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Research Studies on Women and Children

AGED WELFARE

1. Tanwar, Reicha, Lata, Kusum and Sharma, Sukhdev. (2001).
Review of the old age pension scheme in Haryana : its impact on the pension beneficiaries especially women. Kurukshetra: Kurukshetra University, Women's Studies Research Centre. 49 p.

Abstract: Haryana is the first state to provide Old Age Pension at the rate of Rs. 100/- per month to the senior citizens. Under this scheme a person is eligible for the grant of old age pension of Rs. 100/- per month if he/she is a domicile of Haryana, has attained the age of 65 years, is not liable to pay income tax and is not receiving pension of Rs. 100/- per month from any source. For the purpose of assessing the impact of the Old Age Pension Scheme it was decided to study 100% beneficiaries of an urban ward in Kaithal district of Haryana. Both male and female beneficiaries were interviewed in-depth and a personal rapport was established so that detailed and correct information was collected. The purpose of the study is to evaluate how the Old Age Pension Scheme is profitable to the beneficiaries and in what way is the pension money being utilized. A comparison between the male and female beneficiaries as to what use their pension money is put will also be done. A majority (59%) of the respondents in village Jajanpur belonged to agriculture families. On the contrary in ward 6 (Kaithal) most of the respondents (93.06%) were the families who were earning their living through labor. 50% of them were earning only Rs 500/- to Rs 1000/- per month. There was no pensioner who had a family income of above Rs 1000/- per month. Of the beneficiaries interviewed, 60% are dependent and 40% are living alone. Amongst the dependent, 90% are dependent on their sons, 10% are dependent on their daughters and some are dependent on a joint family. 95% of the beneficiaries in village Jajanpur and 815 in Kaithal were cooperated by the sarpanch, panch, nambardars or MC members. Almost all the pensioners under survey responded that they were getting their pension money regularly and in time from 1st to 10th of every month. For old age pension beneficiaries of village Jajanpur and Ward-6, it was observed that 100% respondents were satisfied with the pension money of Rs 200/-. 100% respondents replied in the negative and said that they were extremely happy with the pension scheme and they considered this pension money as their social security. When asked whether the old age pension scheme was favourable to medical insurance or old age home, 955 of the respondents replied in the affirmative.

Key Words: 1.AGED WELFARE 2.OLD AGE PENSION 3.PENSION SCHEME 4.PENSION BENEFICIARIES WOMEN 5.PENSION 6.WOMEN BENEFICIARIES 7.REVIEW PENSION SCHEME 8.HARYANA

CHILD WELFARE

2. Ager, Alastair. (2010).

Defining best practice in care and protection of children in crisis affected settings: delphi study. New York: Columbia University, CU. 16 p.

Abstract: Globally, natural and man-made disasters represent a significant risk to children's developmental progress and well-being (Boothby, Strang & Wessels, 2006; Bryce & Bosche-Pinto 2005; Carballo, Heal & Horbaty, 2006; Cohen et al., 2005). Thirty specialists in humanitarian work supporting the care and protection of children in crisis settings completed a 3-phase Delphi consultation. Proposals of best practice were elicited, reviewed and rated by participants. A high level of consensus support was reached for 55 statements. These statements emphasized utilization of existing resources, participation and inclusivity, influence of resilience theory, social ecology and cultural sensitivity. The utilization of developmental theory could be strengthened in relation to more differentiated understanding of the operation of protective influences and conceptualization of such influences in terms of "adaptive system". Wider research engagement by development scientists in clear formulation of findings for practitioners and policy makers would further support evidence-based humanitarian practice.

Key Words: 1.CHILD WELFARE 2. BEST PRACTICE 3.CHILD CARE AND PROTECTION 4.CHILDREN IN DIFFICULT CIRCUMSTANCES 5.PROTECTION OF CHILDREN.

3. Dheer, Kriti et al. (2010).

Promoting 'sport for development: an international inspiration initiative in Medak district, Andhra Pradesh. New Delhi: UNICEF. 70 p.

Abstract: In the last decade the international community has fully recognized the value of sport and play in health promotion, disease prevention, conflict resolution, community development, and basic education & development. Following the adoption of the Magglingen Declaration in 2002, which calls for all UN agencies to mainstream 'Sport for Development' in their programmes and policies, UNICEF has begun to re-evaluate the ways in which sport and play can enhance and accelerated development goals around the world. The school-based programme is administrated in 10 Government Primary Schools (GPSs) in Sangareddy mandal while the community-based intervention is coordinated in 14 mandals throughout the district, covering 102 villages.

Despite the relative infancy of the initiative, it is being noted that children are excited to participate in organized play and sport and access to new resources and materials. Majority of the stakeholders are aware of the importance of sport in promoting children's development and well-being. Children participating in the community-based programme appear to be receiving social messages such as emphasizing the importance of hand washing and basic hygiene practices, but opportunities exist in the messages of games using more developmentally age-appropriate approaches. Current efforts to source the TOPs sporting kids locally and translate the manuals and resource cards into Telugu should continue and ensure that quality is not lost in the pursuit of cost-effectiveness. The staffing of participating schools has a direct impact on the implementation of the programme. Though the annual transfer process in AP is an inevitable obstacle when establishing programme in the education sector, the possibility of transfers must be considered during participant selection and long-term planning. For the II Programme to achieve its goal of developing institutional capacity active teachers require additional training in peer education. Physical Education Teacher (PET) needs to develop strategies to empower active teachers to conduct Physical Education (PE) sessions independently. For classes to remain fresh and engaging for children, active teachers must take the initiative to learn new games and the creative use of materials and equipment. Increased advocacy efforts aimed at parents and school administrators are needed to elevate the status and prestige of sport and PE in the school curriculum and in the education system as a whole.

Key Words: 1.CHILD WELFARE 2.SPORT AND DEVELOPMENT 3.SPORTS 4.PLAY 5.CHILD DEVELOPMENT 6.PHYSICAL EDUCATION 7.SPORTS ENVIRONMENT 8.MEDAK 9.ANDHRA PRADESH.

4. Dodda, Tejeswi Pratima. (2010).
Life skills education for adolescents (with a focus on HIV/AIDS prevention): insights into process and progress in Andhra Pradesh. New Delhi: UNICEF, 60 p.

Abstract: The insidious spread of HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) in India has led to its status as the 2nd most affected country in the world. India has 2.5 million people living with HIV/AIDS (PLWHA). People between the ages of 15 and 24 years have the highest incidence of new HIV infections in India. Hyderabad and East Godavari (EG) districts were finally chosen for the case study. Hyderabad was selected for its low coverage (47%). Of Adolescence Education Programme (AEP), and EG for its highest coverage (95%) AEP coverage which EG did not have the highest coverage rate in the state, among those schools (95% or

above) it had the largest total number of schools covered. Sample included 1 school from each type of school management; AEP – trained nodal teachers had to be present; and class 10 students had to have undergone AEP in the previous year. 4 schools were selected in Hyderabad from different mandals, and 6 schools were selected in EG. EG is affected by the virus, the HIV prevalence rate is the highest in AP. Between April 2008 and March 2009, 18.4% of the people tested for HIV in EG were positive. Children and adolescents living in EG are more exposed to the disease. Another reason is that AEP has been widely implemented in EG district (95% of schools reported having AEP) and very poorly in Hyderabad district (47% of schools reported having AEP). Most teachers reported average or above average knowledge of growing up and HIV/AIDS (16 and 14 respectively). Additionally the majority of teachers (12) reported none or below average knowledge about drug abuse prior to training. Without making any generalisations and without extending these results to all the schools in AP, some elements influenced the quality of answers. For example, the percentage of correct answers given in the private schools is 86%. Ways in which HIV/AIDS was transmitted, is 221 students have correctly recognised either one or both of the ways listed. Majority of students were aware of risky activities such as sharing syringes and engaging in dangerous sexual behaviour. However, majority of students seemed to be unaware of the role of condom use. According to the latest survey by NACO, nearly 8% of people in the 15-24 age group had experimented with sex before or outside of marriage. 81% of students stated that they shared the module contents with someone else, mainly with family members and schoolmates. Only 48% teachers organised meetings with parents. In EG, 100% teachers insisted that AEP should be extended to families, mothers and villagers in order to educate them about HIV/AIDS prevention. Hyderabad students gave responses like demanded new syringes and being careful with other medical procedures like blood transfusions, EG students were responsive and proactive. Headmasters in both the districts equally believe that the teaching of the importance of protection from AIDS and abstinence from sex are the 2 benefits of AEP. Recommendations were to provide refresher courses to nodal teachers so that they stay up to date regarding changes in the field, provide resource material written in simple language to children to facilitate dissemination of information, recognise parents as important stakeholders and find innovative ways to involve them in the programme, provide students with additional resource material to strengthen their capacity for knowledge sharing and information dissemination and increase social participation in the programme by encouraging community and family members to be involved in a major way.

Key Words: 1.CHILD WELFARE 2.ADOLESCENT EDUCATION 3.ADOLESCENTS 4.LIKE SKILL EDUCATION 5. HIV/AIDS PREVENTION 6.HIV 7.CAPACITY DEVELOPMENT 8.ADOLESCENCE EDUCATION PROGRAMME 9.HIV/AIDS EDUCATION 10.ANDHRA PRADESH.

5. Fraser, Iain James. (2010).

Child reporters as agents of change : a case study of the child reporter initiative in Hoshangabad, Madhya Pradesh. New Delhi: UNICEF. 78 p.

Abstract: United Nations Convention on the Rights of the Child (UNCRC) states that children have the right to speak freely and to articulate their concerns. The Child Reporter Initiative (CRI) aims to enhance child participation through the power of writing. CRI was established in 2006 in Madhya Pradesh in collaboration with UNICEF and Dalit Sangh, an NGO dedicated to the uplift of rural, disadvantaged, and neglected communities in Hoshangabad district. Extensive fieldwork was carried out in 5 villages, viz. Gubdari, Chichim, Semri Harchan, and Gurham Khedi in Sohagpur sub district and in Baharpur village in the neighbouring Babri sub district. CRI has enhanced the knowledge of all children. In Baharpur village, where CRI has been in place for only one year, children have started holding their own training sessions for other children. It has broadened the knowledge of all children and deepened their capacity as independent and critical thinkers. The positive community response was attributed to 3 elements. First community members, second the pride was shared by all residents and the third was the entire community benefitted and appreciated the work of CR. CRs are comfortable speaking at home with their families, and their inquiries are answered and the quality of interaction has been enhanced. As reflected in all the role-plays, the sarpanch was perceived to be the primary problem solver by all sections of society, and all core issues were dealt with by complaining to him/her. Teachers have been the source of inspirations for articles and the targets of complaints in the newsletter. They are aware of CRI and all were in support of children writing for the newsletter. AWWs are focused on children in the age group 0-6 years though many AWWs also interact closely with girls in the age group 11-18 years through the Kishori Shakti Yojana (Adolescent Girl Empowerment Scheme). Recommendations were to incorporate the CRI programme within the school system, make creative writing an extracurricular subject, increase the circulation of Backonki Pehel in schools and increase the scope of participation to include non-school going children.

