of shelters, not only night but also day shelters for street children; interventions are needed in rural areas to reduce migration of young children from rural to urban areas; employment possibilities for adults should be increased dramatically in those rural areas from which large scale out migration is taking place; appropriate services with doctors; counsellors and social workers should be provided to the street children.

Key Words : 1.DESTITUTE 2.STREET CHILDREN 3.CHILDREN IN NEED OF CARE AND PROTECTION 4.STREET AND WORKING CHILDREN 5.CHILD PROTECTION 6.STREET CHILDREN CENSUS 7.SITUATION OF STREET CHILDREN 8.CENSUS STREET CHILDREN 9.SOCIO-ECONOMIC CONDITION 10.DELHI.

28. Srinivasan, M. (2008).

Deviant behavior of children : a study among the street children in the state of Tamil Nadu. Chennai: Madras Univ., Department of Criminology. 13 p.

Background: Millions of children live on streets with the sky as their roof. They are nameless, faceless unfortunate children who are neglected, isolated and exploited by the society because their situation puts them in a very vulnerable position. They are not only exposed to abuse and exploitation but their probability of indulging in deviant behaviour is high due to lack of care and protection.

Objectives: To understand the personal background of the street children; to find out the causative factors for find out the habits of the street children including smoking, homosexuality, abuse of drugs and so on; and to find out the deviant behaviour (theft, violent behaviour etc.) of the street children.

Methods: A study was undertaken among the street children in six Municipal Corporation areas of Tamil Nadu, namely, Chennai, Coimbatore, Madurai, Salem, Trichy and Tirunelveli. A total of 4211 street children were part of the present research.

Findings: The study indicates that 48.90 percent children were in the age group of 11-15 years; 75 percent were males; 79.93 percent of street children belonged to the Hindu religion; 50 percent belonged to the SC/ST community; 40 percent of the street children had constant contact with their family; 25.31 percent had no contact with their family; 2.37 percent of the samples were orphans/destitute; 50 out of 4211 children had hearing disabilities; 60 percent of the street children stayed on roads; 11 percent of street children reported that their place of stay at nights was railway stations; about 1.4 percent of the street children utilise shelter homes to stay at nights; 57 percent said the reason for being on the street was poverty; 22.6 percent of the street children attributed broken homes as the reason for them being on the streets; around 50 percent of the sample said that they go for cinemas more frequently; 36.8 percent of the street children had the habit of smoking; 40 percent of the fathers of the street children had the habit of smoking and consumption of alcohol; 3.1 percent male street children and 0.4 percent of female street children have indulge in pocket picking; about ten percent of male street children and six percent of female street children indulge in fighting with others; it was also seen that the percentage of male and female street children who indulge in fighting with others "often" and "very often" together constituted of nine percent and 5.5 percent respectively; the percentage of street children who have reported to have indulged in deviant activity was male – 5.2 percent , female – 3.1 percent ; four percent of male street children and 0.8 percent of the street children responded that they were never arrested by the police; 9.2 percent were arrested by the police; 9.2 percent were arrested only once; 4.5 percent were arrested "twice" and "more than twice"; 74.1 percent of the street children who were arrested by the Police were detained in police lock-ups. 13.7 percent of street children were kept in observation homes; 6.1 percent of street children were kept in childrens home after arrest; five percent of the street children were detained in shelter homes of various NGOs.

Conclusion: A considerable percentage of street children in the state of Tamil Nadu had the habit of smoking, consuming alcohol and taking pan/supari ; many of the street children indulged in certain serious forms of offences such as theft, pocket picking, drugs etc. While addressing the issue of rehabilitation programmes for street children, the personnel of the law enforcement agencies should be sensitised on the need to provide care and protection to the street children.

Key Words: 1.DESTITUTE 2.STREET CHILDREN 3.CHILDREN IN NEED OF CARE AND PROTECTION 4.DEVIANT BEHAVIOR 5.NEGLECTED CHILDREN CHILD PROTECTION 6.CRIMINAL BEHAVIOR 7.SITUATION OF CHILDREN 8.TAMIL NADU.

29. Vasan, Akhila (2008).
Evaluation of home placement strategy among children in difficult
circumstances. Bangalore: Society for Assistance to Children in Difficult
Situation. 20 p.

Background: Within the rights based framework, two basic approaches to working with street children are broadly recognized human development and service provision. Human development approach takes a long term perspective and concentrates on equipping street children with the skills and confidence required to reintegrate in to society, fulfilling their human rights to self realisation and independence.

Objectives: To understand how successful home placement/family reunification strategy was for children in difficult circumstances in terms of retention at home; attendance at school; adjustment at home; to understand factors associated with retention of children at home.

Methods: A total of 103 families were contacted and interviewed of which 70 were parents, 15 grandparents, 13 uncles/aunts and the remaining five were older siblings. Of the 103 families contacted children had stayed back in 80 families. Of these 80, 59 children could be interviewed at the time of the visit.

Findings: Out of the total 103 families contacted , children had stayed back in 80 families indicating 77.7 percent retention; 51 children were reported staying at home with family; four were staying in relatives house; four reported staying at hostel; children came from relatively poor families; of the total 59 children interviewed 29 reported attending the camp; 75 percent children reported being happy at home; about 25 percent of them reported being sad because they were being forced to work; majority of the children were observed to be neat and clean; 19 out of 59 children interviewed reported being in school; of the 33 reported 27 were working fulltime; ten percent were idle at home; of the 19 children in school, 17 reported liking it and they were in classes 2 to 11; 15 out of 19 children said that they did their homework regularly; 13 children received good reports from school; 70 percent of the children gave a part of their earning to their families; ten percent of the children reported that they had no free time all of who expectably were working children; 80 percent of the children were not involved in smoking or intake of alcohol; 47 percent reported at least one serious problem in the family like frequent quarrelling, alcoholic family member etc; 74 percent caregivers reported making a change in their own behaviour towards the children; 33 percent reported that they had stopped hitting, scolding or forcing the child to do anything that he did not like; 27 percent reported being explicitly caring and loving and expressing their love for the child; 64 out of 80 caregivers reported that they observed changes in their child after his return to home ; 31 caregivers reported that the child had become obedient in that he did not snap back at family members; 17 caregivers reported that the child reduced his interactions with bad company; 64 of the 80 caregivers reported that the child had steered clear of trouble after his return to home; 71 reported that the child was respectful to elders; nearly one-third wanted to pursue education and become teachers; 29 percent said that they wanted a good job; 22.7 percent of runaway children reported not having any close relationship with anyone as compared to the retained

children; 81.3 percent of children who were placed at home from the shelter and 74.5 percent of those who had attempted camps were retained at home and this difference was not significant.

Recommendations: The value of strategies like home placement/ family reunification would be greatly enhanced by combining it with preventive strategies that would enable vulnerable families and communities to retain the child; adequate services before and after home placement/ family reunification should be vital and appropriate to ensure children to continue stay at home. Children who are not interested in pursuing formal education need to be provided with opportunities to engage in activities that foster their development and ensure that they have a meaningful future.

Key Words : 1.DESTITUTE 2.CHILDREN IN DIFFICULT CIRCUMSTANCE 3.CHILD PROTECTION 4.HOME PLACEMENT 5.STRATEGY FOR CHILDREN.

Children with Special Needs

30. Krishnamurthy, Dinesh et al. (2003).
Study of rehabilitation and integration of disabled in rural India - Tirunelveli district of Tamil Nadu. London: University of Western Ontario. 25 p.

Background: Throughout the world, physical disability affects millions of people. In developing countries where access to medical care is often limited, the plight of the physically disabled is particularly harrowing. Due to lack of mobility, many families choose not to enroll their physically handicapped children in school also. Due to lack of facilities in rural areas, children are not properly rehabilitated and are unable to improve their physical functioning. As a part of community outreach, Amar Seva Sangam (ASSA) has community physical and mental rehabilitation workers who rehabilitate children living in poverty. Amar Seva Sangam continues the support of the children that are graduated to their homes through a programme called Village Based Rehabilitation (VBR).

Objectives: To examine the impact of Home Care activities and the functioning of children and youth enrolled in VBR; to examine their living and social environment; to examine whether they are maintaining the physical functions they have gained; whether they are maintaining the educational accomplishments and extra curricular participation they had at ASSA's home care.

Methods: A random sample of 36 participants were taken out of 60 and information about these participants were collected. The study was conducted in Tirunelveli district of Tamil Nadu.

Findings: About 31 percent of participants were referred to ASSA through a field social worker; 71 percent of the participants were crawling before their admission into Amar Seva Sangam; three percent of the participants were walking with one leg while six percent were using a hand on knee gait to walk; 20 percent could walk independently; upon examining the participants mobility upon discharge to their own homes, it was found that number of participants who could walk independently had increased by more than 70 percent; 100 percent were able to walk independently when they were discharged to VBR; before coming to ASSA only 40 percent of students could walk independently, but on discharge 94 percent students could walk to school on their own; 35 of the 36 participants interviewed have maintained their ability to walk independently, while only 1 person out of the 36 reported that she needed to hold on to someone for support while walking; 39 percent of those interviewed said that their mobility had improved, while 55 percent said it had stayed the same and only 6 percent said their mobility had worsened. During their rehabilitation in home care, participants were assessed by physiatrists and physiotherapists and were referred for free surgery and given free appliances such as calipers, specialised shoes, wheel chairs etc; about 70 percent of those interviewed used their appliances on a daily basis; 22 percent were irregular using their appliances; eight percent did not need any appliances to assist them with walking; 97 percent of children did exercises daily, while only one out of 36 did it once a while; 100

percent of the participants were bathing, eating and changing clothes independently; 52 percent of the students, grades remained the same from ASSA and performance in school; 35 percent students , grades had decreased; 88 percent of the participants participated in extra curricular activities; participants doing sport dropped from 73 percent to 21 percent; people doing Indian cultural activities dropped from 23 percent to three percent; majority of the students are doing poorly or fair; 25 out of 36 study group cited professions such as teachers, doctors, and lawyers as their future professions: six out of 36 wanted to pursue profession that required vocational training such as computers, and tailoring; 85 percent participants accepted and positively responded to the disabled; 79 percent of males and 67 percent of females were found to have friends; 50 percent of the disabled females in the study never left the house other than going to school due to embarrassment about their disability or restriction by their parents; 56 percent used the most inexpensive form of travel either walking or using their tricycle; 32 percent use public transport.

Recommendations: Study recommends that all information of students should be organised; mechanism and infrastructure setting should be there for VBR students to get training in ASSA's vocational training facilities; suitable employment for vocational trainees should be provided; scholarship funds/students loan programmes should be implemented for students; number of more Self Help Groups for VBR students should be formed.

Key Words : 1.HANDICAPPED 2.REHABILITATION DISABLED 3.SPECIAL NEEDS CHILD PROTECTION 4.HOME CARE 5.VILLAGE BASED REHABILITATION 6.RURAL INDIA 7.TIRUNELVELI DISTRICT 8.TAMIL NADU.

31. Rout, Nachiketa and Singh, Uday. (2010).
Age of suspicion, identification and intervention for rural Indian children with hearing loss. Kolkata: AYJ National Institute for the Hearing Handicapped. 6 p.

Background: Hearing impairment of any degree has a profound effect on children. It delays development of speech, slows educational progress, and leads to being stigmatised. Most of the studies in India indicate a higher prevalence and incidence of hearing impairment in the rural population as compared to the urban population.

Objectives: To find age of suspicion, identification and intervention for children with hearing loss who approached hearing evaluation camps conducted in rural West Bengal.

Methods: The participants of the study consisted of 209 children aged 1.6 years to 15 years. Study was conducted in rural areas of West Bengal.

Findings: Participants belonged to the rural areas, 78 percent of them resided in joint family; 18 percent of the participants father were illiterate and 29 percent of the mothers were also illiterate; 65.6 percent of the mothers suspected that their child was having hearing loss. The indicators which aroused suspicion of hearing loss in the child included: no response to name call 65.6 percent; no response to clap 13.4 percent; lack of speech development ten percent; consultation of a medical professional, primarily an Ear Nose Throat specialist was 85 percent; 17.7 percent of the children were suspected of having hearing loss during 0.5 years; opinion of a physician was availed before one year by 30.6 percent of the children; 5.7 percent of the children attended a rural rehabilitation programme by 3 years of age; on their first medical visit 70 percent of the children were diagnosed of having speech and hearing difficulties; 33.4 percent were advised to get the child checked for his hearing, avail speech therapy or to attend special school; 21.1 percent parents were assured by the doctor not to worry and take some medicine as the child will speak at a later age; 53 percent of the parents consulted a second doctor regarding the child's hearing loss and speech delay; 50 percent of the children were recommended to initiate aural habilitation; three of them were asked not to worry and rest were referred to Ear, Nose, Throat specialist, paediatrician or an audiologist for needful; 95.2 percent of the parents did not perceive any delay in accessing aural rehabilitation for their child; 89 percent of the children indicated bilateral severe to profound degree of sensory neural hearing loss; 40 percent of the children had hearing loss of moderately severe degree; 6.7 percent of the children did not co-operate for hearing evaluation; 17 percent of the children had a history of ear discharge; six percent of the children were found to be having a verbal mode of communication and the rest used both verbal and nonverbal means; none of the children with severe or higher degree of hearing loss expressed themselves in simple sentence or in a sentence of higher order of complexity.

Recommendations: This study recommends that there is a need to develop education set ups which exclusively educate using the Indian sign language.

Key Words : 1.HANDICAPPED 2.CHILDHOOD DISABILITY 3.SPECIAL NEEDS 4.EARLY DETECTION 5.HEARING IMPAIRMENT 6.RURAL INDIA 7.IDENTIFICATION AND INTERVENTION 8.WEST BENGAL.

Exploitation of Child

32. Sadual, Manoj Kumar and Mohapatra, Pranati. (2010).
Exploitation of child labour : causes and cure. New Delhi: Central Social Welfare Board. 8 p.

Background: A child is considered the most vital asset of the nation. But the prevalence of child labour in present day society has adversely affected this important segment of our human resource. The Child Labour (Prohibition and Regulation) Act was initiated in 1986 to abolish child labour in India. In 2006, the Government of India banned the employment of children below 14 years in restaurants, hotels, tea stalls, eateries and as domestic help but child labour was still rampant across the country.

Objectives: To identify the factors responsible for child labour; to find out the working conditions and level of income of child labourers; to analyse the nature of problems faced by child labourers in terms of consumption and savings; to know helpfulness of the present legal frame work; to suggest measures for combating the problem of child labour.

Methods: The present study was conducted in Baripada Town Orissa. A total number of 23 blocks out of 116 blocks from all the 6 units were selected randomly. From each block 2 boys and 2 girls working in different occupations were identified and interviewed for collecting the relevant information. In the second stage, out of 116 blocks in the town 23 blocks were selected for the study. Finally, 92 child workers consisting of 46 boys and 46 girls (4 from each of these 23 blocks) were selected.

Findings: Majority of child workers (28.26%) were engaged as domestic help; 19.56 percent were female child workers; 22 percent of the child labourers were working in the manufacturing units; 20 percent of them were working in hostels and restaurants. For male child workers, poverty came out to be the first and foremost reason which compels the parents to allow their children to seek employment; for female child workers, the main reason behind child employment is 'large family'; 68.47 percent of the respondents were working full time out of which 41.30 percent were female child workers; only 31.52 percent are working part time basis; 70 percent of child workers were engaged in hazardous activities; 51.09 percent child workers were employed as skilled labourers and remaining respondents 48.91 percent were engaged as unskilled labourers; 30 percent of the respondents denied any exploitation by the employer; 28.26 percent were exploited economically, whereas 19.56 percent of the female child workers experienced physical exploitation. Majority of the respondents whether male or female were not satisfied with their jobs as regard their nature of work 56.52 percent wage 71.74 percent and facilities 61.95 percent; 48.92 percent of the total surveyed child labourers stated that they worked for 8-12 hours a day; 28.25 percent child labourers mentioned that their working hours vary from 12-15 hours; 11.96 percent said their working hours were 4-8 hours a day and only 10 percent child workers mentioned that they were made to work for 15 hours or above every day, 1.09 percent of female child workers earned above Rs. 1500 per month; 25 percent of male child workers consumed above Rs. 200 per month; about 23

percent of female child workers consumed between Rs. 101 and Rs. 150; 54.35 percent of the respondents were able to save out of their earnings; 75 percent of the respondents were aware about the existence of legislative measure for regulating their employment in different occupations.

Recommendations: Government should conduct periodical surveys on each and every occupation/process of different sectors in different parts of the country to identify the nature and extent of child labour and also to throw light on their problems, needs and working conditions; poverty elimination schemes should be implemented strictly; necessary steps should be taken for strict implementation of family planning laws; laws relating to payment of bonus, employee's state insurance, employee's provident fund and work men's compensation must be suitably amended to extend the provisions of the said laws to provide benefits to employed children also; the penal provisions regarding violation of the provisions of the Child Labour Act, 1986 by the employers should be made more deterrent; constitutional obligations of providing free and compulsory education to all children up to the age of 14 years must be fulfilled.

Key Words : 1.CHILD LABOUR 2.CHILD PROTECTION 3.EXPLOITATION OF CHILD LABOUR 4.EXPLOITATION OF CHILDREN 5.WORKING CONDITIONS 6.SOCIO-ECONOMIC CONDITIONS 7.SITUATION ANALYSIS 8.COMBATING PROBLEM OF CHILD LABOUR.

33. Venkateswarlu, Davuluri. (2007).

Child bondage continues in Indian cotton supply chain. Hyderabad: Glocal Research and Consultancy Services. 39 p.

Background: The recent trends in employment of child labour in hybrid cotton seed production in different states in India clearly indicate that the overall number of children employed in this sector is on the rise. The conditions in the fields continue to be very unsafe and exploitative for the children. The existing employment practices in cotton seed farms result in the denial of rights of children and violate many national laws and International Conventions.

Objectives: To examine the current situation and recent trends in employment of child labour in hybrid cotton seed farms in four Indian states namely Andhra Pradesh, Gujarat, Tamil Nadu and Karnataka in the context of recent developments in the industry.

Methods: The study is mainly based on the analysis of primary data collected through field visits to 130 sample cotton seed farms in 78 villages in four Indian states namely Andhra Pradesh, Gujarat, Tamil Nadu and Karnataka.

Findings: In Andhra Pradesh about 1,820 children in the age group of 7-14 years worked in the farms during peak cross pollination season; 73.6 percent were girls; 78.2 percent of the workers engaged in these farms were hired labourers; family labour constituted of 21.8 percent. The proportion of child labour to the total work force varied between 30 to 70 percent in different region; variations were also observed in the proportion of children to the total work force in individual farms producing seed for different companies; the proportion of children to the total workforce varied between zero to 24 percent in different farms producing seed for MNCs covered under present survey while this percentage varied between 15 percent to 64 percent in Indian companies; financial support was given to the Naandi Foundation for establishing 29 special schools for child labourers to help them join regular schools; a large proportion of children continue to be employed on a long term contract basis through loans or / advances to their parents conditions at work continue to be very unsafe and exploitative for the children working in the farms; the average daily wage rates paid to the children has increased from Rs. 20 to Rs. 24; the number of cases booked by the Labour Department on cotton seed growers for employing children has drastically decreased during the last three years; in Karnataka a total of 266 children in the age group of 7-14 years worked on these farms during peak cross pollination season; 55.6 percent of the total workforce consisted of children; 81 percent of them were girls; the proportion of child labour to the total workforce was found higher in Gulberga and parts of Koppal areas; there was a marginal increase of 10 percent to 14 percent in the wage rates paid to the children; in Tamil Nadu children in the age group of seven to 14 years constitute 46.3 percent of the total workforce; 66.5 percent of them were girls; workers in the age group 15 - 18 years constitute 32.6 percent of the total workforce; the per day wage rates are fixed in advance and the agreements last for one crop season; newly recruited children are paid Rs. 10 to 15 less than other workers; labourers worked for 10 to 12 hours a day with a two hour break for meals; in Gujarat a total of 1,082 workers were engaged in these farms during peak cross pollination out of which 82.4 percent were hired labour, family labour accounted for 17.6 percent ; children in the age group of 7 to 14 years constitute 32.7 percent of the total workforce; 61.6 percent of the were girls; the

proportion of child labour to the total workforce marginally declined from 34.9 percent in 2003-04 to 32.7 percent in 2006-07; there was a marginal increase in wage rates in some areas; the small increase in wage rates was largely due to pressure exerted by 'Dakshmi Rajas than Majdoor Union'

Recommendations: The study recommends that state and central governments should address the problem of child labour more efficiently.

Key Words : 1.CHILD LABOUR 2.COTTON INDUSTRY 3.EXPLOITATION OF CHILD 4.CHILD PROTECTION 5.EMPLOYMENT 6.SITUATION OF CHILD LABOUR 7.BONDED CHILD LABOUR 8.ANDHRA PRADESH 9.GUJARAT 10.TAMILNADU 11.KARNATAKA.

34. Akula, Lakshmi. (2006).
Situational analysis report on prostitution of boys in India (Hyderabad). Bankok:
ESPAT International. 116 p.

Background: Male prostitution is often more hidden than female prostitution in India because of social taboos against homosexuality. There are several reasons why adolescent boys are forced to prostitution, the foremost being peer pressure. Boys forced to prostitution include minors as young as the age of six.

Objectives: The study sought to assess the nature, scope and evidence of the prostitution of boys in Hyderabad; to analyse whether gender inequality and segregation contribute to the prostitution of boys; to identify the key actors who affect and/or facilitate the prostitution of boys and to study the socio-economic and legal content in which they maneuver; to recommend actions based on the study that can be taken at the local and national levels to combat the prostitution of boys.

Methods: Data was collected from the samples which were divided into two major groups primary and secondary samples. Primary samples were those directly or indirectly engaged with the issue of the prostitution of boys. Secondary samples were staff of NGOs, Government Officials and key informants. Interviews were conducted in Hyderabad city.

Findings: The study indicates that 50 percent of the boys were in the 17-18 years of age group; 76.7 percent of the boys were literate, 23.3 percent were not literate; 20 percent had completed primary school, 36.7 percent had finished secondary school; 46.7 percent earned their daily wage of Rs 51-100; 36.7 percent were earning between Rs 101-200; 46.6 percent spent Rs 30 on food daily; 86.6 percent belonged to nuclear families; 46.6 percent respondents had 1-2 dependents in their families; 66.7 percent of them had 1-2 family members who worked; 73.3 percent of the boys said both their parents were alive, ten percent were aware if their parents were alive; 83.3 percent respondents were not staying with their families; 46.7 percent respondents had strained relationships with their parents; 37 percent of the respondents said their families favoured another sibling; 53.3 percent of the boys said they had good relationships with their siblings; 16.7 percent reported abuse from older siblings; 76.7 percent of the boys did not receive any family support; 63 percent said that their families suffered from financial problems arising from debt; 60 percent of the sample population used to live in a secure environment such as hut; 40 percent lived on side walks, railway stations or bus stops; 20 percent respondents live alone; 53.3 percent had been living on their own for 1-2 years; 30 percent left home between the ages of 14-15 years; 26.7 percent respondents left home because of parental abuse; 60 percent of them said they started working by choice; 76.7 percent were not sending any money to their homes; 46.7 percent said living conditions on the street were poor; 70 percent ate three meals a day; 83.3 percent of the boys said they preferred to spend most of their time with their peers; 20 percent of respondents consumed alcohol, sniffed glue and took drugs; 20 percent respondents admitted that they were addicted; 46.7 percent boys said they had been subjected to different forms of abuse on the streets; 43.3 percent of the sample population reported that they had sexual experiences; 56.7 percent said that they knew about sexually transmitted infections; 43 percent said they had

been sexually exploited by men; 66 percent said they were forced; to sell sex every day; 36.6 percent cited a combination of peer pressure, pleasure and easy money which bounded them to sell sex; 23 percent said women approached them directly; 63 percent of the boys said they had sex with new exploiters every week; 76.7 percent said their exploiters were females; 13.3 percent said their exploiters were from both genders; more than a third of boys said they charged Rs 100-200 per visit; 63 percent said they did not need to give money to anyone after they had sold sex; 40 percent experienced sexually transmitted infections; 80 percent of the boys said that they were forced to have sex; 68.2 percent boys did not share their problems with anyone.

Recommendations: Government and NGOs should coordinate and hold workshops to devise measures to combat the issue; properly supervised and well maintained shelter homes should be integrated in a wider strategy; sex education should be introduced in schools; NGOs should focus on educating street children on sexual health; police patrolling should be done on regular basis; documentary films and street plays about substance abuse should be played where street children congregate; sexual health and the early detection and treatment of STIs should be promoted and made a priority; the government and NGOs should review existing national policies and programmes related to prostitution; the government Juvenile Welfare, Correctional Service and welfare of Street Children agencies must take the lead on the issue, and devise clear objectives; special measures to be initiated to protect street children.

Key Words : 1.SOCIAL DEFENCE 2.CHILD PROSTITUTION 3.TRAFFICKING CHILD SEXUAL ABUSE 4.EXPLOITATION OF CHILDREN 5.SEX TOURISM 6.PROSTITUTION OF BOYS 7.CHILD PROTECTION 8.SITUATION ANALYSIS OF CHILDREN 9.HYDERABAD 10.ANDHRA PRADESH.

Girl Child

35. Kang, Tejpreet and Chawla, Asha. (2010).
The Daughter deficit-exploring declining sex ratio in Punjab. Ludhiana: Punjab Agricultural University. 5 p.

Background: Sex Ratio is an important social indicator to measure the equality between males and females in a society at any given point of time. Punjab was chosen as the major source of data.

Objectives: The major objective was to know about disastrous demographic and social consequences of pre-birth sex selection and elimination of female children that contributes to distortion in the sex ratio of children in the age group of 0-6 years.

Findings: In the decade 1991-2001, there was rise of 6 females per 1000, males yet 67 females per 1000 males are less in the country as whole. Punjab recorded 124-220 females less per 1000 males. In Punjab, children in the age group of 0-6 years constitute 13 percent of total population. The population of the state in the age group 0-6 years has been lowered from 16.30 in 1991 to 13 in 2001, whereas the national figures were 17.94 in 1991 and 15.9 in 2001 respectively. Child Sex Ratio (CSR) declined 77 points during the decade 1991-2001. The leader district is Fatehgarh Sahib (-108), Patiala (-94) and Kapurthala (-94) followed by Nawan Shehar (-92), Sangrur (-89), Gurdaspur (-89) and Rupnagar (-85). The CSR of Punjab is below the national CSR i.e. 876 at state level and 933 at national level.

Recommendations: The Tenth Five-Year Plan stresses elimination of all form of gender discrimination so as to enable women to enjoy not only de-jure but also de facto rights and fundamental freedom or parity with men in all spheres. Diagnostic Techniques (Prohibition of Sex Selection) Act, is essential effective advocacy is needed to reach out all key partners, institutions of civil society, community group and leaders who could act as change agents and efforts are needed to mobilise political, religious, cultural, administrative and community support for campaign against female foeticide.

Key Words : 1.CHILD WELFARE 2.DECLINING SEX RATIO 3.SEX RATIO 4.GIRL CHILD 5.SON PREFERENCE 6.FEMALE FOETICIDE 7.PUNJAB.

Institutional Care

36. Ashoka. (2009).

Children in correctional institutions : a study of their educational and vocational background. Mysore: Univ. of Mysore, Maharaja's College. 12 p.

Background: Children are considered as an important asset of a nation and their welfare reflects on the nation's prosperity and economic growth and development. Schooling is the most essential component of a child's socialisation. Education is considered as the basic foundation of a sound future. Correctional institutions provide vocational training with a view to start the same trade or any other after their release from the institutions.

Objectives: To highlight the educational and vocational status of children admitted to different correctional institutions in the state of Karnataka.

Methods: The study was conducted in 11 childrens homes spread over in two of four revenue divisions of Karnataka; 158 inmates and 11 superintendents of childrens homes formed the subjects for the study.

Findings: The study indicates that 662 inmates were pursuing education in different standards and courses outside the institutions; 75 inmates were kept in reception unit for observation and 41 inmates were not studying because they were on long leave; 11 inmates of IPC cases were kept in the institutions for their safe custody since the special homes are not established; all inmates were studying in different classes except two; all the childrens homes offered education to all the inmates; children attending school outside the institution had a class strength of 60 – 110 ; 98 out of 158 inmates of childrens homes faced difficulties in the learning of different subjects; majority of the children had no strong foundation in the initial years of education; majority of the inmates were from rural, slum and poverty – stricken families; eight childrens homes offering different vocational training did not have the needed infrastructure or basic tools; 141 inmates were undergoing training in different areas; some of them were undergoing in more than one vocational training; inmates were not showing keen interest in the vocational training mainly because of the lack of facilities required for effective vocational training.

Recommendations: Children must be provided with the necessary books well in advance so as to enable the children to cope up with the academic pressure; all institutions should have a well equipped library of its own so that the juveniles can utilise their leisure time in constructive manner; institutions should subscribe to daily newspapers and magazines to enable the juveniles develop the habit of reading; special coaching classes should be conducted for inmates facing learning difficulties; vocational training should be designed in such a way that it

is of interest to juvenile and equally useful in their life to make a decent living of their own after the discharge from the institution.