Key Words: 1.CHILD WELFARE 2.CHILDREN PARTICIPATION 3.CHILDREN'S VIEW PARTICIPATION OF CHILDREN 4.CAPACITY BUILDING 5.REPORTING SKILLS 6.CHILD REPORTERS 7. CHANGE AGENTS 8.OPINION OF CHILDREN 9.CASE STUDY 10.HOSHANGABAD 11.MADHYA PRADESH.

6. Haq : Centre for Child Rights, New Delhi. (2009).
Budget for children in Andhra Pradesh 2004-05 to 2008-09. New Delhi :
Haq. 109 p.

Abstract: Andhra Pradesh has 31 million children below 18 years who constitute 41% of state's population. The objectives of the study are to critically analyze if the allocations for programmes and schemes of child welfare are able to meet the needs of children, to examine the trends in allocation and expenditure and thereby the implications for children's programmes and schemes and to assess the utilization of funds allocated for the child welfare programmes and thus evaluate utilization versus allocation to see if children are getting their just share of the state's resources, that is needs. Out of 1.8 crore children between 5 and 14 years, as many as 1.36 million work. According to Census 2001, AP's child workers are 7.7% of India's child labour force. Infant mortality rate is 53 per 1000 live births. According to NFHS-3 conducted in 2005-06, 64 out of every 1000 newborn children in rural AP die before they get to celebrate their first birthday. Malnutrition and low weight prevalence is acute. Some 7.3% of all babies born weighed less than 2.5 kg. Of every 100, school children less than 3 years old, 37 are underweight and 54 suffer from malnutrition. Some 3.5% under 5 are moderately to severely under-nourished. Childhood anaemia increased from 72.3% during NFHS-2, conducted in 1999 to 79% during NFHS-III. HIV/AIDS prevalence in antenatal clinics was reported at 2% in 2005 as against 1.25% in 2002. In AP, child marriages happen with one in 40 persons below the legal age. According to DISE, share of enrolment of Scheduled Caste students in total enrolment in primary stage is only 19.04% whereas their share in classes I-X is only 18.87% as of 2007-08. Share of Scheduled Tribes in total enrolment of 2007-08 was only 10.3% in primary stages and 8.9% in upper primary. Dropout rates in classes I-X for SC and ST are as high as 70% and 82% respectively. The budget has increased for education as much as 11.6% between 2004-05 and 2008-09. Sarva Shiksha Abhiyan has huge spending of budget estimates by 84.5%, 78.9% and 82% in 2004-05, 2005-06 and 2006-07 respectively. A declining female sex ratio in the 0-6 age group from 975 per 1,000 boys in 1991 to 961 per 1,000 boys in 2001, indicated continuing gender discrimination through selective birth abortion and infanticide in the state. In 2008-09, total Nutrition Programme received Rs 1,250.2 crores more in the BE on account of an extra allocation towards the sub-scheme subsidy on Rice under Nutrition Programme. Percentage of children aged 12-35 months who received all recommended vaccines has gone down from 59% in 1998-99 to 46% in 2005-06. Of every 100 pre-school children in the state, 54 suffer from malnutrition. There is 13-47% calorie inadequacy among children of pre-school to adolescence age group. Census 2001 estimates 13.6 lakh children of 5-14 years age group in labour force, forming 77% of total work force of the

state. State government must take immediate measures to implement as well as monitor Sarva Shiksha Abhiyan and Mid Day Meal Schemes and fill up the resources gaps. They need to focus on providing adequate funds support to targeted interventions for improving child survival and child health, such as the RCH programme and immunization. Malnutrition among children under age 3 and childhood anaemia among pre-school children in the state calls for providing special nutritious food to all children under ICDS at the specified norm of Rs 2 per child per day for 300 feeding days in a year. Therefore, outlays for ICDS need to be stepped up significantly not only to universalize the schemes but raise the quality of services to an acceptable level. Social audit should take place every quarter for all child specific proper implementation and optimum utilization of resources for all child-related schemes.

Key Words: 1.CHILD WELFARE 2.BUDGET FOR CHILDREN 3.EVALUATION OF PROGRAMMES AND SCHEMES 4.BUDGET FOR CHILDREN 2004-05 TO 2008-09 5.GOVERNMENT EXPENDITURE 6.EXPENDITURE BUDGET ALLOCATION FOR CHILDREN 7.ANDHRA PRADESH BUDGET FOR CHILDREN 8.ANDHRA PRADESH.

7. Haq : Centre for Child Rights, New Delhi. (2009).
Budget for children in Assam 2004-05 to 2008-09. New Delhi: Haq.
72 p.

Abstract: Assam has 12.26 million persons in the age group of 0-18 years comprising 46.1 of its population. The goal of the study is to critically analyze if the allocation for programmes and schemes for children's welfare are able to meet the needs of children, to examine the trends in allocation, expenditure and thereby the implications for children's programmes, schemes and assess the utilization versus allocation to see if children are getting their just share of the state's resources. SSA received only 2.54% of the education budget in Assam Budget from 2004-05 to 2006-07. Average dropout rate at primary level was 11.25 in 2004-05 which increased to 13.51% in 2007-08 (boys 14.27 and girls 12.72). 96% of the children in the age group of 5-14 years were enrolled in school in 2009 and only 3.56% of them remained out of school. According to the DISE report of 2008-09, only 9.31% of the SC children are enrolled in primary schools and 10.82% in upper primary schools. ST Children fare a little better at 15.13% enrolled in elementary level, while the enrolment for Muslim children at the elementary level (Standard I-VIII) is 35.08%, short supply of medicines in the districts ranged between 64% and 99% in 2005-06 and 66% and 100% in 2006-07. Assam has the highest percentage of sexual abuse (77.5%) of young adults (0-14 years) in India. Funds allocated for implementation of Juvenile Justice Act went down by 10% and allocated under

Home for Destitute and vagrant children saw a decline of 68.83% over the previous year.

Key Words: 1 CHILD WELFARE BUDGET FOR CHILDREN 2.BUDGET FOR CHILDREN 2004-05 TO 2008-09 3.GOVERNMENT EXPENDITURE 4.EXPENDITURE BUDGET ALLOCATION FOR CHILDREN 5.ASSAM BUDGET FOR CHILDREN 6.ASSAM.

8. Haq : Centre for Child Rights, New Delhi. (2009).
Budget for children in Himachal Pradesh 2004-05 to 2008-09. New Delhi: Haq. 81 p.

Abstract: Himachal Pradesh has almost 40% of the child population. The total number of person 0-18 years old is 2.41 million or 39.64% of the total population. The child sex ratio (0-6 years) in HP as per Census 2001 is 896, which is lower than the national average of 927. The lowest child sex ratio are found in the districts of Una (836) and Kangra (837), while the 2 tribal districts, Lahul-Spiti and Kinnaur have the lowest overall sex ratios with 961 and 979 respectively. Objectives of the study are: to analyze if the allocations for programmes and schemes aimed at children are able to meet the needs of children, to examine the trends in allocation and expenditure and thereby the implications for children's programmes and schemes to assess the utilisation of funds allocated for these programmes and thus evaluate utilization versus allocation to see if children are getting their just share of the states resources. The state government had decided to extend Mid Day Meal (MDM) to the upper Primary Stage of all the government and aided Middle/High/Senior Secondary Schools of the state with effect from 1 July 2008 for an allocation of Rs. 505.01 lakh in 2004-05 which comprised Rs 368 lakh under state scheme, Rs 127 lakh under CSS component. According to NFHS- 3, 62% of children in the age group of 0-6 years are entitled to AWC services, only 34.7% of them receive in any form from the centres. Institutional delivery in urban areas declined from 74.2% in 2002-04 to 71.1% in 2007-08. So has the number of safe deliveries. According to NFHS – 3, the percentage of children of 12-23 months who received all recommended vaccines has declined from 83% in NFHS–2 to 74% in NFHS–3. Some 58.8% of the children aged 6-35 months are anaemic. Average allocation for the protection of children's homes entails during 2004-05 to 2008-09 was Rs 2.87 crore. An average allocation of Rs 2.3 crore has been made for children staying in Bal Ashrams, including an amount for grants-in-aid to privately run Ashrams. This seems to be the only allocation made for the Juvenile Justice system in the state. HP has 76.5% literacy and male literacy is 85.3% while women literacy is 67.4%. Scheduled Caste is 53.20% and Scheduled Tribes is 47.09%. To improve elementary education in the state, the DPEP was launched as centrally sponsored scheme in 4

educationally backward districts for females in Chamba (49.70%), Kullu (61.24%), Lahaul – Spiti (60.94%) and Sirmour (60.30%) are still below the national figures.

Key Words: 1.CHILD WELFARE 2.BUDGET FOR CHILDREN 3.EVALUATION OF PROGRAMMES AND SCHEMES 4.BUDGET FOR CHILDREN 2004-05 TO 2008-09 5. GOVERNMENT EXPENDITURE 6.EXPENDITURE BUDGET ALLOCATION FOR CHILDREN 7.HIMACHAL PRADESH BUDGET FOR CHILDREN 8.HIMACHAL PRADESH.

9. Haq : Centre for Child Rights, New Delhi. (2009).
Budget for children in Odisha 2004-05 to 2008-09. New Delhi: Haq. 81 p.

Abstract: Children makes up to 41.5% of the population in Odisha. Objectives are to critically analyze if the allocations for child-focused programmes are able to meet the needs of children, to examine the trends in allocation & expenditure and understand their implications for children's programmes and to assess the utilisation of funds allocated to the child focused programmes and review it against allocation to see if children are getting their just share of the State's resources. Variations in resource allocation is in the range of 83-86% in child education, while for child development, it is 11.54% to 9.62%. The variation in the case of child health 3.57% to 4.69% and for protection it is 0.35%-0.39% of the B & C resources. Total allocation for education has increased by 21% in 2008-09 owing mainly to the increase in Elementary Education allocation by 20%, higher allocation for schemes such as Ashram Schools and Mid-day Meal, and inclusion of new schemes to be implemented from 2009-10, such as providing cycles to Scheduled Caste/Scheduled Tribes girls. The Juvenile Justice boards have come up in 30 districts of the State. The state has notified/declared 46 Child Care Institutions as Children's homes for receiving children in need of care and protection. This accommodates 5,628 children over the state except in Deogard district. Maintenance for Physically handicapped and Mentally Retarded Children receive Rs. 392.14 lakh during 2008-09. 6 Orphanages and 9 Anganwadi training centres in the state under the supervision of the Council get grants-in-aid amounting to Rs 1.71 lakh every year from the state. An amount of Rs. 291.89 lakh has been provided in 2008-09 for the maintenance of orphan and destitute children. 18 districts have working officers of National Child Labour Projects (NCLP). About 50% in 2004-05, rising to 67% in 2005-06 but again falling to less than 50% in 2006-07. The working children reported constitute about 5% of total child population in the 5-14 year age group, which violates the objectives of the SSA. Recommendations were to eradicate malnutrition in the state, one important measure is to ensure supplementary nutrition to underweight

children, full and increased allocation for the Pulse Polio Programme is important, to improve the quality of expenditure for child specific schemes by increasing non-wage components, planned expenditure, capital expenditure and allocations to health protection and early childhood development, to create awareness generating programmes for publicly and child in particular to fight for proper provisions and allocations from the budget to the child.