Key Words : 1.DESTITUTE 2.INSTITUTIONAL CARE 3.CHILDREN IN CONFLICT WITH LAW
4.CHILD PROTECTION 5.CORRECTIONAL INSTITUTIONS 6.EDUCATIONAL STATUS
7.VOCATIONAL TRAINING 8.KARNATAKA.

37. Hunshal, Saraswati C. and Gaonkar, V. (2008).
A Study on adjustment of institutionalized children. Dharwad: Rural Home
Science College. 5 p.

Background: Institutionalised children are considered as highly deprived class of society. These children are left helpless, abandoned, neglected due to social, economic and personal reasons by parents/care givers and they are deprived of one or more necessities of life. Early separation from parents, deprivation of parental care, love, affection and discipline during childhood disrupts their normal socio-emotional development.

Objectives: To see the social, emotional and educational adjustment of institutionalised children.

Methods: The present study comprised of children residing in Juvenile Institutions of Belgaum Division, in Karnataka State. Among the nine institutions in the division, four juvenile institutions, two for boys and two for girls nearer to Dharwad were selected for the study. 255 children of which 150 children were selected fulfilling of the criteria.

Findings: Majority of the institutional children had unsatisfactory social, emotional and educational adjustment and very few of them had good adjustment; younger children of age 10-12 years and older children of age 13-15 years differed significantly in the level of social, emotional and educational adjustments; boys had average level of adjustments as compared to the girls; it was seen clearly that boys as compared to girls were socially more friendly with their classmates and with others; findings also revealed that duration of stay in the institution had no association with social, emotional educational adjustment of children the level was same irrespective of their duration of stay in the institutions; the children who were fair in academic performance were average in social, emotional and educational adjustment; the results revealed that majority of institutional children had unsatisfactory adjustment indicating more problems in social, emotional and educational areas; because of behaviour problems and lack of adjustment it was likely to drag them towards anti-social behaviour.

Recommendations: The Department of Social Welfare should pay attention to social, emotional, educational problems of children either by providing special training to in service teachers or through guidance and counseling services in the institution by the counsellor.

Key Words : 1.DESTITUTE 2.INSTITUTIONALISED CHILDREN 3.CHILD PROTECTION
INSTITUTIONAL CARE 4.ADJUSTMENT 5.NEGLECTED CHILDREN 6.PHYSICAL ABUSE
7.MULTIPLE ABUSE 8.KARNATAKA.

38. Macwan, Ankit et al. (2006).
Changing spaces : understanding the effectiveness of children's institutions -
the child's perspective. Mumbai: Aangan. 36 p.

Background: The objective of the JJ. Act, 2000 is to cater to children's developmental needs and adopt a child –friendly approach in the adjudication and disposition of matters keeping in mind the best interests of the child as well as ensuring the child's ultimate rehabilitation through various institutions established under this enactment.

Objectives: To study the effectiveness of Observation Homes and Children's Home in Maharashtra; to compare and contrast the perspectives of the staff and the children to evolve an operational definition of effectiveness; to develop concrete practical suggestions with operational guidelines for better delivery of services in the institutions.

Methods: The sample size for this study is indepth interview with CICL Children (Children in Conflict with Law) 60; children in need of care and protection 93; staff 82; focused group discussions with CICL and CMCP, Group size 350. The respondents for this study are from observation home and childrens home in Maharashtra.

Findings: Majority of CICL (93.3%) are brought into the institutions by the police and 6.7 percent were referred from other institutions; 55.5 percent were brought to institutions by their parents, relatives or guardians; the institutional staff were not aware of and were not even sensitive about the mental state in which the child came; 41 percent of the staff did not appear overly concerned about this issue, assuming that police abide with the above laws, 34 percent of the staff members accepted that police abuse did happen, 65 percent were kept in the lock-up ranging for a time span of 2-13 days; children interviewed stated that they had been treated with care by the police; 67 percent of the CICL reported that they were physically abused; 66.7 percent children were slapped; 30 percent children were tied and beaten severely; 15 percent were hung from ceiling and beaten; 58 percent of children felt lost and alone at the time of admission; 42 percent were angry and aggressive; 63 percent of the staff claimed to have spent a minimum of 30 minutes with new admissions while 60 percent CNCP children said it was less than 30 minutes; 66 percent of the CICL and 95 percent of the CNCP were the main issue of the meeting between Suptd./PO and child; 62 percent of the staff said that orientation about the institution did happen; 32 percent of the CNCP and 26 percent of CICL said that they had been oriented about some rules; 81.7 percent of CNCP were sent to the living space as soon as they were brought and met the Superintendent the next day; ten percent of the CNCP mentioned that they had met the caretakers when they first entered the institution; 75.3 percent of the CNCP perceived the institution as a hostel, whereas only 8.3 percent of the CICL agreed to this view; 68.3 percent of the CICL felt that the institution was like a jail as did 16.1 percent of the CNCP; 18.3 percent of the CNCP assumed that the institution was a temporary shelter as did 25 percent of the CICL; 75.3 percent of staff perceives the institution as a hostel; 18.3 percent as a temporary shelter and 16.1percent as a jail; 48 percent CICL and 31 CNCP percent have conflict with authorities; 22 percent of the CICL and 22 percent of the CNCP concur that in case of conflict with authorities; the problems are discussed among the children themselves leading to more fights and higher incidences of running away; 75 percent children

are unaware of the next step to be taken in case of such conflict; CNCP (78%), CICL (44%) and staff (52%) agreed that conflicts between children are constant in every institution; according to 47 percent of the CICL, the Superintendent and Probation Officers take decisions regarding conflict resolution; 77 percent of the CNCP commented on the lack of staff intervention; 48 percent of the staff claims that they counsel children in case of conflict; 52 percent of the staff mentioned individual and group meetings with the children that aimed at identifying and dealing with emotional/behavioural problems; 22.6 percent said that staff intervenes only when problems get violent; 83 percent of the CICL and 48 percent of the CNCP voiced that they would like to share their feelings and problems with an adult; 70 percent of staff also say that they would prefer to leave this job to professional counsellor; 50 percent of the staff denied that children run away or even attempt it; 80 percent of the CICL and 65 percent of the CNCP mentioned that children do run away; CHCD (65%), CICL (69%) and staff (55%) confirmed that action is taken in case of children attempting to run away; 65 percent of the staff said that the immediate intervention in case of a child who had attempted to run away was to counsel and orient him about the hazards of running away; 10 percent of the CICL and 38 percent of the CNCP stated that usually the staff would beat them up while a small proportion of them stating that sometimes this would be severely; 80.5 percent of the staff children are always allowed to make phone calls; 77.4 percent of the CNCP and 96.7 percent of the CICL said that they were not told about anything related to their legal rights; 71 percent of the CNCP, 55 percent of the CICL and 75 percent of the staff mentioned that they had adequate access to health care services in their institution; vocational training was not available in 75-80 percent of the homes; 84 percent of the staff said that they inform the children about their exit while 60 percent of the CICL and 54 percent of the CNCP said that they were not informed anything at all related to their exit from the institution .

Recommendations: The study recommends that capacity building programmes should be conducted with the staff in order to provide role clarity with special emphasis on exit level intervention; each home must identify a vocational partner within the area; separate schools for CICL which would be run on a short term basis; structured schedule for teachers and training that will help them in improving their academic performance; local NGOs can be partnered with to provide free legal aid; monthly meetings must be held with the parents which can also act as a grievance redressal forum for them; child friendly material should be created along with capacity building workshops for staff on how to use this material at the time of the child's entry; police personnels should be sensitised to the rights of minors.

Key Words : 1.DESTITUTE 2.INSTITUTIONAL CARE 3.CHILD PROTECTION 4.CHILDREN IN DIFFICULT CIRCUMSTANCES 5.CHILD FRIENDLY INSTITUTIONS 6.OBSERVATION HOMES 7.EFFECTIVENESS.

Missing Children

39. Chatopadyaya, Utpal et al. (2009).
Study of data bases of missing children in India. Hyderabad: Society for Action Research in Accelerated Livelihoods. 36 p.

Background: Missing children in India is a major issue which needs much more concerted and systematic attention. Every year, 44,000 children are reported missing all over the country.

Objectives: To study the various approaches and data collection formats of agencies who are working on searching of missing children; to study the database maintained by three big agencies in terms of data structure and quality of data; to recommend the process of integration of data that are maintained in distributed databases and protocol for maintaining standard data format.

Methods: A set of questionnaire was prepared and was sent to various organisations like Salaam Balak Trust, New Delhi; National Centre for Missing Children, Indore; MV Foundation, Hyderabad etc. In addition to the organisations, extensive web search was also done. Annual Reports generated by various organisations was also studied.

Findings: All agencies had different approaches and processes to get data related to missing children; Bosco Yar (youth at Risk) programme and Child line – have developed some IT infrastructure such as websites, databases, and software in order to capture the data of the children they are dealing with; National Centre of Missing Children (NCCMC) was maintaining its own database of missing children; Kolkata CID use to put data from District Crime Records Bureau (DCRB) into state level State Crime Records Bureau (SCRB); there were specific forms (M form and R form) for the process. Kolkata CID reveals that there is work being done at NIC to extend similar databases to other states, notably Maharashtra, Andhra Pradesh, Karnataka and Delhi; but the plan was still in the initial stages; there was little nation wide coordination of missing children data that is used by the local authorities and organisation across the country; NCRB's data was regularly updated and monthly reports were generated; most of the forms did not have standardised fields; no standardisation of the form contained data fields; in most forms, data items were free formatted, this makes it very difficult to ensure uniformity of descriptions; no basic checking on data entered was done; there was no image of the child found; place of finding the child was not mentioned; no standard and easy field for searching was there, it was difficult to compare databases across the organisations; lack of proper mechanism for synchronisation of databases was found; there was lack of pull approach and only push approach was found in the present state; it was found that when SCRB reports a missing child only then NCRB updates its databases, otherwise database was not updated and differences were seen; in all websites it was found that medium of information was English; West Bengal website indicated the intention of using Hindi and Bangla but it was not updated ; no use of biometrics was seen.

Recommendations: The ability to search across databases by standardisation of databases with a single mandated format to be implemented; adoption of pull approach should be done for maintaining the child databases; constant synchronisation of data should be done; development of a single open national network for reporting and tracking missing children should be done; properly trained IT Staff should be appointed to use IT search engines for locating linking missing children.

Key Words : 1.SOCIAL DEFENCE 2.MISSING CHILDREN 3.CHILD PROTECTION 4.DATA BASE OF MISSING CHILDREN 5.ROLE OF NGOS 6.RAILWAY STATION 7.QUESTIONNAIRE 8.HYDERABAD.

Social Audit

40. Christian, Jayakumar. (2008).

Social audit on child labour : every child counts. Chennai: World Vision India. 36 p.

Background: The child labour is a serious child rights violation that prevents children from realising most of their fundamental rights. Social audit is being conducted for the purpose of enhancing governance, particularly for strengthening accountability and transparency in governance. Social auditing is a participatory tool used as a part of rights based approach to democratic governance, which gives a degree of control and influence for stakeholders of an organisation to assess and demonstrate its social benefits and limitations.

Objectives: To assess the performance of law enforcement agencies, Government departments that is entrusted with the responsibilities of eliminating child labour, especially domestic child labour; creating a platform for dialogue between stakeholders and duty bearers like law enforcement agencies; understanding the root causes that lead children and their families into crisis situation like child labour and the challenges faced by law enforcement agencies in prosecuting violators; creating awareness among stake holders about the enormity and severity of the problem of child labour in their administrative jurisdiction; organise advocacy campaigns aimed at enhancing the performance of agencies under scrutiny and to advocate for policy level changes to address the root causes of child labour.

Methods: The study was conducted on 1210 child labourers in the eight audited zones across India, below the age of 14 years. The audited zones were : Mumbai, Kolkata, Chennai, Rajamundhry, Bangalore, Guwahati, Gudiyattam and Virudhunagar.

Findings: Audit revealed the presence of more number of boys 52 percent in labour market than girls 48 percent; total number of boys were 630 and girls 580 ; 77 percent child labourers fell in the category of 10-14 years, followed by 5-10 years age group where the audit revealed the presence of 22 percent of children; Seven percent child labourers were in below 5 years category; of the total identified child labourers 19.4 percent were in domestic sector; girls outnumbered boys in domestic sector; 73 percent girls were working in domestic sector; 211 children were engaged in matches and explosive industry; 84 boys and 32 girls were involved in building and construction industry; 46 percent families were unable to send their children to school because of poverty and debt; 26 percent felt uninterested in education and thereby were left with no option other than going to work; 13.5 percent children felt that their parents illiteracy is one of the major reason why they are forced to work instead of being sent to school; 62 percent childrens childhood were squandered as a result of problems in family like alcoholism, domestic violence, sudden demise of parents etc. though police were the competent authority to file cases against the offenders of child labour. The interview with 13 police officials revealed that not even a single case has been filed under the said act during the study period.

Recommendations: Study recommends the sensitising and building the capacity of police and a mechanism to be developed to make them accountable; juvenile police unit should be

created as recommended by Juvenile Justice Act, 2000; definition of domestic work and hospitality sector should be clearly formulated to avoid ambiguity and the consequent inaction; suitable measures should be initiated to see that children having disabilities are accommodated in the available schools and monitoring mechanism should be established to ensure the mainstreaming process successful; adult literacy programmes should be incorporated; more social auditing exercises on child labour should be conducted across India to expose the situation in civil society and advocacy efforts should be directed towards making the duty bearers accountable to the findings.

Key Words : 1.CHILD LABOUR 2.CHILD LABOUR-AUDIT 3.SOCIAL AUDIT 4.CHILD PROTECTION 5.NATIONAL CHILD LABOUR POLICY 6.SITUATION OF CHILD LABOUR 7.EXPLOITATION OF CHILD.

Trafficking

41. Kilsby, Rachael. (2010).

Investigation of child trafficking in the coal mines of Jaintia Hills district, Meghalaya India. Shillong: Impulse NGO Network. 57 p.

Background: Research on the subject of human trafficking in the Jaintia Hills mines is virtually non-existent or unsubstantiated. The paucity of knowledge is an unsurprising finding given the regions lack of basic infrastructure and services to the population. Most of the child labourers interviewed claimed that they were assisting their parents in the coal mines in addition to regularly attending school. Majority of the child labourers in Jaintia Hills were engaged in the informal economic sector and subsequently were not protected by laws and regulations.

Objectives: To detect child trafficking; information generated will serve the dual purpose of assisting stakeholders in identifying victims and providing data on victims demographics, migratory and employment histories, trafficking networks and the process of victim discovery.

Methods: The field research was spanned across 21 days and in total 906 child labourers were interviewed in the Coal Mines of Jaintia Hills in Meghalaya.