Key Words: 1.CHILD WELFARE 2.BUDGET FOR CHILDREN 3.EVALUATION OF PROGRAMMES AND SCHEMES 4.BUDGET FOR CHILDREN 2004-05 TO 2008-09 5.GOVERNMENT EXPENDITURE 6.EXPENDITURE BUDGET ALLOCATION FOR CHILDREN 7.ODISHA BUDGET FOR CHILDREN.

10. Haq : Centre for Child Rights, New Delhi. (2009).
Budget for children in Uttar Pradesh 2004-05 to 2008-09. New Delhi:
Haq. 75 p.

Abstract: Uttar Pradesh (UP) has the biggest share of the child population in India. Almost every 5th child in India lives in UP. It accounts for 49.6% of the state's population. The objectives are to critically analyze if the allocations for programmes and schemes aimed at children are able to meet the needs of children to examine the trends in allocation and expenditure and thereby the implications for children's programmes and schemes and to assess the utilization of funds allocated for these programmes and thus evaluate utilization versus allocation to see if children are getting their just share of the state's resources. The children in UP have received an average 13.63% of the total budget of the state. In UP the average share for the development sector is 1.29%, the second highest. This is followed by health with (0.19%) and protection with only 0.03%. UP makes the second highest allocation to education i.e. 11.64 and the third highest to health (0.19). Percentage of teachers in government schools was 67.47 in 2008-09 a decline from 71.72 in 2006-07. Average number of teachers per school is 3.5 in all types of school. Pupil-teacher ratio is 52 in primary level and 45 in upper primary level, Percentage of para teachers to total teachers has risen from 25.9% in 2007-08 to 26.26% in 2008-09. Audit scrutiny revealed that against the provision of Rs. 9.11 crore, the State Project Management Unit (SPMU) procured Early Child Education (ECE) kit for Rs. 1.69 crore only. Of the total population of 166.2 million in the state, 31.6 million persons are in the 0-6 year age group, making up 19% of the total population. Some 33% children are born underweight, while only 22% deliveries in UP are institutional. According to the publication 'Crime against Children 2008', UP accounted for 43% of infanticides, 24.4% of murders of children and 29% of kidnapping of children in 2008. UP also accounted for 16.5% of the rape of children cases registered in the country in 2008. Some 34,171 children in 2005-06 and 28,401 children in 2006-07 were

enrolled in special schools under NCLP. Of them, only 5,876 children (9-14 years) in 2005-06 were mainstreamed under NCLP.

Key Words: 1.CHILD WELFARE BUDGET FOR CHILDREN 2.EVALUATION OF PROGRAMMES AND SCHEMES 3.BUDGET FOR CHILDREN 2004-05 TO 2008-09 4.GOVERNMENT EXPENDITURE 5. EXPENDITURE BUDGET ALLOCATION FOR CHILDREN 6.UTTAR PRADESH BUDGET FOR CHILDREN 7.UTTAR PRADESH.

11. Haq : Centre for Child Rights, New Delhi. (2009).
Budget for children in West Bengal 2004-05 to 2008-09. New Delhi:
Haq. 81 p.

Abstract: Children constitute of 42% of the population in West Bengal (WB). Objectives of the study are to critically analyze if the allocations for programmes and schemes of child welfare are able to meet the needs of children, to examine the trends in allocation and expenditure and thereby the implications for children's programmes and schemes and assess the utilisation versus allocation, and to see if children are getting their just share of the state's resources. The allocation for children in the state budget has increased steadily in this period, reflecting an average growth in Budget for Children (BfC) of 13.48%. Over the years, its share in the state budget has moved from a little less than 11% to close to 15%. Average annual allocation of 13.48% of the total state budget to the children of West Bengal, who comprise 42% of the total state population according to the 2001 census, remains small. 36% children (12-23 months old) have not received recommended vaccines, 1000 live births were recorded between 2000 and 2005 in WB. From 2002-05, only 48% of births took place in health institutions in WB. 25 out of 100 girls in the state, of age group 15-19 years have already given birth or are about to give birth. 2007 study on Child Abuse by the Ministry of Women and Child Development found that out of every 100 respondent children, 55 reported to have faced physical abuse one or more times, 44 faced corporal punishment in schools and 32 faced sexual abuse at least once. The performance of Sarva Shiksha Abhiyan in WB, released by the Comptroller and Auditor General (CAG) of India on 31 March 2006, puts on record the poor performance of the state in ensuring elementary education in terms of enrolment, retention, utilisation of fund, infrastructural facilities and peoples participation in planning. As of April 2005, 8.97 lakh children continued to remain out of school, in the State overall dropout rate in the state from Class I to IV was 76% and from Class V to class VIII it was 51%. Out of 5.04 lakh children with special needs in the state only 0.62 lakh were enrolled in schools as of March 2005. Vacant posts were not filled in and appointment of additional teachers required to achieve the PTR of 40:1 as envisaged in SSA was not made. Out of 50,255 primary schools in the state, 363 had no building, 10,084 had only 1 classroom, 9,316 had no drinking water facility and 20,468 had no toilet facility while 40,925 had no separate toilet for girl students. Protection of children gets

the least priority as evident from the allocation of only 0.03% of the total state budget and 0.24% of the BfC on average. Adverse effects of this neglect is felt in rising crime against children, especially girls, rising trafficking, early marriage and poor implementation of the juvenile justice system. The allocation for child development has increased by 213% between 2004-05 and 2008-09 and within that the allocation for Supplementary Nutrition Programme aimed at combating malnutrition among 0-6 years old has been raised by 41.9%.

Key Words: 1.CHILD WELFARE BUDGET FOR CHILDREN 2.BUDGET FOR CHILDREN 2004-05 TO 2008-09 3.GOVERNMENT EXPENDITURE 4.EXPENDITURE 5.BUDGET ALLOCATION FOR CHILDREN 6.WEST BENGAL BUDGET FOR CHILDREN 7.WEST BENGAL.

12. Lady Irwin College, Dep of Human Development and Childhood Studies, New Delhi. (2009).
Reasons for dropout amongst children living in slum areas of Delhi. New Delhi: LIC-DHDCS. 20 p.

Abstract: Migration of families to villages emerged as the prominent reasons for school dropout. In some cases, if a child has been absent for a longer period of time, the school strikes off the name and does not allow to re-entry in the class. Difficulty in commuting was another reason. Child needed special care and no special schools were located nearby. Due to family crisis, children were forced to leave school. Children also dropped out of school as both the parents had to go to work and the responsibility to look after their younger siblings was given to them. Aim was to find out details about present status of schooling. In order to know this, each student carried a tracking sheet. This sheet had all the particulars about the child of which only the name of the known and the rest included the various updated parameters. Total number of children covered through the survey was 47, out of that 5 were not traceable, 16 migrated/shifted residence, 4 were unable to attend school because of disability/ill health, 3 dropped out due to inability to take test for promotion, 1 was a child labour, 9 never went to school, 2 dropped due to abuse by parents or teachers, 7 were currently attending school, 5 were not interested in going to school even on re-enrollment. Due to lack of awareness and resources these peoples are not able to overcome the barriers to education. There are no schools in close proximity and government schools that are already flooded with children. The education in government schools is not so interesting that it can attract the interest of people below poverty line or motivate them. If the communities' needs are fulfilled and steps are taken, there can be a positive impact in serving educational needs of the slums.

Key Words: 1.CHILD WELFARE 2.SLUM CHILD 3.URBAN SLUM 4.EDUCATION SLUM CHILDREN 5.SOCIO ECONOMIC CONDITION 6.SCHOOL DROPOUT 7.SCHOOL DROPOUT-CAUSE 8.DELHI.

13. Tanwar, Reicha, Vohra, Malti and Lata, Kusum. (1999).
Status of the adolescent girl in slums of Haryana : a review.
Kurukshetra: Kurukshetra University, Women's Studies Research
Centre. 97 p.

Abstract: There are various needs of adolescents girls which are neglected. The present study is an effort to study the sociological, psychological, physiological, cultural, educational, status of the adolescent girls in slums of Haryana. In 1991 census report, a total of 324 slum bastis have been identified in 21 towns of Haryana. Objectives are to study the educational facilities, views of adolescent girls regarding marriage and dowry, know about nutritional values etc. Out of 200 slums in Haryana, 34 Bastis have been selected from several districts of Haryana i.e. Panipat, Sonapat, Bhiwani, Gurgaon and Rohtak. 125 respondents have been interviewed in the age group of 12-18 years from 34 slums of the above 7 districts of Haryana. In Rohtak district, 70% parents are illiterate, in Panipat 72%, in Gurgaon 65%, in Sonapat 82% and in Bhiwani 42%. So the parents themselves are unaware of the advantages of education which is a major hindrance in educating the girl child. Only 25% girls in Panipat go to schools and remaining work in factories, or are engaged in household work. In Gurgaon, adolescent girls help their parents in making pottery and working as laborers. In Sonapat and Rohtak, they are keen in attaining professional training in stitching, embroidery, papad making, agarbatti making etc. they feel that the ultimate aim is to earn good money and lead a comfortable life. In Kurukshetra, 80% adolescent girls in slums wanted to marry in their own caste whereas in Karnal 85% replied positively (i.e. they preferred in own caste or outside also) in Panipat it is 79%, Sonapat 80%, Rohtak 92%, in Gurgaon 95% and in Bhiwani it was 100%. In Panipat there were 5 cases where the man had 2 wives, 6 cases in Gurgaon where men had 1 household in the slums and 1 in the village which is very discouraging and disheartening for wives. In Panipat, 100% respondents were against dowry in Kurukshetra 65% replied negatively, in Karnal 60%, in Sonapat 82%, in Rohtak 90%, in Bhiwani and Gurgaon it was 92.5 and 95% respectively. They felt dowry is an inhuman act, a burden for their parents etc. 955 respondents in Sonapat get proper food while 90% get adequate and proper food in Kurukshetra, Rohtak and Bhiwani while in Karnal, Panipat and Gurgaon there is a need to bring change in the social environment of adolescents for improving physical conditions: there is a need to improve policies and programmes, government should give monetary incentives and benefits to the girls living in slums if they are ensured to go to school daily in order to properly execute the scheme of education in Haryana specially elementary and middle class education.

Key Words: 1.CHILD WELFARE 2.ADOLESCENT GIRL 3.ADOLESCENT HEALTH 4.ADOLESCENT IN SLUMS 5.HEALTH PROFILE 6.URBAN SLUM 7. KNOWLEDGE AND AWARENESS 8.HEALTH EDUCATION 9.HARYANA.

14. Tanwar, Reicha and Dave, Vandana. (2005).
A Study of declining sex ratio : a case study and media reflections.
Kurukshetra: Kurukshetra University, Women's Studies Research
Centre. 75 p.

Abstract: Haryana shows a decadal as well as annual exponential growth rate of population considerably higher than the national average. At 28.06%, Haryana's Decadal growth rate of population is almost 7% higher than the national average of 21.34%. Haryana shows an increase from 27.41% in the last decade (1981-1991) to 28.06% in 1991-2001. But the sex ratio of Haryana has declined continuously since 1981 and has been at its lowest during 2001 census. Women constitute only 46.27% share in the total population of 21,082,989 in Haryana, while in India percentage share of women population is 48.27%. The study was conducted on 125 respondents of Kurukshetra University and National Institute of Technology, Kurukshetra. Teachers from different departments, non-teaching employees, research scholars and students from various streams both male and female were included in the study. 98% male respondents and 95% female respondents were aware of the term sex ratio and its decline in Haryana, while only 5% female respondents were unaware of it. 85% male and 91% female respondents reported shortage of marriageable girls as one of the consequences of declining sex ratio. 75% male and 68% female respondents said that crime against women will boost up due to fall in number of girls per 1000 boys. Further 25% male and 18% female respondents said that as a consequence of decline in sex ratio value of girls would increase and people will understand their importance in society. 78% male respondents felt that social and family pressure on structure of the society nurtures son syndrome among people. While majority of female respondents (91%) felt that property and name of the family is inherited only by a male child, so it is a main cause for son preference. 71% male respondents felt old age security, 68% inheritance, 66% insecurity and safety of girls in public places, 61% dowry problem and only 20% of them felt balanced or complete family as reasons of son preference. On the other hand 89% female respondents reported old age security, 83% social or family pressure, 76% insecurity and safety problems of girls, 62% dowry problem and 12% said complete family as reasons of son preference. 85% laid emphasis on starting a strong awareness campaign among people to protect girl child. 81% male respondents suggested that sex ratio can be improved by spreading education among rural women, 76% male respondents stressed on greater vigilance on misuse of ultrasound machines, 73% on providing greater safety for girls in public places, 71% on exemplary punishment for doctors conducting such type of tests, 51% on removal of dowry system in marriage, 42% on starting governmental schemes and 17% said that women's reservation will improve the status of women. 94% were of the view that to prevent female

foeticide there should be greater vigilance on the misuse of ultrasound machines, 88% female respondents stressed on starting strong awareness campaign, 85% to eradicate illiteracy of dowry system, 73% on strict punishment for doctors indulging in this act, 23% on starting various government schemes to promote girl child and only 14% favoured women's representation to make improvement in sex ratio. Majority of respondents suggested to promote education among women. The need is to enshrine the right of birth of the girl child and to counter male child preference. People should be made aware of the alarming consequences of declining female sex ratio which is disturbing natural balance of society. Efforts should be done to stop the cold blooded murder of female fetus and to build a nation- wide campaign against it. Government should take strong steps to provide safety and security for girls. Media should play an important role to remove the evil of foeticide.

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

15. Tanwar, Reicha and Saini, Shashi. (2007).
Violence against girl child in the family : a study of nature and magnitude. Kurukshetra: Kurukshetra University, Women's Studies Research Centre. 75 p.

Abstract: Sex-ratio is the primary indicator of status of women/girls in any society. A highly masculine sex-ratio has been one of the most significant characteristics of India throughout the 20th century. The sex-ratio has shown an almost continuous decline from 972 in 1901 to 933 in 2001. Objectives of the study was to study the profile and socio-economic background of respondents, to explore the nature and magnitude of violence against girl child in the family, to identify the factors associated with violence practices against the girl child in the family, to explore the views of the girl child towards the discriminatory practices in the family and to suggest suitable measures to control this problem. Four districts were selected i.e. Ambala, Rewari, Fatehabad and Kaithal to ensure the regional representation of Haryana on the basis of their literacy level including and districts of highest literacy rate and 2 districts of lowest literacy rate. Total number of interviews were 320 in which 200 of mother of girl child and 120 of the girl child – '7 to 18 years' were available. Nearly 42.5% of the mother respondents said that their family members were unhappy and taunting to them at the birth of the girl child in which large number of respondents were from Kaithal and Fatehabad district. More than 60% respondents in the study area were attending school as half of the respondents belonged to urban area. But 40% respondents were not attending school constituted 33.3% dropouts and 67% respondents who never

attended school. In Rewari majority of respondents were attending school. Among the reasons of school dropouts large number of girls (20%) stated that they left studies because their parents did not permit them to study further. 17.5% girls reported that their mother was sick so someone was needed to do the household chores so they were asked to leave their studies whereas their brothers continued their studies. 50% stated financial constraints contains as a main reason. 52.8% girls who were attending school and going to government schools whereas their brothers were going to private schools because education in government schools is cheaper than private school. Out of the total 72 girls who were attending school majority (52%) of girls were first-born among the girl child because 1st born child in the family has an advantage to get the maximum facilities as compared to later born. On the other hand in case of any emergency only elder girl have to drop out their studies and take the household responsibilities, supported by the findings of this study that among the school dropout majority of girls (40%) were the eldest girls. Majority of the girls (65%) reported that they did not feel discrimination in their families. Suggestions to combat the violence against the girl child in the family which would help in improving the status of girl child in the society are: to eliminate the negative cultural attitudes and practices against girls, that is mainly responsible for all forms of discrimination and violence against them in the family, protect the rights of the girl child and increase awareness of her needs and potential, elimination of passive violence against girls by ending discriminating in education, skills development and training, eliminate health and nutrition neglect, curbing violence against girls, promote the girl child's awareness and participation in social, economic and political life and strengthening the role of family in improving the status of the girl child and eradication of all forms of violence against her.

Key Words: 1.CHILD WELFARE 2.VIOLENCE AGAINST GIRLS 3.SEX RATIO 4.DISCRIMINATION AGAINST GIRL CHILD 5.GIRL CHILD DISCRIMINATION 6.GENDER BIAS 7.GIRL CHILD 8.GIRL CHILD ATTITUDE FAMILY 9.GIRL CHILD STATUS 10.HARYANA.

16. Zarabi, Dazy. (2010).
Effectiveness of village committees in controlling female foeticide and infanticide in selected villages in Punjab. New Delhi: Adult Education Association. 15 p.

Abstract: Gender bias is deeply rooted in the Indian psyche. Punjab has had the dubious distinction of being the Indian state with the most negative sex ratio until 1971. Objectives are to set up village committee in selected villages to implement and monitor the girl child project, to generate awareness among the village community including old, young and adolescents about the declining sex ratio, its causes and implications for the society as a whole and for girls and women in particular, and to improve the health status of girl child,

women and empowerment of women. Out of total 405 members, 137 members were selected for the village committees and out of that only 125 village committee members were our respondents for the study as they were willing to participate in the present research. Except for one, 99.2% were aware that they were the members of the village committee while remaining 0.8% were unaware of it. In response to the different roles and responsibilities assigned to them as member, 56% reported for the prevention of female foeticide, 5.6% for the prevention of gender discrimination, 16% for the prevention of drugs and 5.6% about family planning while 0.8% were not aware of their role and responsibilities. 97.6% Village Committee members were satisfied with the sex of their children and 0.8% were not satisfied while 1.6% did not have children. On being asked as to who is responsible for the sex of the child, 5.6% stated as mother, 74.4% reported as father while 20% stated that both father and mother are responsible for the sex of the child. 46.4% of respondents emphasized that parents do not discriminate between girls and boys whereas 52.8% reported that there is no gender discrimination while 0.8% are unaware of it. 27.2% reported about discrimination, 9.6% about discrimination in clothing, 6.4% reported that girls are not given independence to move freely, 2.4% reported about discrimination in providing love and affection, 1.6% reported that girls are asked to do more work. On being asked their views about daughters, 47.2% felt that girls are more sincere and loving than boys whereas 52.8% said that girls should be educated and another 12.8% emphasized that girls should be treated equally. In response to why parents do not prefer girl child, 84% stated that dowry is a main cause. There were 16.8% members who stated poverty as a cause, 8.8% felt exploitation as a cause and only 1.6% reported illiteracy as a cause for non-preference of girl child. 99.2% were aware of decline in female sex ratio while only 1 member was unaware of it. 99.2% of the members stated that female foeticide was the main cause of decline in female sex ratio while 0.8% were unaware of it. 56% if the members felt that marriage problem for boys will be the main consequence of decline in sex ratio whereas 17.6% reported rape as a consequence. 4.8% members felt that the disruption in society will occur while 21.6% reported the misuse of drugs as a consequence of decline in sex ratio. Banks need to be encouraged to give loans for a female child's higher education at low rates of interest. Girls should be socialized from the early childhood to consider themselves as equal to men. MTP/PNPT laws should be implemented effectively. Defaulters' should be severely punished. The latest enactment of the Protection against Domestic Violence Act, 2005 is a major milestone in this direction. Further sensitization programmes on prevention of female foeticide and infanticide should be organized for the functionaries of voluntary organizations and elected representatives of Panchayati Raj Institutions.

Key Words: 1.CHILD WELFARE 2.FEMALE FOETICIDE 3.INFANTICIDE 4.DECLINING SEX RATIO 5.SEX DETERMINATION TEST 6.HEALTH AWARENESS 7.VILLAGE COMMITTEES 8.GIRL CHILD 9.PUNJAB.

EDUCATION

17. Chakrabarti, Pritha et al. (2010).
Improving elementary education in Maharashtra : the work of the state education quality cell. New Delhi: UNICEF. 89 p.

Abstract: Maharashtra is the second largest state in India, comprising 9.42% of the total (Census 2001). The present fieldwork was undertaken in Latur. First it was a UNICEF integrated district. Latur was also selected as a model district for the Nandadeep Shala programme, which was one of our focus interventions. In Latur, the focus was on Shirur Anantpal block. Then, the team of 4 were divided into 2 pairs. Each pair studied one village. These villages were Bakli and Nagewadi. Others were model blocks with model schools (Sayeeda Kulgar Zilla Parishad School and Kanha Zilla Parishad School). Sample consisted of – Latur district SSA officials, non-governmental organizations (NGOs), members of Block Resource Centre (BRC), Members of Cluster Resource Centre and its members (CRC), Village Education Committees (VECs), Sarpanchas (village heads), headmaster, parents, teachers and students. The focus of our study was on villages, Bakli and Nagewadi, in block Shirur Anantpal of Latur district. We also visited another school in the same block, Sayeeda Kulgar Zilla Parishad Primary School (ZPPS), and one school in Latur block, Kanha ZPPS. Latur is one of the districts where a Mashik Gatsanmelan (teachers and cluster meeting) is held once a month at the block level so that teachers' difficulties are discussed and suggestions can be provided by experts. It served as an activity-based learning and incorporated into Learning Enhancement Programme (LEP) and has been upscaled across the state. Bakli ZPPS is a Marathi-medium school and it educates children from classes 1-7. It contains a hand pump used for drinking. It has toilets for boys and girls and provided midday meals for all served by a local SHG. The school has 7 teachers and a headmaster. There is a need for suitably qualified English teacher. Working in the fields all day between 9 am to 6 pm makes it difficult for parents to attend meetings. 50% parents are interested in their children's education, mothers more so than fathers. Illiterate parents are not in a position to understand how will their children are studying. Parents said that they encouraged children to study and create a conducive environment. Awards were given to schools on the basis of toilets, infrastructure, environment and student-teacher interaction. Teachers stressed the importance of joyful learning and classroom teaching. Vocational training was given to children so that they will be able to stand on their own feet. Teachers measure the quality of learning that include asking what has been taught in class and checking to see how well they participate. Informal monitoring includes seeing whether what has been presented in lessons is

discussed by children after they have left the classroom. Teachers focus on how children learn and on their role as facilitators of children's learning. In activity-based learning (ABL), children develop skills such as leadership and teamwork, sharing their learning with other children in their groups. Major aspects of the Nagewadi Action Plan for Quality Education are – Agreement to reassemble and sustain village-level organizations to ensure ABL, baseline testing, scholarship examination preparation and remedial education. Several parameters are being adopted in Nagewadi. These are – monitoring of teacher's attendance by mother, remedial teaching and preparation for scholarship examinations. Policy recommendation are – the QC should continue to raise public awareness of the importance of quality elementary education, ban corporal punishment in schools, invest in sport, recreational infrastructure and equipment, utilize district wide NGO networks to disseminate information about educational improvement and the right of people to participate in efforts to enhance the quality of education, to motivate and train local stakeholders to support and monitor education in their villages and to use data more effectively to inform planning and organize peer-learning session after school hours.