Findings: Out of 905 child labourers working across 32 different mining locations 90.5 percent were male and 9.5 percent were female; only two respondents were willing to provide their names; 35 percent of the sample described themselves as Nepalese; many children claimed Indian nationality despite indicators such as name, physical characteristics and fluency in Nepali; 65 percent were recorded as Indian Child Labourers and 0.3 percent as Bagladeshi; 80 percent of child labourers were between the ages of 13 and 17 years; girls were over represented between the eight and 13 years old range; 31 percent of the child labourers have never been to school; 16 percent have received between one and three years of education; 30 percent attended for four to six years of education; 71.5 percent indicated that poverty was the cause of not attending school; 57 percent of the child labourers wanted to work and 37 percent wanted to study further; child labourers found employment in categories like coal breakers, carriers of coal, cart pullers etc. 58 percent child labourers reported that their work was very dangerous; 58 percent of the group commented that they like receiving a wage; 29 percent reported that the owner of the mine was good to work; 54 percent felt that their work was hard, 26 percent mentioned it was dangerous; seven percent reported that receiving scoldings was the worst part; 58 percent confirmed that if given a choice they would not stop working whereas 30 percent said they would; findings indicate that over all child labourers received an income of Rs. 200-400 per working day; many child labourers reported that they did not received wages for their work. Majority of the child labourers were brought to the Jaintia Hills mines by an immediate family members; the second lowest income earners took in a daily wage of between Rs 15 and 49, this group represented eight percent of the sample and was comprised of 60 India and seven Nepalese; 44 percent of child labourers worked between 7-9 hours; 81 percent responded 'yes' when asked whether or not they had at least one rest day each week ; 19 percent answered 'No' for this; 81 percent gave all their earnings to others; eight percent of the total sample confirmed they were from Meghalaya State. When asked how

frequently child labourers returned to their family home; 13 percent said never, 23 percent returned less than once a year, 27 percent said more than once a year; Indian Child Labourers were much more likely to be unaccompanied than Nepalese child labourers; 21 percent of the child labourers came with a family friend to mines for work; 11 percent of child labourers came to the mines in the care of a stranger; 80 percent of the child labourers travelled to the mines by bus; 42 percent of child labourers had spent one to two years working; only 77 child labourers reported to have had prior work experience.

Recommendations: Discretion should be exercised until any plans for rescues have either been carried out or dismissed; additional funding is needed to produce an actionable plan for comprehensively responding to research findings; workshop should be conducted to explain the research findings and to gauge levels of support for reform interventions; stakeholders should provide feedback and input, based on experiences from the field or at other levels; action plan should present clear strategies for addressing child labour; nominated actors responsible for carrying out the work of each strategy should be given well defined tasks indicating targets, timelines and stage of progress.

Key Words : 1.SOCIAL DEFENCE 2.CHILD TRAFFICKING 3.TRAFFICKING CHILD PROSTITUTION 4.TRAFFICKING PREVENTION 5.EXPLOITATION OF CHILDREN 6.PROSTITUTION 7.CHILD PROTECTION 8.COAL MINES 9.HUMAN TRAFFICKING 10.HEALTH HAZARDS 11.CHILD LABOUR.

C. Research Abstracts on Women and Gender Issues

Domestic Violence

42. Sharma, Kamlesh Kumar and Vatsa, Manju. (2011). Domestic violence against Nurses by their marital partners : a facility-based study at a tertiary care hospital. New Delhi : All India Institute of Medical Sciences. 6 p.

Background: In recent years, domestic violence against women by marital partners has emerged as an important public health problem.

Objectives: The objective of this study was to determine the prevalence, characteristics and impact of domestic violence against nurses by their marital partner in Delhi, India and to identify nurses perceptions regarding acceptable behaviour for men and women.

Methods: Exploratory facility-based survey was conducted at All India Institute of Medical Sciences (AIIMS), New Delhi. Using convenience sampling 60 ever-married nurses were sampled from the list of 1150 nurses of the selected departments. The principal outcome variable were controlling behaviour, emotional, physical and sexual violence by marital partners. Data were analysed using SPSS 12 software.

Findings & Conclusion: Half of the 60 respondents (50%) agreed that a good wife obeys her husband even if she disagrees. Majority (71.7%) responded that family problems should only be discussed within the family. About three-fifth of respondents (58%) opined that no reason justified violence. The most accepted reason for violence was wife infidelity (31.7%); acceptance of wife beating was higher among nurses who had experienced violence (46.1%) than those who had not (15.5%), majority have agreed that a married women can refuse to have sex with her husband if she does not want to (70%), if he is drunk (61.67%), if she is sick (78.33%) or if he mistreats her (66.67%). But 10 percent respondents felt that women did not have the right to refuse sex under any of these circumstances. About half (48.3%) of the study subjects and their husbands quarrel sometimes while 28.3 percent quarrel often; the prevalence of emotional, physical and sexual violence ever in life was 65, 43.3 and 30 percent respectively. Twenty-three percent participants reported both physical and sexual violence while 50 percent reported physical or sexual violence showing the overlap; three-fourth of the study subjects reported at least one form of domestic violence. Emotional, physical and sexual violence in the past year was reported by 48.3, 35 and 16.7 percent nurses respectively; being slapped was the most common act of physical violence 40 percent reported by the respondents up to 18.86 percent of ever-pregnant nurses were physically abused, 7.5 percent were kicked in the abdomen during pregnancy and in 30 percent cases the slapping/beating got worse than before pregnancy 45.8 percent of the physically abused victims were kicked or beaten when pregnant; over 56.7 percent subjects reported that physical or sexual violence (x=30) affected their physical and mental health and caused inability to concentrate 56.7

percent, loss of confidence in own abilities 26.7 percent and inability to work/sick leave 23.3 percent. Also 20 percent of nurses left home due to violence and 6.7 percent even divorced or separated from their husbands. It was reported that problems with husband's family was the most common 26 percent reason for physical or sexual violence followed by money problems, difficulties at work and disobedience by wife 20 percent each; 16.7 percent nurses reported husband's drinking behaviour and their own refusal to sex as the reason for this violence; 50 percent reported that there was no particular reason for violent behavior of husband. The perceived impact of violence in the form of health and other effects like sickness/absenteeism were very high and suggest the need for interventions even at workplace.

Key Words : 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.CRIME AGAINST WOMEN 4.FAMILY VIOLENCE 5.WIFE ABUSE 6.NURSES 7.DOMESTIC VIOLENCE 8.PREVALENCE 9.MARITAL PARTNER.

43. Yugantar Education Society, Nagpur

A Research study report : the nature, incidence, extent and impact of domestic violence against women in the states of Andhra Pradesh, Chhattisgarh, Gujarat, Madhya Pradesh and Maharashtra. Nagpur : YES. 164 p.

Background: The present study was undertaken in the backdrop of the reports appearing in visual and written media depicting inhumane treatment to the women by their own family members.

Objectives: The study attempted to identify the nature, extent and incidence of domestic violence against women; to identify the correlates of domestic violence against women; to find out the relationship between traditional sex-based roles and the domestic violence; to examine whether dependency objective or subjective or both is the cause, condition or instigating factor of domestic violence; to find out whether the abused women seek the help of informal or formal agencies and to what extent these agencies are successful in solving the problems of the abused women; to trace the reasons for which abused women continue to stay in abusive relationship; to examine the impact of domestic violence on the abused women, their children and intra-family relations and to suggest measures to control, minimise and, if possible, eliminate domestic violence against women.

Methods: A random sample of 1250 families was drawn from the universe, selecting 250 families (125 each from urban and from rural areas) from each state. While drawing sample from each state, the geographical area of the state was divided into five zones i.e. East, West, North, south and Central. The selection of districts and places was also done on random sampling basis. A sample of 50 families (25 each from urban and rural areas) was also drawn on purposive random sampling basis to give proper representation to families belonging to different socio-economic groups and religions.

Findings: The causes of domestic violence as reported by the women respondents were: parents' failure to pay full amount of dowry (11%), refusal to bring money from patriarchal family (13%), parents' failure to keep promises and fulfill commitments made at the time of marriage (8%), pre-marital love affairs suspected (9%), extra marital relations (10%), resistance to sexual abuse (4%), medically unfit for conception (7%), female-child is delivered every time (7%), husband's unemployment (13%), husband had problems at work place (19%) and husband's alcoholism (25%). Respondents were insulted repeatedly in the presence of their children and relatives (28%), blamed for everything that went wrong in the family (27%), frequently charged for small and negligible matters (27%), compelled to feel guilty for no faults (20%), given threats of divorce (12%), given treatment like a servant (19%), subjected to strict watch on their movements (15%), prohibited to meet parents, friends and relatives (12%), had no freedom to express views on family matters (12%), subjected to negligence of health (17%), suspected for extra-marital relations (11%), insulting and ugly language was used for them (14%), repeatedly blamed for improper house-keeping (17%), harassed by badly criticising family background (17%), criticized for lack of or less intelligence repeatedly (13%), were given threats of suicide by husband (11%) and were given verbal threats to use physical force (13%); nearly 90 per cent of the respondents out of 1250 were victims of emotional abuse in one form

or the other. Out of these, 30 percent were from rural areas and 60 percent from urban areas; around 26 percent of the respondents resisted, 25 per cent each fought back and had a feeling of helplessness, 14 percent each developed hatred against the abusers and had a feeling of taking revenge, 15 percent each felt that nobody in the family cares for them and had a feeling of humiliation, and 11 per cent felt ashamed of themselves; the parents, relatives or friends (informal sources of help) advised the victims to patch up in about 50 percent of the cases whereas advice to break off was given in about 11 percent of the cases. In 21 percent of the cases the victims were guided to report the matter to police. About 14 percent of the victims were advised to seek the help of NGOs, whereas about 6 percent were directed to go for legal advice; out of 1016 cases of domestic violence only 68 (5%) victims had sought the help from outside formal agencies. The statewise distribution of these 68 victims indicated that the highest number of respondents 19 were from Maharashtra, followed by 15 from Andhra Pradesh, 12 each from Chhattisgarh and Madhya Pradesh and 10 from Gujarat; around 34 percent of the victims of domestic violence suffered from mental stress, 29 percent had depression, 22 percent had disturbed sleep, 15 percent suffered from chronic head-ache, 14 percent had physical fatigue and 8 percent were victims of psychogenic pain.

Recommendations: The measures to be taken to eliminate domestic violence are: massive awareness campaign involving the community, religions leaders, priests, non-government – organisations, NSS, NVS, NYKS, women’s organisations, social activists and opinion makers at all levels should be organized; provisions of law for protection of women and punishment to perpetrators of domestic violence should be strictly enforced and no one should be left without punishment. A carefully planned mass media strategy is of critical importance for women’s empowerment in general and domestic violence against women in particular and this can be done through media intervention. The Central and State Governments should develop, enlarge and strengthen social support survival programmes for women who are victims of domestic violence.

Key Words : 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.CRIME AGAINST WOMEN
4.IMPACT OF DOMESTIC VIOLENCE 5.FAMILY VIOLENCE 6.CAUSES OF DOMESTIC VIOLENCE
7.ANDHRA PRADESH 8.CHHATTISGARH 9.GUJARAT 10.MADHYA PRADESH
11.MAHARASHTRA.

Health Status

44. Chaturvedi, Sonalika. (2011).
Health status of women in the North-East. New Delhi: Planning Commission. 4 p.

Background: Historically, the north east women of India have had a strong role in societal building through movements as well as participation in wars.

Objectives: The study sought to analyse the health status in 8 states of North East.

Findings: The sex ratio in most of the North East states is a lot better than that of other states and is mostly above the national average of 940. Sex ratios reveals an upward trend. It has been shown that high fertility rates, are due to the desire to have male children, which accounts for the large family size of most north east India's households. According to the World Health Organisation report almost three-fourth of maternal mortality occurs during the period of delivery or in post-partner. Thus, skilled personnel play an important role in ensuring their availability. Only 47 percent of births were delivered by skilled personnel all over India. This is disturbing for the rural areas where 75 percent of the births occur but only 37 percent are handled by skilled personnel, in the north east region; except for Mizoram, all the other states have poor utilization of health services. Even where health infrastructure is available for women, the utilisation of this is minimal and the opportunity to health safety and hygiene is missed; incidence of teenage pregnancies of women between ages 15-19 is far less prevalent in the north east than other areas. Except for Tripura and Arunachal Pradesh, teenage pregnancies are much below the national average of 4 percent; only 49 percent married women use modern contraceptives and the use of contraceptives is minimal except Mizoram. The rise of HIV/AIDS in this region is a clear result of ignorance of modern contraceptives. NACO in 2006 has called the spread of HIV/AIDS in north east as an 'emergency' with over 50,800 people of 2 lakh infected most. Indians were victims and were primarily from Nagaland, Manipur, Mizoram and Meghalaya.

Recommendations: There is a need to focus on governance systems as several Primary Health Centres (PHCs) are non-functional and are often used as temporary security posts; there is a dire need for doctors to penetrate the interior regions with the booming population, having high incidence of HIV/AIDS.

Key Words : 1.HEALTH 2.WOMEN HEALTH 3.HEALTH STATUS OF WOMEN 4.NORTH-EAST WOMEN.

Infertility

45. Shamila, S. and Sasikala, S.L. (2011).
Primary report on the risk factors affecting female infertility in South Indian Districts of Tamil Nadu and Kerala. Tamil Nadu : Manonmanium Sundaranar University, Rajakkamangalam. 3 p.

Background: Over population has always been a major problem of India, necessitating birth control. While developmental processes are in full swing, fertility is fast declining due to the modern lifestyle and usage of chemicals which impair reproduction

Objectives: The aim was to study the occurrence of infertility cases and major factors influencing infertility in southern districts of India.

Methods: Married couples, were 150 were in Kanyakumari, 165 were in Thirunelveli, and 204 were in Thiruvananthapuram were randomly interviewed to ascertain the prevalence of infertility.

Findings & Conclusion: In Kanyakumari district the incidence of female infertility was 45.67 percent, male infertility 54.33 percent; 82.48 percent were primarily and 17.52 percent secondarily infertile. Maximum infertility of female visiting infertility clinics prevailed between 25 and 30 years of age with 43.80 percent, 47.95 percent and 36.26 percent in Kanyakumari, Thirunelveli and Thiruvananthapuram respectively; out of 137 infertile females in Kanyakumari, 51.82 percent were infertile for 5 years, 32.85 percent for 10 years, 13.14 percent for 15 years and 1.46 percent for 20 years and only 00.73 percent for 25 years after marriage. The incidence of infertility among mothers and sisters was 24 percent and 32 percent respectively. In Kanyakumari 13.14 percent couples, Thirunelveli 25.34 percent and Thiruvananthapuram 16.96 percent couples had temporarily migrant male partner working abroad who failed to persist getting infertility treatment; infertile couples in 3 districts used minimum number of contraceptives showing negative correlation between infertility and usage of contraception; menstrual irregularly was reported among infertile females in the three study areas (4.0%, 44.85%, 44.11% respectively) and was positively correlated with female infertility ($p < 0.01$). According to Dabral & Malik, usage of family planning methods increased with education of women. However it was observed that very few educated couples were using contraceptives.