Key Words: 1.EDUCATION 2.PRIMARY EDUCATION 3.ELEMENTARY EDUCATION 4.QUALITY OF PRIMARY EDUCATION 5.EDUCATIONAL QUALITY PROGRAMME 6.IMPROVING QUALITY OF EDUCATION 7.EDUCATIONAL STATUS 8.MAHARASHTRA.

18. Das, Aditi et al.

The Reading enhancement programme: a capacity- development tool to enhance the quality of education in primary schools under tea garden management, Assam. New Delhi: UNICEF.

Abstract: Capacity development has been a central objective of all United Nations activities. The UNICEF India Country Programme states its goal as developing "increased capacities to prepare for and respond to emergencies at all levels". The 2008-12 UNICEF India Country Programme aims to enhance the capacity of education sector by turning policies and strategies to increase enrolment, retention and completion rates in elementary education. Objectives are, to: study the extent to which the capacities of teachers and the education system in the primary schools (PS) under Tea Garden Management/Manager (TGM); gauge the extent to which Reading Enhancement Programme (REP) has led to an improvement in the reading ability of children, examine the responses of different stakeholders and their levels of engagement with REP. A non-random sample of 10 schools were chosen: 6 in Dibrugarh and 4 in Sonitpur. Information was also sought from some key information in Sonitpur and Dibrugarh as well as in Guwahati. Primary education in Tea Garden (TG) is influenced by stakeholders to varying degrees across districts and gardens. Each stakeholder plays a role and

contributes in different ways to the success of REP. TGM looks into issues of industrial relations and labour management. TGMs and Tea Associations (TAs) could bring about a change in the quality of education available in TGs, but are finding it increasingly difficult to commit sufficient resources to cover social costs because they have repeatedly stated that their ultimate concern is the business of tea. The primary concern of Assam Chai Mazdoor Sangh (ACMS) is fixing fair wages and bonuses for the workers. Assam Chai Karamchari Sangh (ACKS) handles matters pertaining to wage rates, promotion and service rules for its members. UNICEF has partnered with Pratham and SSA in implementing REP and provides funding, materials and technical expertise, it provides inputs for schools under TGM at par with provincialized schools. It brings children in TGs under the Special Focus Groups category to address the needs of out-of-school children and provides teacher training grants for school maintenance Teacher-Learning Material (TLM), text books and determines the curriculum. TGM provides transportation to the nearest middle and high schools, it is only in exceptional cases that children complete high school and opt for occupational opportunities outside the tea garden given the assurance of the existing badli system. The TG schools require specific TLMs that will connect with the culture and society of the pupils and foster an interest in learning, it also relates directly to the lives of students, school visits revealed a PTR in the range of 50% to 80%. The districts-wise PTR for LP provincialized schools is 22:1 in Dibrugarh and 26:1 in Sonitpur. In all schools, the medium of instruction was Assamese while the mother tongue of most of the children was Sadri. As a result, a majority of the children across all 10 schools on an average receive grade B (40%-60%) and grade C (below 40%) while only a small proportion of children secure grade A (above 60%). Grants are provided to TG schools specifically for improving and maintaining infrastructure, such as providing extra classrooms, desks, benches, blackboards and partitions. 11 out of 14 teachers have received SSA training at least 2 or 3 times in their teacher career. A total of 33,018 children were covered but only 22,393 were present for at least 3 out of 5 assessments. Significant improvement has been noted in terms of reduction in the number of children who can either read 50% or all letters of the alphabet, increase in the number of children who can read words with vowels and paragraphs, the fact that only 22,292 children out of a total of 22,018 could be covered highlights the problem of absenteeism among children which is indeed a major constraint on the success of the intervention. Teacher and Pratham facilitator should be recruited. Increasing the quantity, availability and variety of TLM in schools, arranging visits to schools which can be helpful, providing community teaching assistance, setting up a parent committee, undertaking Corporate Social Responsibility (CSR), are some of the suggested measures.

Key Words: 1.EDUCATION 2.PRIMARY SCHOOLS 3.PRIMARY SCHOOL CHILDREN 4.EDUCATION FOR ALL 5.TEA GARDEN CHILDREN 6.TEA GARDEN SCHOOL 7.SONITPUR 8.DIBRUGARH 9.ASSAM.

19. Samana, Madhuri. (2010).
Revitalizing the parent teacher association for better service delivery in education in Uttar Pradesh. New Delhi: UNICEF. 65 p.

Abstract: One of the main objectives of the Sarva Shiksha Abhiyan (SSA) or Education for all (EFA) programme, in Uttar Pradesh (UP), is to bridge the gender and social gaps in elementary education through community participation. Objectives are – to see whether Parent Teacher Association (PTA) is reflective of the aspirants and expectations that rural communities have from schools, to understand if there is a need for a school-based committee to supplement the activities of teachers and the school management and explore if the newly formed PTAs have been able to fill the gap in community involvement with the functioning of schools. The study area comprised 3 districts, namely Sitapur, Barabanki and Lalitpur, 15 intervention villages and 6 non-intervention villages. A total of 21 villages were selected as sample sites for a comparative study based on the SC percentage to the total population of each village. Findings revealed that PTA, a school-based committee involved in school management is a major contributor in achieving the goal of decentralizing in education, there is no major improvement in the quality of education and awareness of PTA in the community is low. However, the training module was effective and community members expressed a need for a body like PTA as a platform for community participation in school management, it is essential that PTAs should enjoy full support from the community, but the functioning and effectiveness of PTAs is constrained by limited time available for parents to be involved with PTAs activities. Recommendations of PTA intervention are – to strengthen the monitoring and evaluation of local partners by UNICEF, to ensure at least 1 PTA member from each social group is included to reflect all community needs, interests and include women in PTA, to provide statutory status to PTA members so that they have more rights and feel more empowered to provide frequent and regular training to PTA members and bridge the gap between provision and attendance in training programmes, keep an eye on PTA members to ensure that they are performing their duties efficiently and effectively and raise awareness among parents of the importance of appropriate utilization of scholarships and get children ready both mentally and physically for school.

Key Words: 1.EDUCATION 2.QUALITY EDUCATION 3.SCHOOL IMPROVEMENT 4.ELEMENTARY EDUCATION 5.COMMUNITY PARTICIPATION 6.BETTER SERVICE DELIVERY IN EDUCATION 7.PARENT TEACHER ASSOCIATION 8.ROLE OF PARENT 9.ROLE OF TEACHER 10.PARENT TEACHER IN UTTAR PRADESH 11.UTTAR PRADESH.

20. Suresh, Usha et al. (2010)
Evaluation report on Sarva Shiksha Abhiyan. New Delhi: Planning Commission. 97 p.

Abstract: The Sarva Shiksha Abhiyan (SSA) was conceived as a Centrally sponsored scheme at the end of the Ninth Five-Year Plan to improve the educational status in the country. Objectives of SSA were: all children in school, education Guarantee Centre, Alternate School, 'Back-to-school' camp by 2003' extended to 2005; bridge gender and social gaps by 2007 and at elementary education level by 2010; universal retention by 2010 and focus on elementary education of satisfactory quality with emphasis on education for life. Objectives of the evaluation study were: to assess the extent to which SSA has been able to achieve its objectives and related targets and the factors determining the same; to assess the extent to which the approach/strategies adopted under SSA to achieve the objectives were effective; to identify constraints in the implementation of the scheme and to suggest the way forward. The states were classified on the basis of location in 5 zones i.e. North, West, East, South and North East. In every zone, 2 states were selected except in the case of North zone where 3 states, and North East where 1 state was selected. For urban sample from each zone 1 state with the highest slum population was selected, 1 Union Territory each for the rural and urban sample was also selected. For rural samples, 29 districts were canvassed for the urban samples. In each of the selected districts, 2 blocks were selected randomly and from each block 2 villages were selected on the basis of availability of schools i.e., 1 village with 1 primary school and another village having more than 2 schools with at least 1 upper primary school. 13 towns and 22 slums were actually canvassed. Availability of schools within close distance of habitations has improved with more than 98% of the rural habitations having access to elementary schools within 3 km in the urban areas. 93% of the slum children access neighbourhood schools within 1 km from their homes. Large numbers of habitations (50%) in Bihar, Haryana, Himachal Pradesh and Rajasthan have only primary schools, which underscores the extent of underserved habitations in these states as a cause for absenteeism as well as for dropout of girls while in urban samples; few upper primary schools were available in Assam, Puducherry, Uttar Pradesh. Gross enrolment ratio rose from 89% in 2003 to 93% in 2007. There was a rapid rise in overall enrolment of children in Assam, Bihar, Chandigarh, Madhya Pradesh, Rajasthan and Uttar Pradesh. Some rural pockets in Haryana and Himachal Pradesh decreased enrolment due to decline in child population and outward migration of families. In a few blocks in Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal enrolment declined due to shift to private schools, decline in over aged students or dropouts. The enrolment in Government schools in urban slums increased by 18%. 62% of the rural schools reported average attendance of more than 75% as against 68% of

urban schools. Schools in Bihar and 82% in UP reported less than 75% attendance in Assam 54% of the schools reported less than 75% student attendance. 40% schools in Assam and Bihar were not providing midday meals to children. Nearly 7% of rural households and 20% of households in the urban slums had out of school children/dropouts with more than 50% of such children from socially disadvantaged groups (SC/STs). 70% of the out of school children in the villages and 84% in the urban slums were willing to attend schools. Their expectations were free uniforms, free text books, scholarships and no punishment. The enrolment ratio of girls improved resulting in gender parity ratio of 0.89 in rural and 0.82 in urban schools. As for availability of teaching learning materials (TLM) such as posters, charts etc. in classrooms, 93% of urban schools as compared to 75% of rural schools had TLMs. 60% of rural schools had favourable Pupil Teacher Ratios (PTR) as compared to 57% of urban schools. There is a need to open more upper primary schools and develop stronger linkages of pre-primary schools with primary schools in villages in order to improve retention and reduce girl dropouts. Free uniforms and financial incentives should be provided to students living and attending schools in urban slums. Introduction of biometric systems of recording teacher attendance and monitoring by cluster resource officials is desirable.

Key Words: 1.EDUCATION 2.SARVA SHIKSHA ABHIYAN 3.EVALUATION OF SARVA SHIKSHA ABHIYAN 4.EVALUATION STUDY 5.EDUCATIONAL STATUS.

GROWTH AND DEVELOPMENT

21. Leman, Patrick J. and Bjornberg, Marina. (2010).
Conversation, development, and gender: a study of changes in children's concepts of punishment. UK: Royal Holloway, University of London. 14 p.

Abstract: Peer conversation promotes learning and development which remains to be known about the features of interaction that are associated with changes in cognitional. The present study examines children's conversations and judgments about what constitutes a fair (or first) punishment. A total of 133 children participated in the study. Children came from 2 consecutive groups in the same school in Berkshire Southern England. In one year group, there were 42 boys and 26 girls (8.5 – 9.5 years; M=9.10, SD=0.71). In the other age group there were 35 boys and 30 girls (9.4 – 10.5 years; M=9.92, SD=0.66). The average age of the sample as a whole was 9.58 years. Boys used more overlapping speech than girls. There were no significant

differences regarding partner gender or interaction effects. Boys used more negative interruptions than girls, and all children used more negative interruptions when paired with a boy. No significant differences between boys and girls were found in the use of justifications related to categories reciprocity, intention, authority, moral, and avoiding expiation for either, speaker gender, partner gender, or interaction effects. However, boys used more assertion justifications than girls and all participants used more assertion justifications when talking with a boy than with a girl. There were no gender differences in terms of responses to any of the stories at any stage. In the younger age group, 43% gave reciprocal responses compared with 65% in the older age group. The more mature, reciprocal response was given by 75% of the younger age group and 90% the older age group respectively. There were no differences between those who were selected for interaction and those who were not in terms of overall score. As all pairs and one expiatory child, there were no differences by pair type. There were no significant differences comparing the responses of children in the control group with the interaction groups. Children's gender influenced conversation dynamics (use of interruption and other simultaneous speech justifications for judgments). All children who engaged in conversation showed development in judgments after 8 weeks compared with a control (no interaction) group. However, there was no relation between conversation dynamics or content and development, nor any effects of gender, on the developmental process.

Key Words: 1.GROWTH AND DEVELOPMENT 2.CHILD DEVELOPMENT 3.LANGUAGE DEVELOPMENT 4.CONVERSATION 5.GENDER.

22. Meeus, Wim. (2010).

On the progression and stability of adolescent identity formation: a five-wave longitudinal study in early-to- and middle-to-late adolescence. Netherlands: Utrecht University. 17 p.

Abstract: Erikson (1968) theorised that one of the main tasks for adolescents is to develop a coherent sense of identity. The primary goal of this study was to evaluate the extent to which identity statuses represent stable individual dispositions versus states into and out of which individuals move other time during adolescence. This study examined identity development in a 5-wave study of 923 early-to-middle and 390 middle-to-late adolescents thereby covering the ages of 12-20. This study was designed to test the extent to which identity status is a stable individual disposition or whether it changes over time. Our findings revealed a steady increase of A and ECC, and a steady decrease of D, M and SM, in both cohorts. Marcia's (1966) original 4 status – achievement, moratorium, foreclosure (here ECC), and diffusion indeed emerged empirically as identity statuses at all 5 waves, along with a

new status: searching moratorium. It suggests that SM is an early and middle adolescent status that disappears in late adolescence. So, in late adolescence (corresponding to the age group that Marcia used in his own research) 4 identity statuses. Identity progression is represented by 7 transitions: diffusion – moratorium, diffusion - early closure, moratorium → achievement, searching moratorium → closure, searching moratorium → achievement, and early closure → achievement.

Key Words: 1.GROWTH AND DEVELOPMENT 2.ADOLESCENT 3.ADOLESCENT IDENTITY 4.ADOLESCENT PSYCHOLOGY 5.IDENTITY 5.SELF CONCEPT.

23. Vandell, Deborah Lowe et al. (2010).

Do effects of early child care extend to age 15 years results from the NICHD study of early child care and youth development. Irvine: University of California. 20 p.

Abstract: Adolescence is characterised by physical and cognate changes (Kuhn, 2009; Susman & Dorn, 2009) as well as transformation in parent-child and peer relationships (Collins & Steinberg, 2006) and schooling (Eccles & Roeser, 2009). A total of 1,364 families were recruited, completed home interviews at 1 month, and became the study participants. Overall, this constituted a 52% response rate from the original approach to families in the hospital to successful high quality child care (ORCE scores of 3.30 or higher, on average), and 24% experienced moderately high quality non-relative care (ORCE scores of 3.0-3.29 on average). Less than 21% of the children were in non-relative care for more than 30 hr/week. 64% of the children participated in center-type care for at least one epoch, with 24% experiencing more than 1 year of center care by 4¹/₂ years of age. Academic achievement at age 15 was treated as a latent construct, with indicators of WJ-R Applied Problems, Picture Vocabulary, Passage Comprehension and Verbal Analogies scores. Preliminary attempts to form a latent construct for problem behavior suggested a poor fit, so adolescent self-reports of externalizing, risk taking and impulsivity were analyzed as separate manifest variables. The linear association suggested that children who experienced higher quality care had significantly higher levels of cognitive-academic achievement at age 15 whereas the quadratic association indicated that associations were stronger at moderately high levels of quality than at low or very low levels. Adolescents who experienced more hours of non-relative child care across their first 4¹/₂ hours reported significantly more risk-taking (B=0.00008, d=0.09) and greater impulsivity (B=0.08, d=0.13) at age 15. In addition children who experienced higher quality care had significantly lower externalizing scores (B= -1.89, d=0.09). Exposure to centre care was not related to academic achievement or

problem behavior at age 15 because child hours and proportion time in center care were correlated ($r=0.51$) The SEM analysis was recalculated twice, first including quality and type and all covariates (but omitting hours of care) and second including quality and hours and all covariates (but omitting type of care), the basic SEM analysis examining quality, quality-squared type, and hours was recalculated including the early childhood covariates and excluding the middle childhood and adolescent covariates between child-care quality and cognitive-academic skills was examined in additional analyses to determine the robustness of these findings. Finally the association between higher child-care quality and lower externalizing problems had not been detected in previous analyses at 54 months or elementary school (Blesky et al, 2007; NICHD ECCRN, 2002, 2003, 20054c), but those analyses used different covariates and analytic methods. At 4^{1/2} years, higher quality care predated skills ($d=0.16$) and language ($d=0.10$), whereas more exposure to centre-type care predicted better language ($d=0.11$) and memory ($d=0.11$; NICHD ECCRN, 2002).

Key Words: 1.GROWTH AND DEVELOPMENT 2.CHILD CARE 3.CHILD DEVELOPMENT 4.ADOLESCENCE DEVELOPMENT.

HEALTH

24. Abel, Martin et al. (2010).
Effect of supportive supervision on ASHAs' performance under IMNCI in Rajasthan. New Delhi : UNICEF. 76 p.

Abstract: India has made a string commitment to the reduction of neonatal mortality through the implementation of the joint UNICEF/WHO initiative, IMNCI is to train and provide preventive and home-based care through India's primary health care system, through activities of ASHA, the study sample was drawn from areas under 11 PHCs and 24 Sub-Health Centre (SCs) in 5 blocks. ASHAs report shows that there is no proper supervisory support across the 5 categories of activities i.e. record keeping, retraining, logistics/material, motivation and troubleshooting. Only 2% of Banasthali-supervised ASHAs and 0% of Health and Family Welfare Training Centre HFWTC are supervised ASHAs report that no one supports them, while 29% of non-supervised ASHAs report receiving no support with their record keeping, ASHAs perceive the effectiveness of their supervisors in solving problems. 46% of ASHAs in Tonk compared to 27% in non-supervised Karauli reflects a positive attitude towards supervision in Tonk. 33% other ASHAs suggest that supervisors should provide support in mobilising the community

to listen to ASHA, 19% does skills demonstration and 20% supervisors address needs and concerns in a timely manner. ASHAs suggestions for supervision are 35.6% felt to increase frequency of meetings, 33% felts to mobilize community to listen, 20.1% addresses needs and concerns more timely and 19% does skill demonstrations. ASHAs in Tonk score on average of 13% higher than non-supervised ASHAs in Karauli. In the case assessment section, 11% are higher for ASHAs receiving supportive supervision. However, there's a significant difference in both the ability to use the booklet (35%) and use of Integrated Management of Neonatal and Childhood Illnesses (IMNCI), forms and materials (58%). ASHAs receiving supportive supervision in Tonk for assessment of infants (61%) and counselling for mothers (62%). ASHAs in Tonk perform better in assessing the status of immunisation (62% vs 14%) and weighing infants (70% vs 29%). ASHAs receiving supportive supervision counsel mothers more on issues like the Maternal and Child Health Nutrition (MCHM) day (67% vs 25%), immunization (38% vs 12%) and hygiene (30% vs 12%). In Tonk, 47% of ASHAs washed hands, while none of the ASHAs observed in Karuli performed the basic hygiene procedure before assessing infants. Recommendations were to: increase retraining opportunities for all ASHAs, develop capacities of line supervisors, emphasise entrenched issues and initiate monthly meetings addressing IMNCI issues.

Key Words: 1.HEALTH 2.HEALTH INTERVENTIONS 3.ASHA HEALTH FUNCTIONARY 4.NATIONAL RURAL HEALTH MISSION 5.HEALTH SERVICE FOR CHILDREN 6.IMNCI 7.SUPERVISION OF ASHA 8.HEALTH SYSTEM RAJASTHAN 9.SUPPORTIVE PROGRAMME FOR ASHA 10.TONK 11.KARALI 12.RAJASTHAN.

25. Baruah, Litul et al. (2010).

Janani Suraksha Yojana (JSY) : problems and prospects in East Singbhum, Jharkhand. New Delhi : UNICEF. 61 p.