Key Words : 1.HEALTH 2.WOMEN HEALTH 3.INFERTILITY 4.CAUSES OF INFERTILITY 5.HEALTH STATUS 6.RISK FACTORS 7.TAMIL NADU.

Marital Violence

46. Silverman, Jay G. et al. (2011).
Gender-based disparities in infant and child mortality based on maternal exposure to spousal violence. Boston: Boston University, School of Public Health. 6 p.

Objectives: To examine associations between intimate partner violence (IPV) against Indian women and risk of death among their infants and children, as well as related gender-based disparities.

Methods: Analyses of nationally representative data to estimate adjusted hazard ratios (aHRs) and attributable risks for infant and child mortality based on child gender and on IPV against mothers. Women aged 15 to 49 years (n = 59 467) across all 29 Indian states participating in the Indian National Family Health Survey 3 provided information about 158 439 births and about infant and child mortality occurring during the 20 years before the survey.

Findings: Infant mortality was greater among infants whose mothers experienced IPV (79.2 of 1000 births) vs those whose mothers did not experience IPV (59.1 of 1000 births) (aHR, 1.09; 95% confidence interval [CI], 1.03-1.15); this effect was significant only for girls (1.15; 1.07-1.24; for boys, 1.04; 0.97-1.11). Child mortality was also greater among children whose mothers experienced IPV (103.6 of 1000 births) vs those whose mothers did not experience IPV (74.8 per 1000 births) (aHR, 1.10; 95% CI, 1.05-1.15); again, this effect was significant only for girls (1.14; 1.07-1.21; for boys, 1.05; 0.99-1.12). An estimated 58 021 infant girl deaths and 89 264 girl child deaths were related to spousal violence against wives annually, or approximately 1.2 million female infant deaths and 1.8 million girl deaths in India between December 1985 and August 2005. Intimate partner violence against women should be considered an urgent priority within programme and policies aimed at maximising survival of children in India, particularly those attempting to increase the survival of girls 5 years and younger.

Key Words : 1.WOMEN WELFARE 2.MARITAL VIOLENCE 3.CRIME AGAINST WOMEN 4.INFANT MORTALITY 5.CHILD MORTALITY 6.GENDER VIOLENCE 7.GENDER -BASED DISPARITY 8.INTIMATE PARTNER VIOLENCE 9.MATERNAL VICTIMISATION.

Maternal Health

47. Pandit, Niraj, Trivedi, Ashish and Bidisha, Das. (2011).
A Study of maternal and child health issues among migratory construction workers. Vadodara: SBKS Medical Institute and Research Centre. 3 p.

Background: According to recent census 2011, the total population of India is 1.21 billion. In 2001, 309 million persons were migrants based on place of last residence, which constitute about 30 percent of the population. The female and children are considered associated migrant in India. They are more vulnerable to health and social issues.

Objectives: The current study was conducted with following objectives to find out the demographic and health profile of female Migrant workers; to know the immunisation status, morbidity and mortality pattern of their children less than 5 years of age; to find out the reproductive health practices of the women of 15 to 45 years of age; and to compare major indicators with National and State general population.

Methods: The study was conducted in Sumandeep Vidyapeeth Campus, Piparia, district Vadodara, Gujarat, India which is situated in central Gujarat and 15 km from the city Vadodara. The study participants were selected from construction sites of campus. All families who were working in campus were selected as study participants. The criteria for study population were the female in reproductive age group and living with her husband. Thus, total 52 families living in the campus for construction work formed the study population.

Findings: All 52 female were Hindu and migrant labour. The mean age at marriage was 17 years (range 14 - 21 years) in the study population. Almost 63 percent got married before legal age of marriage which India is 18 years for female. First child was born at the mean age of 19 years (16 to 22 years) but almost 20 percent of females had first child at age less than 18 years. Almost 50 percent (n=26) females had children less than three years of age. Of these, 58 percent females had institutional delivery of last child and remaining had home delivery. Based on the last 2 births in the 3 years before the survey 11 children were between 12 to 23 months of age. Only two had Mamta card (vaccination card) with records and only one child (9%) was fully vaccinated with BCG, 3 DPT and Polio and one measles and Vit-A supplementation. Nearly (8/11) 78 percent children had BCG vaccination scar. All other vaccinations were incomplete. The mean age of women who did tubal ligation was 30 years (22 to 37 years). Almost 58 percent (30/52) of study population was aware about birth control measures. About 77 percent females had regular menstruation cycle. Almost 35 percent (18/52) had no complaints related to reproductive tract infection or STD. Nearly 30 percent (16) women had complaints of backache, 8 percent (4) had lower abdominal pain, 13 percent (7) had lower abdominal pain and backache, 11 percent (6) had complaints of vaginal discharge and 10 percent (5) had vaginal discharge with other symptoms. Nearly 17 percent (9/52) females had some morbidity in the previous one month and asked for treatment. Out of morbid women, 6 women took treatment directly from chemist and had not visited a doctor. Remaining women had tried home remedies. Of 52 families, two had history of death of children (less

than 5 years) and two families had history of maternal death (death of woman during & after delivery) in last two years.

Recommendation: There is urgent need to undertake large scale studies for verification of various RCH indicators in this critical group. Government of India is spending lots of money for improving maternal and child health under RCH programme /National Rural Health Mission so as to achieve Millennium Development Goal (MDG). But the results are not very encouraging. One of the reasons may be the plight of migrant population, particularly construction site workers. Thus the programme needs to focus on construction workers.

Key Words : 1.WOMEN LABOUR 2.CONSTRUCTION WORKER 3.MIGRATORY CONSTRUCTION WORKERS 4.MATERNAL HEALTH 5.CHILD HEALTH 6.MATERNAL CARE 7.CONTRACEPTIVE 8.MATERNAL AND CHILD HEALTH 9.MCH.

Reproductive Health

48. Gaur, Parul. (2009).
Delivery practices in the tribal area. New Delhi: Central Social Welfare Board.
18 p.

Background: Maternal and child health is an important dimension of community health nursing. According of National Family Health Survey -2 India (1998-99) children of women belonging to scheduled caste and scheduled tribes have higher rates of infant and child mortality than children of women belonging to other backward classes or to women not belonging to scheduled caste and scheduled tribe.

Objectives: The aim was to study the delivery practice in tribal area and to analyse various administrative, socio-economic, cultural and psychological factors affecting the institutional delivery.

Methods: The area of the study was Dhar district of Madhya Pradesh which consists of 13 blocks namely Bagh, Umarban, Dhaj, Dhar, Dharpuri, Gandhwani, Kukshi, Manavar, Nalchha, Nisarpur, Tirla, Sardarpur and Banawar. Dhar district was selected in study where the tribal population was more than 70 percent. According to census of 2001, there were six blocks of Dhar district where tribal population was more than 70 percent. These were Bagh, Umarban, Dhaj, Dhar, Dharpuri, Gandhwani, Kukshi and Tirla. Therefore, the area of the study was restricted to only six blocks as referred about the total number of villages as per 2001 census were 615 and the list of villages was prepared for both the categories 500-1000 and 1000-2000 separately. In the selected village all those available women who were pregnant and had child up to 5 years were included in the study. The actual number of such women available in the village during the survey was 250.

Findings: Out of the total respondents only eight percent had the facility of institutional delivery while 92 percent delivered their babies at homes. Out of total institutional deliveries, 81 percent were in government hospitals and only 19 percent in private hospitals. Out of the total home deliveries, 18 percent were assisted by trained dai and 29 percent were assisted by untrained dais, 27 percent were assisted by elders in family, 12 percent were assisted by neighbours while only 14 percent were assisted by the ANM. The reasons for not going to hospitals at the time of delivery was that they did not feel any necessity of modern health facilities and were not aware about modern health care. When they face any health problem, at first they go to their local men or women such as Ojha, Guniaa, Dai, Vadya, Badva, who treat them with traditional methods or medicines. Out of the total home deliveries only in 36 percent new blade was used to cut the umbilical cord while for the remaining deliveries scissors, sickle, bow and arrows, knife, old blade had been used.

Key Words : 1.HEALTH 2.DELIVERY SYSTEM 3.HEALTH CARE DELIVERY SYSTEM 4.REPRODUCTIVE HEALTH 5.PRIMARY HEALTH CARE 6.SOCIO-ECONOMIC CONDITION 7.INSTITUTIONAL DELIVERY 8.TRIBAL AREA 9.DHAR 10.MADHYA PRADESH.

49. Sri Devi, B. and Swarnalatha, N. (2007).
Prevalence of RTI/STI among reproductive age women (15-49 years) in urban slums of Tirupati town, Andhra Pradesh. Andhra Pradesh: Katuri Medical College, Department of Community Medicine, Guntur. 15 p.

Background: Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI) are a group of communicable diseases that are transmitted predominantly by sexual contact and caused by a wide range of bacterial, viral, protozoa, fungal and ecto parasites.

Objectives: The study sought to assess the prevalence of RTI/STI by various socio-demographic factors and risk factors among women of reproductive age group; to assess the prevalence of RTI/STI by symptoms and clinical findings, and to assess the treatment practices of women for RTI/STI.

Methods: Cross-sectional study was conducted in urban slums of Tirupati town by multi-stage sampling technique; 100 women were selected randomly using random numbers table. Prevalence of RTI/STI based on symptoms was found to be 35.7 percent. Common symptom was vaginal discharge (21.3 % followed by lower abdominal pain (4.9% and backache 3.5 %). Based on laboratory findings, highest positive results (88.9%) were seen in candidiasis followed by trichomoniasis (50%) and cervicitis (8%). The commonest type of vaginal discharge found among RTI/STI cases was cheesy in candidiasis (66.7%), watery (68.4% in NSV/BV, watery (75%) in PID, mucopurulent in cervicitis (60%) and pale creamy in trichomoniasis (100%). Relief from symptoms of RTI/STI was obtained in majority of patients (57.2%) while partial relief was found in 39.5 percent of cases. Higher reliefs was obtained with regard to candidiasis (88.9%) and NSV/BV (61.1%) than in other types of RTI/STI.

Recommendations: Health education regarding the risk factors of unhygienic menstrual practices, non-institutional deliveries and illegal abortions must be imparted to women in the study area to bring about a behavioural change to protect them from RTI/STI. During treatment of RTI, the importance of partner treatment must be explained to the patients in order to prevent recurrence.

Key Words : 1.HEALTH 2.REPRODUCTIVE TRACT INFECTION 3.RTI 4.SEXUALLY TRANSMITTED INFECTIONS 5.STI 6.HEALTH EDUCATION 7.WOMEN'S HEALTH 8.WOMEN AND HEALTH 9.REPRODUCTIVE HEALTH 10.URBAN HEALTH CENTRE 11.ANGANWADI CENTER 12.CROSS-SECTIONAL STUDY 13.HEALTH SEEKING BEHAVIOUR 14.TIRUPATI 15.ANDHRA PRADESH

50. Vasuki, S. and Elango, P. (2010).
A Study on reproductive health care practice with reference to rural women in Cuddalore district. Tamil Nadu: Annamalai University, Population Studies Wing, Annamalai Nagar. 10 p.

Background: Reproductive health problems are the leading causes of women's ill health and death worldwide. Besides maternal mortality, high rates of miscarriage and still-birth as well as pre-natal and neonatal mortality are a direct consequence of poor reproductive health and antenatal and neonatal care.

Methods: The researcher selected 5 villages in Chidambaram taluk of Cuddalore district, viz., Usupur, Meethikudi, Omakulam, Annamalainagar and Sivapuri. From each village 60 respondents were selected as sample. Total 300 respondents within the age groups of 15 to 45 were selected as a sample. Only the households which had children below 5 years of age were considered as sample and the same was confirmed by going through the Civil Registration Report.

Findings: Majority of the respondents of Usupur village (43.33%) and Omakulam village (36.67%) underwent above 5 pre-natal checkup contrastingly, majority of the respondents of Meethikudi village (41.67%) and Sivapuri village (48.33%) have under went 4-5 pre-natal checkup. Majority of the respondents of Meethikudi village (58.33%), Sivapuri village (46.67%) and Annamalainagar village (53.33%) had not done general medical checkup during their pregnancy time and 41.67% percent have done BP checkup and other fundamental test during the pregnancy period. More than half of the illiterates (73.17%) and primary level educated respondents (59.42%) had prenatal checkup thrice. More than 60 percent of the secondary level educated respondents (6.11%) and under graduates (61.11%) went for prenatal check up 4-5 times. Majority of postgraduates consulted doctors above 5 times during pregnancy. Majority of illiterates (63.41%) and primary level educated respondents (49.28%) had got general medical checkup and weight measurement during their pregnancy period and majority of them went for medical checkup to measure blood pressure checkup and have fundamental tests. Village wise respondents health care during pregnancy indicates that out of 300 respondents, 50 percents had got TT immunisation and 44 percent had not immunised themselves during pregnancy. Usage level of Iron Folic Acid (IFA) tablets indicated that out of 41 percent of total 300 respondents, had consumed IFA tablets as against 59 percent of the respondents had not. The analysis shows that out of total 300 respondents, 49.33 percent did not consult doctors and health personnel during their pregnancy as against 50.67 percent of the respondents who consulted doctors. Education wise respondents' health care during pregnancy period shows that half of the respondents who complete secondary level (62.22%), under-graduate level (59.26%) and post-graduate level (69.57%) have got TT immunisation during their pregnancy period. Majority of illiterates (56.1%) and primary level educated respondents had not got TT immunisation during their pregnancy period although the trend is highest among the under-graduates (74.07%). Regarding seeking advice during pregnancy, more than two-third of the illiterate respondents (70.73%) had sought advice either from health personnel or doctors regarding the problems of delivery of child in relation to health conditions.

Recommendations: Expanding the access to primary and secondary education to rural girl children could help in delaying the age at marriage, child bearing, better dietary practices and utilisation of health care services; personal hygiene and environmental education could be extended to rural areas and values of local foods available with their nutritional values could be taught to rural women; awareness could be created by counselling to delay marriages to avoid adolescent and unwanted pregnancies and related health problems.

Key Words : 1.HEALTH 2.REPRODUCTIVE HEALTH 3.HEALTH CARE PRACTICES 4.WOMEN HEALTH 5.RURAL WOMEN 6.CUDDLAORE 7.TAMIL NADU.

Self Help Groups

51. Hussain, B. Zahir and Zafar, M. Syed. (2010).
Self help groups and women empowerment in Puducherry. Annamali Nagar:
Annamali University, Annamali Nagar, Tamil Nadu. 9 p.

Background: Empowerment is defined as the processes by which women take control and ownership of their lives through expansion of their choices.

Objectives: The study aimed to analyse rural women empowerment among the members of self help groups in Puducherry.

Methods: In this study, rural women from 5 villages were selected. From each village, 50 self help group women members were selected as a sample.

Findings: Out of the 26 factors of economic empowerment, women respondents rate first order economic empowerment in terms of spending according to own discretion as per their secured mean score of 4.22 on a 5-point rating scale. The respondents rank second order economic empowerment with respect to household expenditure decision making as per their secured mean score of 4.20 on a 5-point rating scale. The respondents possess third order economic empowerment towards free from economic dependency as per their secured mean score of 4.13 on a 5-point rating scale. The economic empowerment in terms of satisfaction of personal needs ranks the fourth order as per the respondents secured mean score of 4.08 on a 5-point rating scale. The economic empowerment towards increase in bargaining power takes the fifth order as per the respondents secured mean score of 4.00 on a 5-point rating scale. The respondents have sixth order economic empowerment towards independent earning as per their secured mean score of 3.98 on a 5-point rating scale. The respondents hold the seventh order economic empowerment in terms of increase in capacity to manage household economic resources as per their secured mean score of 3.95 on a 5-point rating scale. The respondents possess eight order economic empowerment towards changes in role and economic responsibility as per their secured mean score of 3.71 on a 5-point rating scale. The economic empowerment in terms of increase in saving ranks ninth order as per the respondents secured mean score of 3.65 on a 5-point rating scale. they have tenth order economic empowerment towards selling assets as per their secured mean score of 3.63 on a 5-point rating scale. The respondents rate eleventh order economic empowerment in terms of recognition of women's economic contribution as per their secured mean score of 3.60 on a 5-point rating scale. The respondents rank twelfth order economic empowerment with respect to increase in access to and ability information as per their secured mean score of 3.59 on a 5-point rating scale. Respondents possess thirteenth order economic empowerment towards increase in economic skills as per their secured mean score of 3.44 on a 5-point rating scale. The economic empowerment in terms of increase in awareness of opportunity ranks the fourteenth order as per the respondents secured mean score of 3.43 on a 5-point rating scale. The economic empowerment towards increase in domestic economic choice making takes the fifteenth order as the respondents secured mean score of 3.31 on a 5-point rating scale. The respondents

have sixteenth order economic empowerment towards coping capacity to a different household shock as per their secured mean score of 3.30 on a 5-point rating scale. The respondents hold the seventeenth order economic empowerment in terms of increase in contribution to household income as per their secured mean score of 3.21 on a 5-point rating scale. The respondents possess eighteenth order economic empowerment towards access to credit as per their secured mean score of 3.20 on a 5-point rating scale. The economic empowerment in terms of right to allocate household resources ranks ninth order as per the respondents secured mean score of 3.09 on a 5 point rating scale. The respondents have twentieth order economic empowerment towards increase in spending towards educating girl children as per their secured mean score of 2.92 on a 5-point rating scale. They rate twentyfirst order economic empowerment in terms of acquiring wealth as per their secured mean score of 2.71 on a 5-point rating scale. The respondents rank twenty second order economic empowerment with respect to positive changes in economic attitude as per their secure mean score of 2.61 on a 5 -point rating scale. The respondents have twentythird order economic empowerment towards increase in property inheritance rights as per their secured mean score of 2.38 on a 5-point rating scale. Economic empowerment in terms of increase in additional income generating skills ranks the twenty fourth orders as per the respondents secured mean score of 2.29 on a 5-point rating scale. The respondents possess twentysixth order economic empowerment towards access to unearned income as per their secure mean score of 2.07 on a 5-point rating scale. Thus, women respondents have high level economic empowerment in terms of spending according to own discretion, enhancement in household expenditure decision making, free from economic dependency, satisfaction of personal needs increase in bargaining power, independent earning capacity, increase in capacity to manage household economic resources and changes in role and economic responsibility. Women respondents have moderate level economic empowerment with respect to increase in saving, right to sell household assets, recognition of women's economic contribution, etc. Women have low economic empowerment with respect to increase in spending for educating girl children, acquiring wealth, positive change in economic attitudes, increase in property inheritance rights etc.

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

52. Sinha, Frances et al. (2006).
Self help groups in India : a study of the lights and shades. Gurgaon: EDA Rural Systems Pvt. Ltd. 25 p.

Background: India brims with Self Help Groups (SHGs). The National Bank of Agriculture and Rural Development (NABARD) estimates that by March 2006 over 33 million women have been linked to banks for financial services through 2.2 million SHGs. Whilst the SHG system uses existing marketing channels, the banks, to bring formal financial services to a new market segment, the SHGs as intermediaries have to be formed and developed. The development role or 'promotion' as it is usually called is undertaken by different agencies which we refer to in this study as Self Help Promotion Agencies or (SHPAs).

Objectives: The study explores the 'lights' and the 'shades' of SHGs, the social and economic benefits and the downsides. The aim is partly to find out what is really happening at group level. It also tries and looks at what can be done, exploring factors that contribute to positive and negative outcomes, and to consider what can be done to optimise the benefits or to avoid the downsides.

Methods: This study addresses three broad areas of enquiry: the social role of SHGs, their outreach and their sustainability. For the study sponsors, the social role was paramount. However at the study design stage, it was agreed that sustainability issues should be explored alongside the social aspects. This is because SHGs do have a basic financial intermediary role, and sustainability in this role is fundamental, whatever the social role or potential may be. The study was undertaken in four states, two southern (Andhra Pradesh and Karnataka) and two northern (Orissa and Rajasthan). The study covers 214 SHGs in 108 villages of 9 districts.

Findings and Conclusions: Over half the sample villages have more than five active SHGs. The southern villages, with larger populations, average 15 SHGs/village (14 in AP, 18 in Karnataka; just one village is in the 2-SHG category). The northern villages average 4-5 SHGs/village in both States, and are evenly distributed across the SHG number categories, with 20 villages having only 1-2 SHGs; the SHGs have on average 14 members, with some variation between states (lower in AP) not much by SHPA. The average age of the SHGs is 6 years, though 10 percent of the sample have been formed for less than three years and a similar proportion for more than eight year- across the study states; most SHGs have monthly savings, though savings are weekly in Karnataka where the savings amount/month is higher, and NGOs and Banks encourage small weekly savings Rs12 in preference to larger monthly deposits (averaging Rs74). One third save up to Rs30 (equated with a daily savings rate of Re1) especially in AP (where two-thirds of the sample groups save this amount or less) and amongst Government promoted groups; all sample SHGs in the southern states, and three-fourths of sample SHGs in the northern states have taken external borrowings. The average number of borrowings is 2.5, totalling just over Rs1 lakh/SHG cumulatively, with Rs 58,600 outstanding (excluding 14 SGSY groups); SHGs lend to members within their groups at an average rate of interest of around 24 percent a year (2% a month). Eighty-five percent of the sample lend at this rate, less fourteen percent lend at 36 percent (with two at 60%); a substantial proportion of SHGs in the sample (66% in the south, 54% in the north) are members of SHG networks or federations, formed at either the village, village cluster or higher level. The overall sample findings show that 51 percent of SHG members are poor, including

15 percent very poor; 32 percent are borderline (or 'vulnerable non-poor') 17 percent are non-poor; the depth of outreach (to poor and very poor families) is similar (53-61%) across the three states of AP, Karnataka and Orissa, and lower (34%) in Rajasthan reflecting a community inclusive approach among NGOs in the study districts of this state. A substantial proportion (62%) of SHG members are BPL card holders 58.3 percent in the southern sample, 43 percent in the northern sample; 10 percent of SHG members are widows, 13-14 percent in two States - Karnataka and Orissa; a somewhat different category (though with some overlap) are women heads of households, defined as those without a male earner in the household. In the sample, 11 percent of SHG members are women heads of households - over 13 percent in all states, except for Rajasthan, which has a low 3%. And in AP, the wider gap between widows and women heads of households probably reflects migration by men in the family; the main activities of SHGs are agriculture based, with 38% of women in the overall sample engaged in casual/agricultural labour and 29 percent engaged in own agriculture; 17 percent of women reported non-farm enterprise as their main activity; comparing the sample by state, non-farm enterprise as the main activity is higher in the AP and Orissa samples (27%), including enterprises managed by the women themselves; in the AP sample, fewer women (22%) are engaged in casual labour, more of (37%) are engaged in own agriculture; about three-fourths of them across the two regions did say they were interested. Those who said "No" did not expressly state a lack of interest to join SHGs – instead pointed to the barriers to joining SHGs: they were in both southern and northern regions; (i) husband and family members against the woman's joining the SHG and (ii) the apprehension of inability to meet the savings requirements - either the quantum of weekly/monthly saving or the necessary regularity of deposits on account of variable income, in the southern states, non-members were also concerned about the repayment terms for SHG loans. In stating 'additional financial burden' as a reason, non-members were probably questioning the repayment norms in SHGs. Some SHGs do retain fairly short repayment periods, regardless of the size of loan taken by a member; the overall dropout rate is a little under 10 percent with the dropout rate in Rajasthan being slightly higher at over 12 percent, and lower in AP at 7 percent; in our sample 61 women who ran for election (2.5% of total members), of whom 44 were elected: 26 from the south, 18 from the north. The majority (34) were elected as ward representatives. Nine were elected as *sarpanch*, (3 in the south and one *up-sarpanch* or deputy, 5 in the north), one as a member at block level. Out of the 44 elected women representatives from SHGs, 30 percent appeared active, another one-fourth were moderately engaged; 26 SHGs (in 15 villages) told us that they had taken action on issues of social justice, that is 12 percent of the total 214 groups; in 40 villages (of the 108 in the study sample) we found examples of community action by SHGs. Such actions included improving community services (water supply, education, health care, veterinary care, village road), contributing finance and labour for new infrastructure, trying to stop alcohol sale and consumption, protecting natural resources and acts of charity (to non-members). The findings on financial performance of SHGs are mixed in terms of profitability, return on capital and costs. The data on defaults and portfolio at risk suggests the need for further analysis and research in the context of variable repayment patterns and an apparent divergence between stated norms and practice.

Key Words : 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.EMPOWERMENT WOMEN 4.MICRO CREDIT 5.CREDIT FOR WOMEN 6.SHGS 7.SOCIAL ROLE OF SHGs.

Sex Workers

53. Mangoli, R.N. and Tarase, Ganapati M. (2010).
Sex workers in Hubli-Dharwad : a socio-economic background and knowledge of AIDS. Karnataka : Karnataka Univ., P.G. Department of Criminology and Forensic Science, Dharwad. 13 p.

Background: Prostitution is associated with the social processes and existing assumptions in any society. The institution of prostitution has existed in one form or another in all class-based patriarchal societies (Ahuja, 2011). It has become a source of livelihood not only to thousands of girls/women but also to a large number of families, pimps or procurers who thrive on their earnings. The present study proposed to look into the lives and knowledge about the AIDS of commercial sex workers in Hubli-Dharwad cities in Karnataka.

Objectives: The objectives were to study the social, economic background of the commercial sex workers; to study their knowledge about HIV/AIDS; to study the source of information about HIV/AIDS and to study the use of condoms in the time of sexual intercourse.

Methods: The sample size was 119, where female commercial sex workers were from Hubli-Dharwad cities of Karnataka; the duration of study was, January to April 2008.

Findings: Married sex workers were 72.27 percent and unmarried were 13.45 percent; divorce or separated from spouse were 8.40 percent and widows 5.88 percent. 27 percent of respondents had gained access to High School (21.85%) and college (5.05%) education and yet chosen to become sex workers; largest concentration of sex workers were in the age groups 21-30 years (54.62%). But the higher age groups showed a reduction in the number of sex workers; 'economic distress' was the reason cited by the largest number (28.57%) for taking sex work. Family disharmony, tradition and social customs that have sanctioned the devdasi, desertion and other facts like kidnapping, abduction, deception, displacement were among other reasons responsible for entry into sex work; 90 percent of sex workers in Hubli-Dharwad cities had heard of AIDS; knowledge of AIDS increased from 83 percent for illiterate sex workers to 100 percent for sex workers who have completed at least a High School education. Knowledge of AIDS is low among sex workers from Scheduled Castes and Scheduled Tribes (87.89%); NGO/health workers.TV is the most important source of information about AIDS among sex workers in Hubli-Dharwad cities. 82-84 percent of respondents who knew about AIDS received information about it from friends and relatives (69%), radio (55%), newspapers/magazines (32%). (37%) respondents received information from posters/heading; Adult Education Programme, School/Teachers etc. -59.66 percent 'Always' use condoms; 30.25 percent 'Sometimes' use condoms and (10.99%) 'Never' uses condoms. Half of the sex workers use condoms with their new clients 40.34 percent; 26.89 percent use with regular clients, 11.76 percent sex workers use condoms with their husband and 14.29 percent with boyfriends or lovers.

Recommendations: Sex education should be given to men and women so that they can value their self control; employment opportunities for girls should exist; widow remarriage should be

encouraged and the dowry system should be discouraged; public should be enlightened about the law and report any nuisance in their surrounding areas and awareness campaign about HIV/AIDS and sex trade must be carried out in high risk communities so that girls and their parents are kept informed about their dangers of AIDS and trafficking (Nag, 1996).

Key Words : 1.SOCIAL DEFENCE 2.PROSTITUTION 3.SEX WORKERS 4.AIDS 5.AIDS PREVENTION 6.HIGH RISK GROUP 7.SEX TRADE 8.HUBLI-DHARWAD 9.KARNATAKA.

Swaranjayanti Gram Swarozgar Yojana

54. Kashmir University, Population Research Centre, Srinagar. (2009).
Evaluation of Swaranjayanti Gram Swarozgar Yojana (SGSY): Jammu and
Kashmir. Srinagar: KU-PRC. 79 p.

Background: Government of India is implementing a number of Centrally Sponsored Schemes (CSS) in the areas of rural development, urban development, health and family welfare, education, agriculture, women and child development, sanitation, housing, safe drinking water, irrigation, transport, border area development, social welfare throughout the Country, including Jammu & Kashmir. Swarnajayanti Gram Swarozgar Yojna (SGSY) is described as a holistic programme of micro enterprise development in rural areas with emphasis on organising the rural poor into Self-Help Groups, capacity building, planning of activity clusters, infrastructure support, technology, credit and marketing linkages.

Objectives: The main objectives of all these schemes are to generate employment, reduce poverty & economic inequality and improve the quality of life.