Abstract: Maternal and neonatal mortality are significant public health problems in India. Janani Suraksha Yojana (JSY) is a Government of India (GoI) cash incentive scheme under the National Rural Health Mission (NRHM) that aims to increase institutional delivery and reduce maternal and neonatal mortality. UNICEF Jharkhand selected the East Singbhum district as the research state. Within East Singbhum, Ghatsila block was chosen at random, based on the criteria that the block should be predominantly rural and should meet UNICEF requirements. In each village, 4 Maternal and Child Health (MCH) providers, the president of the Village Health Committee (VHC) and 6 women who had delivered in the past year were selected to participate in the study. The Medical Officer in-charge (MOIC) for Ghatsila was interviewed too. Informal-sector provides a range of prices for delivery services, from the dais

who charge Rs. 60 for girls and Rs. 100 for boys to the Rural Medical Practitioner (RMP) in Lalpur who charges Rs. 800 and the dais receive in-kind payments of grains, pulses and vegetables. In Chandpur, the ANM reported that she gives pregnant women a safe delivery kit, which can be used by the dai. Fund is not used to pay for transport to the hospital for pregnant women but most of the fund is used to buy stationery, furniture and medical equipment and to pay the rent of the sub-centre. The sahiya and ANM in Lalpur work together to counsel women on importance of institutional delivery and arrange a tempo to take women in labour to the PHC, she receives incentive money from the PHC for accompanying other women to the hospital too, after she earned Rs. 2000-Rs 2500. The VHCs in Jageshwar and Lalpur opened bank accounts in March 2009, but the government has not yet deposited any money. In Chandpur, the VHC was formed in 2006, and they received money in 2009, out of Rs. 10,000 that they received, they spent Rs. 1,110 on a tubewell. Several women in Chandpur and Lalpur reported receiving counselling on nutrition during pregnancy, but no one in Jageshwar reported having counselled. In Lalpur, 2 of 3 respondents who had home deliveries actually planned institutional deliveries but they ended up delivering at home. In Chandpur, 1 woman who had registered for an institutional delivery decided to deliver at home, but she went to the institution due to complications. Average cost of normal delivery ranges from Rs. 455 to Rs. 13,500 with an average cost of Rs. 2,463 at the block-level hospital or Rs. 7,613 at the district-level hospital. JSY provides Rs. 250 for transportation which was insufficient for women who lived more than 10 km from the PHC and who reported paying Rs. 600 for transportation. For women who deliver at a private hospital in Ghatsila, the costs associated with delivery range from Rs. 7,065 to Rs. 21,320 with an average cost of Rs. 17,725. Costs associated with a c-section at a district-level hospital ranged from Rs. 2,565 to Rs. 32,370 and the average cost was Rs 17,468. Recommendations were—public education should be aimed at husbands and parents—in law since they play a gate-keeping role in women's health care to increase access to health facilities among indigenous. Populations, comprehensive culturally appropriate information should be communicated through village-level health providers and IEC campaigns, the health providers and community health volunteers should be sensitised to the needs of indigenous groups so that they can feel they are part sahiyas and encourage them to work effectively the current incentive structure should be reviewed to determine its adequacy and training could be provided to VHC members to promote synergy between JSY beneficiaries and health providers at village level.

Key Words: 1.HEALTH 2.HEALTH INTERVENTIONS 3.JANANI SURAKSHA YOJANA 4.NATIONAL RURAL HEALTH MISSION 5.MATERNAL AND CHILD HEALTH 6.SAFE DELIVERY 7.INSTITUTIONAL DELIVERY 8.HEALTH PROBLEMS 9.EAST SINGHBHUM 10.JHARKHAND.

26. D'Onofrio, Brain M. et al. (2010).
A Quasi-experimental study of maternal smoking during pregnancy and offspring academic achievement. USA: Indiana University. 21 p.

Abstract: Maternal smoking during pregnancy (SDP) has been consistently linked with numerous birth complications and problems in the offspring, including unsuccessful pregnancy outcomes, lower intellectual abilities, lower academic achievement (AA), more inattention and hyperactivity problems, and increased antisocial behaviour (reviews in Cnatlingus, 2004; Huizinga & Mulder, 2006; Wakschalag, Pickett, Cook Benowitz & Leventhal, 2002). The current study based on all births in Sweden from 1983 to 1991 (N=654, 707), explored the processes underlying the association between smoking during pregnancy (SDP) and offspring school grades and mathematics proficiency at age 15. The analyses compared relations who varied in their exposure to SDP and who varied in their genetic relatedness. Although SDP was statistically associated with academic achievement (AA) when comparing unrelated individuals, the results suggest that SDP does not cause poorer academic performance, as full siblings differentially exposed to SDP did not differ in their academic scores. The pattern of results suggests that genetic factors shared by parents and their offspring help explain why offspring exposed to SDP have lower levels of AA.

Key Words: 1.HEALTH 2.SMOKING 3.WOMEN SMOKING 4.SMOKING DURING PREGNANCY 5.TOBACCO 6.MATERNAL SMOKING 7.PREGNANT SMOKING.

27. Dahra, Saryu. (2010).
Planning and monitoring units in Orissa : a comparative analysis. New Delhi : UNICEF. 68 p.

Abstract: UNICEF and the Government of India (GoI) defined a strategy for the period 2008-2012 Country Programme Action Plan for better implementation of the national flagship programmes related to health, nutrition, education and sanitation. In Orissa, an initiative was started to develop the capacity of the government to provide adequate services for children and their mothers by establishing planning and monitoring units (PMUs). The team selected Cuttack and Koraput districts as the sites for fieldwork to study the Education Programme Management Unit (EPMU) and Maternal and Child Survival Cell (MCSC) situated respectively in these places. Zonal EPMU

offered support for academic concerns and policy recommendations. There was no need for an EPMU instead a change of attitude on the part of the intervention makes people work longer hours. Structures or policies have been put into place to facilitate acceptance by other departments. The zonal-level specialists conduct orientation programmes for teachers, head masters, CRCs and BRCs; Cluster Resource Centre, Block Resource Centre; extend support in teacher training, analyse data and conduct action research. The state MCSC plans on the district level and monitors the district MCSCs, which are concerned with planning and monitoring on the block and village levels. Team coordination was a factor that enables performance. Performance reviews are conducted regularly to provide specialists with feedback to improve their performance specialists planned and facilitated training programmes which ranged from Skilled Birth Attendance (SBA) training for ANMs or other health workers, training on cold chain maintenance and the Integrated Management of Neonatal and Childhood Illnesses (IMNCI). In several interviews with parties related to EPMU, it was found that acceptance was a key factor that affected performance. Organising staff activities and group events involving both specialists and other staff members could help facilitate acceptance. Establish similar units like MCSC in the future, making a long-term employee part of the new unit and ensuring intense involvement on the part of the existing staff in the initiation could lead to greater acceptance. To build the knowledge and credibility of specialists in other similar interventions, they should be given periodic trainings on changes in official guidance be written for achieving the objectives of PMUs, timely changes in the strategies and techniques of the specialists would be able to express their problems at such a forum and EPMUs could create smaller zones in districts with poor education indicators to use the limited number of specialists available effectively and make a bigger impact in areas that need the most help.

Key Words: 1.HEALTH 2.HEALTH ANALYSIS 3.MATERNAL AND CHILD SURVIVAL 4.EDUCATION PROGRAMME MANAGEMENT 5.COMPARATIVE HEALTH ANALYSIS 6.PLANNING AND MONITORING 7.CASE STUDY 8.KORAPUT 9.CUTTACK 10.ORISSA.

28. Kaushik, Urvashi et al. (2010).
Total sanitation now : the role of the programme management unit in ending the practice of open defecation in rural Jharkhand. New Delhi: UNICEF. 65 p.

Abstract: The Government of India (GoI) launched a national flagship programme known as the Total Sanitation Campaign (TSC) in 1999. This programme was to ensure universal access to sanitation in rural parts of India and to end the widespread practice of outdoor (or 'open') defecation by

2012. In Jharkhand, intervention was the Programme Management Unit (PMU), an executive body responsible for facilitating all water and sanitation services and activities in the state. PMU was designed to address the sanitation situation in Jharkhand in 2 ways. The first was through communication and capacity development in key stakeholders from the village level to the upper echelons of the government. The second was through rigorous online monitoring and evaluation. Field research was in Ranchi district and 7 days in East Singhbhum district, both located in Jharkhand state. PMU intervention has been efficacious at facilitating the spread of access to sanitation among rural homes in Jharkhand. In 2001, 7% of rural households in Jharkhand had toilets. Today, it's closer to 35% and rising. Jharkhand will achieve total sanitation by 2035. BPL families would not achieve total sanitation until early 2018. If however PMU maintains its 2008 rate of toilet construction, it will be 92% to its BPL/TSC target (2,139,847/2,327,316) by 2012 and will achieve total sanitation for BPL families by 2013. But APL families constitute more than 30% of Jharkhand's population, where Gol has determined the means to construct a toilet without government assistance. PMU reached its target coverage level and is on pace to have 100% school toilet coverage by end of 2010. It is expanding sanitation access in government schools and in developing the capacity of programme agents as village motivators, toilet production centre (PC) managers, child cabinets (CCs) in government schools and women hand-pump mechanics. PMU would spend on information, education and communication (IEC) efforts regarding good hygiene and sanitation practices. Increasing the compensation of village motivators, has proved to be effective at bringing about behavior change among rural villagers. PMU collaborates with the Department of Education to create a salaried janitor position in every rural government school and to ensure adequate provisions for soap and cleaning materials. PMU expands its monitoring and evaluation operations to sanitation 'use' indicators. Gol, GoJ and PMU promote the construction of dry-composting toilets. Getting household toilets benefit in a reasonable amount of time and ensuring that PC managers are paid in a timely fashion. PMU's implementation of the Swajaldhara initiative, a community-managed water supply scheme brings running water taps to rural villages. PMU has proved that water and sanitation quality and service are at their highest and most sustainable levels when individuals feel a sense of ownership, responsibility towards, their schemes.

Key Words: 1.HEALTH 2.SANITATION 3.TOTAL SANITATION CAMPAIGN 4.RURAL JHARKHAND 5. PUBLIC HEALTH 6.TOILET 7.ENVIRONMENTAL SANITATION 8.RURAL HEALTH 9.SANITATION SITUATION IN JHARKHAND 10.JHARKHAND.

29. Kyaing, Nyo Nyo. (2003).
Regional Situation Analysis of Women and Tobacco in South East Asia.
New Delhi: World Health Organization. 127 p.

Abstract: South-East Asia Region comprises of 11 countries: India, Bangladesh, Bhutan, Democratic Republic of Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor- Leste. The adult female population in the South-East Asia Region was estimated to be about 460 million in the year 2000 and is expected to increase to 700 million by the year 2030. The current tobacco consumption rates in the Region ranges from 25.7% to 59.6% for men. Although female smoking prevalence in the South East Asia Region was considered to be low (except in Nepal, Bangladesh, Myanmar and Maldives) compared to global figures of around 12% for women. In 2000, it is estimated that there were more than 120 million women using at least one form of tobacco (smoking or smokeless) in the Region. The National Family Health Survey (NFHS-2) 1998-99 has collected data on tobacco use and smoking, and prevalence of tobacco use among females in India which shows a decline in tobacco consumption for total population (32.8% in 1987-88 to 28.3% in 1998-99) for all people regardless of residence and sex. However, the NFHS-2 shows a higher overall tobacco use prevalence (20.5%) compared to 1993-94 when it was 19.5%. Unfortunately, the growth in the number of tobacco users has taken place among the females as their prevalence has more than doubled in the urban areas. In the rural areas it has risen by nearly 60%. The overall tobacco use prevalence is 20.5% which was higher than the overall smoking prevalence (16.2%). According to NFHS-2, the second National Survey reported 2.5% of women who smoked and 12.4% of women who chewed pan masala/tobacco. A 1997 survey in Mumbai of adults aged 35 years and above showed a high prevalence 57.5% of tobacco use among women, consuming exclusively smokeless tobacco products. A study in 1 Indian district of 10,000 individuals found that 46% practiced reverse smoking, and of these 62% were women. Another study from Mizoram, India (1999) found tobacco consumption rate among women to be 45.7% with the majority using smokeless forms of tobacco. The Study on Prevalence of Tobacco Use in Karnataka and Uttar Pradesh in 2001 reported current tobacco use of 14.9% among females of Karnataka and 9.1% among females of UP. Prevalence increases with age reaching the peak level in the 70+ years among females. Among smoking products, bidi was observed to be most popular with 91.7% in Karnataka and 84.5% in UP. Only less than 5% in both states preferred cigarettes. In Bangladesh, smoking rates for females have increased rapidly, from 1% to 15%; among female workers in 1980 the smoking rate was already 20%. Cigarette consumption, which is used mainly by the relatively well off and the educated was declining whereas consumption of bidis among the poor has sharply increased over the years. In Maldives where smoking is very much part of Maldivian culture, prevalence of female smoking (29.4% in 1997 and 15.6% in 2001) is among the highest in the region. Tobacco use is also widely practiced among rural women in Nepal