Methods: The Community Development Blocks in each district were divided into two groups of high and low performance based on the information on key indicators of development. One block from each of the two groups was selected on random basis. Detailed information about the CSS were collected from district and block offices. From each selected block, 5-7 villages were selected on random basis. From the selected villages the information was collected from all the beneficiaries who were covered under SGSY in the selected villages. In addition to it, from each selected village, 5 respondents who had applied, but not selected, were also interviewed. Besides, detailed interviews were held with the officials at state, district and block level.

Findings: The SGSY scheme is implemented in all the districts of Jammu & Kashmir more or less as per the guidelines of the scheme. It was observed that on an average Rs. 800-900 lakh were made available to the state annually during 2001-07 for the implementation of SGSY. Although the state had released matching funds for the implementation of the scheme during 2001-07, but the Centre had released only 68 percent of the allocated funds to the state during 2001-05, which further dropped to 63 percent during 2005-07; the state was in a position to utilise only 80 percent of the funds made available to it during 2001-07; the state was concerned, around 70-76 percent of the funds were utilised on subsidy, 11-15 percent on infrastructure development and 3-6 percent of the funds were spent on training component. Among selected districts, the expenditure on subsidy was the highest in Kupwara district (81-96 %) and lowest in Rajouri district (55-61 %). The two selected districts in Jammu division devoted about 20-25 percent of the funds for infrastructure development, whereas the two selected districts in Kashmir division gave least priority to this component; the percentage of SHGs which took up economic activity was highest in Kupwara (40%), followed by Anantnag (17%). In Rajouri and Doda districts less than 10 percent of the groups had taken up economic activity; women SHGs accounted for only 16 percent of the total number of SHGs formed in the state during 2003-07. In Doda and Rajouri districts there were virtually no WSHGs,

whereas in Anantnag and Kupwara districts WSHGs accounted for less than 10 percent; the main key activities taken up by Swarogaries/SHGs in Jammu and Kashmir were dairy, poultry, mule/sheep & goat rearing, handicrafts, blanket weaving, handloom, fisheries, sericulture and retail trade. Of the total number of 96 Self Help Groups, 25 percent were engaged in dairy/vegetable growing and willow work, 11 percent in poultry and /sheep rearing, 8 percent in shawl/crewel making and 3 percent each in saffron growing and tailoring/tilla dozi. Atleast 18 percent of the groups had not yet taken up any economic activity; 54,639 of swarozgaris were trained under SGSY during 2001-07. Of these trainees, 43 percent were women, 13 percent belonged to Schedule Tribe category and 5 percent to Schedule Castes. A total amount of Rs.193.42 lakhs was spent on training of the swarozgaris and officials in the state; out of the total number of 44,598 swarozgaris during 2000-07, 42 percent (18,580) were covered under primary sector, 41 percent under secondary sector (18,188) and 18 percent (7,832) under tertiary sector. The percentage of swarozgaris under primary sector declined from 55 percent in 2000-01 to 42 percent in 2006-07, while the percentage of swarozgaris under secondary sector increased from 19 percent in 2000-01 to 40 percent in 2006-07. The percentage of swarozgaris in the tertiary sector during the period fluctuated between 24 percent and 16 percent.

Recommendations: Knowledge about the scheme and its various aspects is limited. Hence, there is a need to create awareness about the scheme, in self employment programmes. Care should be taken at the time of selection of beneficiaries. Only those beneficiaries who have the potential to start and manage the economic activity should be covered under the scheme; the officials mentioned that they find it difficult to arrange a minimum of 8 members in a woman SHG. Therefore, it is suggested that a woman SHGs with minimum of 4 members should also be allowed/recognised; banks should be directed to ensure that the people residing in far-flung areas are also covered under the scheme; proper training programmes regarding financial and administrative management, maintenance of records and marketing facility should be arranged by the certain reputed agencies, both for-Self Help Groups and individual beneficiaries.

Key Words : 1.SOCIAL WELFARE 2.SWARANJAYANTI GRAM SWAROZGAR YOJANA 3.EVALUATION REPORT OF SGSY 4.SGSY 5.EMPLOYMENT RURAL AREA 6.EMPLOYMENT SCHEME 7.RURAL DEVELOPMENT 8.ECONOMIC DEVELOPMENT 9.WOMEN EMPOWERMENT.

Widows

55. APTICO Ltd. Engineering Growth, Hyderabad, Andhra Pradesh.
Report on socio-economic status of widows in Tirupati. Hyderabad : APTICO.
95 p.

Background: Though women today are being increasingly recognised as important, powerful and meaningful contributors towards the socio-economic development of a nation but countless women continue to be the victims of torture, violence and large scale deprivation, amongst them the condition of widows is quite thought provoking. Widowhood as a phase in the life of a woman is definitely a tragic event. As soon as a woman enters into the phase of widowhood, she encounters a lot of socio-economic, cultural, demographic health and individual changes. Now it is high time that widowhood should be viewed not only from the individual perspective, but also from the social perspective.

Objectives: The objectives of the study were: to ascertain the flow pattern of widows into Tirupati on the basis of their places of origin, family background etc. to prepare a profile of widows at Tirupati indicating, their age, qualification, strength, weakness, skill and talent etc. to ascertain their engagement pattern, earnings, living conditions etc. to ascertain the job opportunities available for their absorption or rehabilitation; to ascertain the responses of the local authority and business houses to the causes and solution of the problems of widows to analyse their problems for living a standard life as a normal citizen preparing realistic rehabilitation plan to solve the problems of these widows make concerted realistic, suggestions through well drawn out schemes for solution of the problem of widows.

Methods: The total sample size in different target respondent groups were 1140; zones of study and number of sample widows in each area comprised were : Tirumala 224, Tirupati 641 and Thiruchanoor 135. Total number of widows were 1000.

Findings: Findings indicate that the middle aged widows constitute the highest number at 490 out of 1000 sample widows followed by old (277) and young (233) widows; they are in the economically active age group in general are 78 percent and 22 percent are in reproductive age group; 85 percent of the widows are illiterate and even among those literate widows, It is obviously 14.8 percent of the widows among the sample have the opportunity to enter into the school, even among 14.8 percent of the widows, who entered in the school, only about 11 percent have completed ten years and above of schooling and only about 58 percent have completed five years of schooling; more than 53 percent of sample respondents have not interested in getting remarriage and another 14.5 percent opined that remarriage is not customary. Further, nearly eight percent of sample respondents opined that their parents/in-laws did not allowed them to remarry ; 52.5 percent of the sample widows were living alone, 1.4 percent were living with other widows, 0.2 percent were living with other workers and another 0.2 percent were living with PASS organization (NGO), widows living with in-laws constitute 14.6 percent and those living with parents constitute only 1.2 percent; 72 percent of the sample widows did not have vocational skills, only few widows have training in traditional vocational skills in tailoring, weaving, garland making, artificial flower making and rangoli; 92

percent belonged to the Hindu religion; more than 62 percent of widows informed that their own decision is the major driving force to leave the family/ house, around 22 percent of widows don't have any response on this issue, however other widows informed that there are forces from relatives (6.6%), daughter-in-laws (2.2%), sons/ daughters (1.4%), other widows (0.3%) and other persons (5.4%); (90%) of the sample widows are denoted that they wish to live in Tirupati, because they felt that it is a good place for staying, it is a religious place, the people in this place are helpful and there are many opportunities for getting gainful work; the distribution of sample widows based on income indicate that above 89 percent of widow beggars have been earning less than Rs.30 per day and they are considered as the poorest among poor. Similarly, around (96%) of widow beggars have been earning less than Rs.50 per day and they are in the Below Poverty Line group. Among daily wage labourers, poorest widows constitute (47.2%) and BPL widows constitute (66.5%); the distribution of sample widows based on their monthly expenditure shows that about (50%) of the sample widows spend less than Rs.1000 per month and hence they are considered as the poorest among the poor. Similarly, it is observed that nearly (70%) of sample widows spend less than Rs.1500 per month and hence they are considered as poor.

Recommendations: There is a need for providing self-employment opportunities or employment in the organized sector to the widows in order to empower them; to plan and implement location specific programmes/ projects for the overall development of the widows with the active involvement of the local Non Governmental Organisations; to provide financial assistance for establishing community based aid centres and rehabilitation centres for the widows; to provide reservation for educated widows in Government jobs; to establish strong networks between the government departments/organizations/ institutions working for the welfare of the widows; to sponsor location specific studies for designing appropriate programmes for the welfare of the widows and to ensure strict enforcement of the laws on dowry and atrocities against widows.

Key Words : 1.WOMEN WELFARE 2.WIDOWS 3.PROBLEMS OF WIDOWS 4.SOCIO-ECONOMIC STATUS WIDOWS 5.SITUATION ANALYSIS OF WIDOWS 6.TIRUPATI 7.WOMEN IN DIFFICULT CIRCUMSTANCES 8.ANDHRA PRADESH.

Women Scientists

56. Kurup, Anitha et al. (2010).

Trained scientific women power : how much are we losing and why?.
Bangalore: Indian Academy of Sciences. 76 p.

Background: Science and technology are key inputs to the economy. In the Indian context, while there has been a rise in the numbers of women entering Science and Engineering education there is a steady attrition of women at the progressively higher levels. Even though one of every four scientists in India is a woman (Sur, 2001), the largest pool of them remain at the lower rungs of Science. Even in the Biological Sciences, which have a higher proportion of women, they are limited at junior faculty positions, where their proportion ranges from 18-33 percent (Bal, 2005). The present study is an attempt to bring visibility to the unique challenges faced by different groups of women in Science and to understand their experiences and needs in order to develop meaningful mechanisms of intervention.

Objectives: The study sought to create a database of women scientists with a PhD in Science, Engineering or Medicine; to analyse trends and reasons for the drop-out among women scientists from a research-based career and to develop a set of comprehensive recommendations to retain women in Science.

Methods: A total of 2369 scientists who had completed a PhD in Science, Engineering or Medicine were registered. Of these, 1966 were women and 403 were men. A survey was conducted with a total of 794 of the registered members (568 women, 226 men) based on voluntary participation and availability of respondents.

Findings: About 57.1 per cent of women scientists of the study group reported annual family incomes of Rs. 6 lakh and above (which included spouses, if married). While 85.9 percent of WIR (268 women) reported being married, the proportion of women who have reported 'never being married' is also higher in this sub group ((14.1 %) when compared to the other two sub groups namely WNR and WNW. A majority of women in the group reported having children (74.4 %). However the proportion of WIR with children was lesser compared to the other two sub groups (WNR & WNW); 48.3 percent of the responses indicated that the group on an average had children over 15 years. 42.4 per cent of the responses by WIR indicate that the group had children after completion of PhD. 76.4 per cent of the responses from WIR who had children indicated that they had taken a minimum maternity break during child birth and the proportion of WIR reporting. 46.8 per cent of WIR reported that they continued to work between 40-60 hours per week when their children were growing up (i.e. time spent at office). With respect to help with childcare; one in every four of the responses by WIR (25.8 %) showed them receiving help from their own family. Almost an equal number of responses (23.6 %) showed them having taken help from paid professionals and help from husband's family.

Recommendations: There should be provision in managing career, home and opportunities should be available for networking and collaborating employment; there should also be increase in job opportunities and a policy for spouses.

Key Words : 1.WOMEN WELFARE 2.WOMEN SCIENTISTS 3.SCIENTISTS SCIENCE AND WOMEN 4.WOMEN HIGHER EDUCATION 5.WORKING WOMEN 6.TRAINED SCIENTIFIC WOMEN POWER 7.SITUATION ANALYSIS OF WOMEN SCIENTISTS.

Women's Empowerment

57. Satapathy, Sachidananda et al. (2002).
Women's empowerment and panchayati raj : a case study from Orissa (India).
Bangalore: Institute for Social and Economic Change. 20 p.

Background: Women's empowerment refers to the process by which women acquire due recognition on par with men, to participate in the development process of the society through the political institutions as a partner with human dignity.

Objectives: To find out how women members and also women Sarapanch are elected/chosen by an electorate; to investigate the socio-economic profile of elected women members of the Panchayat; to find out the outcome in terms of development whether women Panchayat leaders are successful and satisfied with their role in decision-making, and specific rural schemes like Jawahar Rozgar Yojana (JRY); and to examine whether women leadership has made any difference in their implementation and evaluation.

Methods: For the purpose of the study three Panchayats of Jagatsinghpur district in Orissa was purposefully selected. All the elected women members from Gram Panchayats were the sample. Then, the assessment of selected male villagers regarding the efficacy of woman panchayat as members, including two women were selected. The study included one ex-Sarapanch, secretary of a Panchayat, a senior citizen, and a present Sarapanch, one woman activist, one graduate and a husband of a woman ward member.

Findings: Women from the reserved category are participating in greater number which may change the equation in Panchayat electoral politics. Reservation of seats and posts for them has been the main reason for the prominence of SCs. Among women leaders, about 71 percent are dependent on their husbands and 29 percent of the women though they are members of Panchayat go for daily wages. The study showed that these leaders are generally influenced by their nearest relatives in every aspect; It indicates 57 percent of their husbands depend upon farming, thus women leaders are from among the farmers and the wage labourers. More than 86 percent of the women members had no pre-existing political experience before entering into the Panchayat office. Out of 21, only three members had a previous political experience before becoming a member to Panchayat Samiti. Woman respondents commonly asserted that they were not in favour of exclusive women's issue or cause, they rather tried to work for collective interests of village. Of the total women respondents, 86 percent felt satisfied with their respective Panchayat roles and 57 percent expressed their readiness to contest next Panchayati Raj election and 43 percent declined to stand for next Panchayati Raj election. The main cause of departing Panchayati Raj institution was not because of their incapacity but for factors beyond their immediate control. Out of 21, nine felt the

apathy of other male colleagues and three fear of public criticism. Thus, education and occupation have no significant bearing on women's participation.

Key Words : 1.WOMEN WELFARE 2.PANCHAYATI RAJ 3.RURAL WOMEN 4.WOMEN'S EMPOWERMENT 5.LOCAL GOVERNANCE 6.POLITICAL PARTICIPATION OF WOMEN 7.WOMEN IN LOCAL GOVERNANCE 8.WOMEN SARAPANCH 9.SOCIO-ECONOMIC STATUS.

58. Sen, Ruchira (2008).

Education for women's empowerment : an evaluation of the government run schemes to educate the girl child. New Delhi : Centre for Civil Society. 41 p.

Background: Article 14 of the Constitution of India guarantees equal rights and opportunities to men and women in political, economic and social spheres. Education as such results in positive externalities. Not only does it have an intrinsic value in the sense of the joy of learning, reading etc, but it also has instrumental, social and process roles. Moreover education may spread through interpersonal motivation. When one individual sends her child to school, her neighbour is likely to do so as well. Women's education too, often spreads this way, more specifically, through same sex effects. i.e. an educated woman is far more likely to send her daughter to school than an uneducated woman.

Objectives: The study sought to evaluate the impact of Government run -schemes for educating the girl child.

Findings: In schemes like the Indira Awas Yojana in which only 77.17 percent of the beneficiaries are women and the National Child Labour Project in which only 44 percent of the expenditure is exclusively for girls have been given 100 percent of their funding from the fund that is to be used exclusively for women. The Sarva Shiksha Abhiyan (SSA) aims to provide vocational and non formal education to out-of-school children, of which girls constitute a significant proportion. While these schemes have been designed keeping in mind groups like girls, SCs and STs who are often left out of the development process, the quality of schooling is a matter of concern. By 2010, the SSA aimed to achieve universal retention and made an attempt to bridge gender and social disparities at the primary level by 2007 and at the elementary level by 2010. It was meant to improve access to education as well as the quality of elementary education; the objective of Education Guarantee Scheme (EGS) or Schemes for Alternative and Innovative Education (AIE) was to enroll children between 6 to 8 years of age into school. It was intended to arrange motivational courses to this end, if necessary. Children of ages 9 to 11 in non formal schools were to be mainstreamed with the help of bridge courses and residential camps. Schools in school-less habitations were to be set up; the objective of National Programme for Education of Girls at an Elementary Level (NPEGEL) is to distribute free textbooks for girls till class VIII, construct separate toilets for girls and to conduct bridge camps for older out-of-school girls, ensure that 50 percent of the newly recruited teachers were female and that learning materials would be gender sensitive, it also intends to mobilise intensive community efforts and institute an innovation fund (for better enrolment and retention) per district. 73788 teachers in educationally backward blocks have been sensitised to gender issues. 7713 additional rooms have been constructed in schools for space for teacher training and skill building for girls. Free uniforms have been distributed to 20 million girls in educationally backward blocks. NPEGEL was expanded to 38748 clusters (8-10 villages) in 3122 blocks in 2006; the Kasturbha Gandhi Balika Vidyalaya (KGBV) sets up residential schools at the upper primary region- primarily for girls from SC, ST and OBC families as well as minority communities. The scheme is being implemented in Educationally Backward Blocks where the female rural literacy is below the national average. 75 percent of the seats in KGBVs are reserved for SCs, STs, OBCs and minorities. The remaining 25

percent of the vacancies are filled with girls of BPL families; the Early Childhood Care and Education (ECCE) aims at setting up pre-schools to prepare children for schooling. It has an indirect bearing on education for girls as with her siblings in school, the girl child need not assume sibling care responsibilities during school hours and can therefore, attend school; the Mahila Samakhya (MS) Programme seeks to benefit women of all ages, especially those from socially and economically marginalised groups. It aims to integrate formal and non formal education for girls, education schemes for adult women and vocational training for girls and women. The presence of Mid-Day Meal (MDM) Scheme in the village increases the probability that a girl child would be enrolled in a school by 15 percent; the Balika Samridhi Yojana targets BPL girls and daughters of rag pickers, vegetable/fish sellers, pavement dwellers and the like. Under this Scheme, the State deposits Rs. 500 in an interest bearing account in the name of the girl child. When the girl turns 18, she may avail of the money if she is still unmarried (as certified by the Gram Panchayat). Annual scholarships are also awarded under this Scheme. These are incremental in order to encourage retention. The money in this account can be withdrawn with sanction from the mother/guardian of the girl child only for premium payments under the Bhagyashree Balika Kalyan Bima Yojana and to pay for textbooks and uniforms; the ICDS seeks to promote pre-school education and to train Anganwadi workers, primary school teachers and health workers to benefit children between 0 to 6 years of age, pregnant women and nursing mothers from the poorest of poor families, disadvantaged areas, backward and rural areas, tribal areas and slums. Activities under the ICDS include the provision of supplementary nutrition, referral services, nutrition and health education, preschool education, immunisation and health check ups; it also aims to provide a foundation for the proper psychological development of children; the Kishori Shakti Yojana is a redesign of the Adolescent Girls' Scheme which was under the ICDS. It seeks to benefit girls of 11 to 18 years of age. Its objectives involve improving the nutritional, health and development status of adolescent girls, promoting awareness of health, hygiene, nutrition and family care, sending out of school girls back to school through bridge courses and non formal education channels as well as imparting vocational training and sex education.

Recommendations: More crèche services need to be offered to increase girls' enrolment by relieving them temporarily of sibling care responsibilities; anganwadi workers need to be paid a higher honorarium; the MWCD should not release the grants for the next year to the State without sufficient evidence of training programmes to Anganwadi workers and helpers through NGOs dealing with health and pre-school education in areas in which the Mahila Samakhya Scheme is in operation; Mahila Sanghas should operate the ICDS Centres; the MWCD should not release grants to the State Government without sufficient evidence of an Anganwadi Centre in every settlement. The State Governments should provide reports of the number of settlements and on whether each has an ICDS centre. NGOs and social workers should file applications under the Right to Information to ensure that this has been done.

Key Words : 1.WOMEN WELFARE 2.WOMEN EMPOWERMENT 3.EDUCATION 4.WOMEN EDUCATION DEVELOPMENT 5.GIRL CHILD EDUCATION 6.EVALUATION OF GIRL EDUCATION SCHEME 7.GOVERNMENT SCHEMES.

59. Planning Commission. (2006).
Economic participation of women in Bihar – a status report. New Delhi : PC.
97 p.

Background: Even after more than 50 years of Indian democracy the struggle of women to get equal rights and opportunities continues all over the country. The point is to emphasize the pervasive nature of Bihar's social and economic backwardness has prevented researchers in focusing on vital sectors concerning women. Hence the overall condition of women in the state has remained a neglected terrain.

Objectives: To study the economic status of rural women in East Champaran, Madhubani, Vaishali and Kishanganj districts of Bihar with a special focus on SHG members; study the social conditions of rural women, their income, standard of living and to study the major problems of female workers/factors that facilitate their economic participation; study the impact of government policies and Five Year Plans on empowerment of women; and suggest possible solutions to make recommendations to Planning Commission in the direction of future programs and initiatives in empowerment of women in the rural context.

Methodology: The fieldwork covered the four districts of East Champaran, Madhubani, Vaishali and Kishanganj of which 2 are among the poorest and backward districts of Bihar. A sample size of 2400 women was taken (i.e. 40 women per Panchayat x 5 Panchayat x 3 blocks= 600 women from each district).

Findings: Among the women respondents, (90%) were in the age group of 30-50 years and were married; they were generally SCs, Muslims, General and other backward classes; (66%) respondents were illiterate; data on wages and expenditure on health shows that 75 percent women spend 50 percent – 70 percent of their savings on health related problems of their family members leaving little amount for other household activity or their basic needs; women interviewed were mainly involved as daily wage labourers, agricultural labourers, vendors and in animal husbandry; 100 percent of women felt that they were exploited by their owners as they were paid less wage for more work; women receives work for 6-8 months and in the rest of the month they do household chores and their livelihood is affected due to lack of income to sustain their basic needs; respondents take loan from SHG at an interest rate of (2%-3%); finally 90% SHGs fail to sustain once the project is withdrawn.

Recommendations: Formation of SHGs may involve training or community development skills; training centres should be set up to impart skill training on handloom weaving, tailoring, sewing embroidery and food processing; SIDBI, NABARD and other organizations etc should evolve proper mechanism for monitoring, supervision, direction, appraisal and evaluation of self help promotion institutions; there is a need for policy makers to recognize the potential of micro finance services to support investment and growth in key sectors of economic development and hence to contribute significantly to state economic growth, increase women's access and

control over production and market resources while recognizing that the goal is not to burden women with two full time jobs.

Keywords: 1. ECONOMIC PARTICIPATION 2. WOMEN 3. SEX RATIO 4. HEALTH 5. EDUCATION 6. EMPOWERMENT 7. VIOLENCE 8. ECONOMIC ENTERPRISE 9. SELF HELP GROUPS 10. HOUSEHOLD DECISION MAKING 11. OCCUPATION 12. ACCESS TO CREDIT TRAINING SCHEMES

Working Women

60. Centre for Social Research, New Delhi (2009).
Women managers in India : challenges and opportunities. New Delhi: CSR. 126 p.

Background: Women have attained remarkable success in what was once considered the “male domain” of the working world. Worldwide the number of women in the workforce has increased over the years with a corresponding increase in the number of highly educated women equipped with technical know-how. However, discrimination against women in the workplace has impacted their advancement in jobs that acquire higher societal recognition among men. In India, the situation of women is changing with more and more women getting educated not only in general streams but also in technical and professional courses. Along with their increasing level of education in various streams there has been sizeable increase in their workforce participation.

Objectives: The objectives are to conduct situational analysis of the managerial positions held by women in the target sectors: the idea was not only to make quantitative analysis but also qualitative research by speaking to the women in different sectors; to find out what they personally feel as the hardest barrier to overcome and what they would like to improve; to identify the factors that create barriers for career growth for women and see whether they are gender specific and reveal; why there are so few women in top positions when there are quite many in entry level and recommend strategies to overcome the barriers through discussion with the various stakeholders.

Methods: The sample size constitutes of 120 companies, and 10 female women managers were interviewed, in three cities from 4 sectors. And from each sector and each city 2 CEO/HR managers will be interviewed. The total sample size was of 264.

Findings: The distribution of female workforce within the organised sector is distributed as follows: in 2005, 58.23 percent of women worked in the public sector and 41.33 percent worked in the private sector and in government itself women make up a mere 7.53 percent of the total employment in central government; according to the 2001 census, in India, 90.07 percent of employees in hotels and restaurants are male & women only fill 9.93 percent of the positions in this field; in Delhi 3370 women work in hotels and restaurants compared to 56,780 males, thus with 5.6 percent female workers the representation of women in hotels and restaurants is barely significant in the capital and out of the 3 regions of study, Karnataka shows the best result in this lot with 13.4 percent female and 86.6 percent male workers in this industry. West Bengal lies in the middle with 9.38 percent female and 90.62 percent male employees; women in hospitality work for approximately 2 to 3 years at entry level before being promoted to the middle level, and that it takes on an average 5 to 8 years for women in this sector to be elevated to senior level. In Bangalore and Kolkata a vast majority of women state that they enjoy flexible working hours, whereas in Delhi not even 4 percent of the women have the opportunity to work in flexible hours. Compensatory leaves are commonly availed by

women in Delhi and Bangalore. Sadly, a mere 3.5 percent of companies offer crèches for children. (Delhi stands the highest with just 8 percent, while in Kolkata not a single company provides crèches). According to almost 80 percent of the respondents training participation is encouraged by organising trainings during working hours, although most HR managers informed us that women are not encouraged to participate in trainings in any special way, instead, trainings are generally compulsory and are simply seen as part of the job. In order to enable everyone to participate, trainings are held during work hours and with office exemption. Some companies provide transport facilities to the site of training and leaves during the training period; it is reported that 30 percent to 50 percent of the women working in the hospitality sector report that they have compromised their career for their family. About 2/3 respondents explain that they have compromised by taking a break from work. But it was also mentioned many number of women that they could not take a transfer because of their children. A vast majority of 80 percent to 90 percent of our respondents were capable of putting extra hours into their media related work whenever needed, thus being in a position where they are could demonstrate their commitment to their work particularly because of the age group they belonged to (30+ years) as this sector witnessed a speedy growth during the last decade only with the entry of younger generation. Most women in the health sector told that they managed balanced work and family life well, yet, in Delhi almost one third of the women shared that they experienced conflicting issues. In Banking and Finance sector, 90 percent of women felt that they could realise their career aspiration because of their outstanding performance. However, especially at senior level, women also faced obstacles en-route to their position, saying that they often had to prove themselves and faced clashes between family and work life. Respondents in Bangalore (53.8%), (57.5%) in Delhi felt so in Kolkata and (96.1 %) in Delhi voiced that it is because of career chances for which they are working in the present companies. The next highest response was for the reputation of the company: 36.3 percent respondents in Bangalore, 40 percent in Kolkata and 55.8 percent respondents said that they were the key motivational factors to work in the company; 21.3 percent of the respondents in Bangalore, 18.8 percent respondents in Kolkata and 22.1 percent respondents in Delhi said it was salary or for purely monetary benefits. 35 percent of the respondents in Bangalore, 16.5 percent in Kolkata and 3.9 percent respondents in Delhi said the work environment motivates them to work in the present organisation. 85.5 percent of the respondents in Bangalore, 94.4 percent respondents in Delhi and 92.9 percent in Kolkata said their motivation to be in their chosen profession is related to their interest and the discipline they were engaged in. Across the cities where the study was conducted, the respondents at the entry level had the aspiration to become the top level managers. In Bangalore, 41.9 percent of the respondents, in Delhi 63 percent and in Kolkata, 49.4 percent respondents had aspirations to become top-level managers in their careers. The average salary that a woman manager earns at this level is Rs. 19,672/- for Delhi and Rs. 16,258/- for Bangalore and Kolkata. While few respondents answered the question on pay rise, 50 percent respondents in Delhi, 86.8 percent in Bangalore and 71.1 percent in Kolkata said in affirmative that they have a pay rise during the last five years. 92.4 percent of respondents in Delhi, 67.5 percent in Bangalore and 66.3 percent of respondents in Kolkata felt their organisations are sensitive to gender issues; 88.7 percent of the respondents in Delhi, 90.1 percent in Bangalore and 85.4 percent respondents in Kolkata answered that they have not come across harassment cases at their workplaces; In total, 42.2 percent respondents or 90.1 percent

respondents in Delhi, 51.2 percent respondents in Bangalore and 45.2 percent respondents in Kolkata said that their families are supportive.

Recommendations: Companies should orient their policies to recruit equal number of male and female at entry level to bring in gender diversity and inclusiveness; they should be more sensitive to women situations and need as women generally have to look after family and work; companies should be transparent about their policies relating to employment, promotion, training; there should be proper laws regarding pregnancies, maternity leaves etc; clear cut sexual harassment policy should be laid down by the companies and proper grievance cells need to be formed for women to report such matters; women who are willing to take transfer should be given transfers if the companies have a branch in the location where one wants to be transferred; companies should provide facilities like crèches to enable women to give their best in their profession and encourage its women employees to participate in programme that develop personality of women.

Key Words : 1.WOMEN WELFARE 2.WORKING WOMEN 3.EMPLOYMENT WOMEN ENTREPRENEURS 4.SITUATION ANALYSIS OF WOMEN 5.INDIAN WOMEN 6.WOMEN MANAGER 7.MANAGER WOMEN 8.WORKING WOMEN FORCE 9.WOMEN EMPLOYMENT.

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