(29%) and Myanmar (21.9%) where it has been culturally and socially accepted since ancient times. Korea has very few women smokers. In the report published by Chapman & Wong in 1990, estimates of female adult smoking ranged from 3.6% to 10% in Indonesia. Exceptions are found in Thailand, where relatively higher rates of female smoking were found among certain professionals such as business women, air hostess, women working in beauty saloons and in Bhutan smoking was higher among the educated and in urban areas. In Sri Lanka, figures for 1985-1986 showed that about 10% of all cancers in the total population were related to tobacco use. World Health Organization estimates that approximately 500,000 tobacco-related deaths occurred in the South-East Asia Region. This estimate is much lower than estimates done by countries, the estimate for tobacco attributable mortality was between 630,000 to 800,000 for India and more than 570,000 for Indonesia and 14,000 for Nepal. In India 4% of all deaths among women was estimated as related to tobacco and estimates that there were 4.21 million females suffering from COPD each year. In Indonesia over 200,000 female deaths are attributable to tobacco each year. In Thailand, 42,000 deaths were attributed to tobacco in 1993. Worldwide in 1990, approximately 10% of female cancer deaths resulted from smoking. Oral cancers account for one-third of the total cancers, with 90% of the patients being tobacco chewers. India had one of the highest oral cancers in the world. In 2001 Indonesia demonstrate that tobacco contributes to 193,666 cases of cancer (all types) of which the majority are lung cancer cases (96,163); in addition, tobacco accounts for 31,847 deaths annually due to lung cancer. In Bangladesh and Nepal, perinatal deaths, abortions and low-birth weight babies are also reported due to maternal smoking and passive smoking. Recommendations for WHO member countries and NGOs are specified under different areas of action that should be followed. Information support should be there for tobacco control, promotion of community awareness, legislation and political commitment, cessation and research.

Key Words: 1 HEALTH 2.TOBACCO 3.WOMEN AND TOBACCO 4.TOBACCO WOMEN 5.SITUATION ANALYSIS OF WOMEN 6.SMOKING 7.WOMEN SMOKER 8.SOUTH-EAST ASIA.

30. Malik, Bijaya Kumar. (2010).
Contraception dynamics among poor in rural areas of Orissa. Delhi:
Indian Adult Education Association. 10 p.

Abstract: The knowledge of family planning methods in India among currently married women's universal (98.6%). Objectives are: to examine the differential of knowledge in modern levels of deprivations in Balasore district of rural Orissa, to examine the differentials in current contraceptive use by poverty

status among chronic poor, poor and non-poor, to examine the reasons of non-use of family planning among chronic poor, poor and non-poor and to examine use of low female sterilization among poor Scheduled Tribes rural women in study population. A total of 612 households were selected of which 600 households were interviewed successfully. The knowledge of any modern spacing method was 82% among chronic poor compared to 85% among non-poor. The knowledge of pill is higher i.e. 82.4% followed by condom (57.1%) irrespective of poverty status. The current use of any contraceptive method is 55% where as it is 48% among chronic poor, 52% among poor and 58% among non-poor. Current use of spacing method by poverty status among chronic poor: 27% among poor and 39% among non-poor. On the other hand the use of limiting method was higher among chronic poor, followed by poor and non-poor (31% among chronic poor, 26% among poor and 19% among non-poor). 12% chronic poor women in the age group 15-24 years use any methods compared to 49% in the age group of 25-29 years and 78% in the age group of 30-35 years. The pattern is similar for poor and non-poor. Contraceptive use by caste suggests that it is 40% by Scheduled Tribe, 52% among Scheduled Caste, 57% among other backward caste and 59% among others. Among chronic poor and those having at least one son, the contraception use is 63% compared to 25% those who have not at least one son. Difference is even wider among poor (63% vs. 19%). Among those who had the living children, and they were chronically poor, 74% are using any contraception method compared to 75% among poor and 79% among non-poor. Among all women who had gone for ANC visit, the use of contraceptive method is 58% compared to 51% among those not visited for ANC check up. Among chronic poor with less than 2 surviving children, 82% intend to use contraception in future compared to 53% among poor and 62% among non-poor. Similarly among chronic poor with 2 more living children. 71% intend to use any method in future compared to 56% among poor and 67% among non-poor.

Key Words: 1.HEALTH 2.CONTRACEPTION 3.FAMILY PLANNING 4.RURAL AREA 5.CONTRACEPTIVE AND POVERTY 6.FEMALE STERILIZATION 7.BALASORE 8.ORISSA.

31. Santhya, K.G. et al. (2010).
Associations Between Early Marriage and Young Women's Marital and Reproductive Health Outcomes: Evidence from India. 8 p.

Abstract: The policy and program was related to early marriage (i.e. marriage before age 18) has increased significantly in India during the past decade. In addition, several initiatives have been launched to prevent early marriage. Despite these efforts, substantial proportions of young women continue to

marry during adolescence. As recently as 2005–2006, almost 47% of a nationally representative sample of women aged 20–24 reported having married before age 18. The proportion is between 50% and 70% in several states. The survey was conducted in rural and urban areas of Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu. It focused on married and unmarried women aged 15–24, unmarried men aged 15–24 and married men aged 15–29 (the age range was extended for the latter because of the paucity of married men younger than 20). About 138,000 households were enumerated, and 42,852 young people were interviewed (6,730 married men, 9,856 unmarried men, 11,905 married women and 14,361 unmarried women). Nearly 63% of women in our sample had got married before age 18, the minimum legal age at marriage for females in India. Those who had married early were less educated than those who had married late. The proportion of young women who reported that their parents had asked them about their preferred age for marriage was substantially smaller among those who had married early than among those who had married late (10% vs. 27%). Nearly 63% of young women who had married late reported that their parents had sought their approval of the spouse chosen for them, only about one-third of those who had married early had been consulted. Similarly, those who had married before age 18 were less likely than other women to report having a love marriage (3% vs. 6%). In total, only 5% of young women who had married early and 14% of those who had married late reported having been involved in planning their marriage, defined as having been consulted about when and whom to marry, and having had the chance to interact with their prospective spouse prior to marriage, or as having had a love marriage. The use of contraceptives to delay the first pregnancy was far less prevalent among those who had married early than among those who had married late (3% vs. 11%). The same was true for having had one's first delivery at a health facility (45% vs. 70%). In addition, young women who had married early were more likely than others to have had a miscarriage or stillbirth (17% vs. 9%). Efforts are needed to address the multiple vulnerabilities faced by young women who marry early—for example, by implementing programme that enable them to have greater control over resources, break down their social isolation and encourage couple communication, negotiation and conflict management skills early in marriage. Intervention models have attempted to address these needs in India, and these approaches should be reviewed and expanded as appropriate so that married young women have the opportunity to exercise control over their lives. Policies and programs related to the Departments of Women and Child Development, the Ministry of Health and Family Welfare and the Department of Youth have recognized the importance of preventing early marriage, choice among young people and improving sexual and reproductive health.

Key Words: 1.HEALTH 2.REPRODUCTIVE HEALTH 3.MARRIED YOUNG WOMEN 4.YOUNG WOMEN 5.MARRIAGE 6.MOTHERHOOD 7.EARLY MARRIAGE.

32. Sharma, Ramakant and Sharma, Anant R. (2010).
Counselling services about RCH in tribal communities. New Delhi:
Indian Adult Education Association. 13 p.

Abstract : The term 'Counseling' has become very popular in the field of reproductive health since last 2 decades. Present study is an effort related to understand success and barrier in counseling services at health institutions and community level in relation to Reproductive Health (RH) and Family Welfare (FW) in tribal areas of Rajasthan. Objectives are to examine real understanding of community, clients and service providers, to find out the counseling effectiveness in achievement of RCH and family planning matters, to suggest in counseling interventions. Over all 300 clients and 82 service providers were covered under investigation. Out of 300 clients, 266 viewed that counseling is important in health services. Concept of counseling was partly explained by 266 clients. Out of 266 clients, 90 stated that counseling is one in which staff tell to client about schedule of medicine use. Only 12 clients considered that counseling is advice of staff about next visit and 16 clients told that staff listen client problems. Out of 82 respondents 40 did not have right and adequate understanding of counseling. Out of 98 clients who visited CHCs, majority of them responded as 'yes' about counselors role on privacy, in conversations, good behaved and use of simple language. Very low number of clients stated 'yes' about use of IEC material and display at counselors room in CHCs. Majority of clients responded as 'no' about use of IEC materials and their display, provided choices, counselors room, solving their problems. Out of total sample, 98 clients visited CHCs and they were counseled by medical and para-medical staff while 52 received counseling at their homes by para-medical and community stakeholders. 91 clients visited in morning and 53 in evening times. 105 clients stayed with service providers for less than 2 hours. Only 18 clients were admitted at institutions on immunizations and other morbidity and health problems, whereas 74 counseled on contraceptives, family planning, ANC/PNC, RTI/STI/AIDS related subjects. 61 clients stated that their last visit was first and 126 put counseling on first priority. Out of total service providers, 22 providers counseling at institution 227 conducted counseling in morning hours. Majority of clients (100 or more) identified 13 barriers. Whereas all 41 service providers considered low level of literacy, more traditional way of life, over work and inadequate specialized counseling training as major barriers. Behavior messages and counseling activities should be boosted up in TSP areas. Waiting time should be cut down and client privacy should be ensured. Frequent awareness programmes like Jansamvad/public hearing/public dialogue about essential package of RCH services should be organized. Timely and proper counseling about gender issue and health care are needed. The couple, family and community

counseling centers should be established in tribal areas for Reproductive Health and Family Welfare services.

Key Words: 1.HEALTH 2.REPRODUCTIVE AND CHILD HEALTH 3.TRIBAL COMMUNITIES 4.INFORMATION, EDUCATION AND COMMUNICATION 5.COUNSELLING TRIBAL.

33. Sujatha, D.Sai and Reddy, G. Brahmananda. (2010).
Impact of women's education on fertility and family planning. New Delhi:
Indian Adult Education Association. 9 p.

Abstract: Women's education is conceived as a factor influencing directly fertility and family planning acceptance due to two reasons. It is because women with higher education are likely to prefer smaller families compared to women with lower level of education as they play multiple roles and they have access to detailed information on birth control enabling them to be efficient family planners, three urban areas of Andhra Pradesh were selected namely Tirupati, Nellore and Vijayawada. The sample consists of 750 eligible couples, 375 each from Vadiki and Niyogi sects of Brahmins of AP. The illiterate women in both Vadiki and Niyogi Brahmins had 4.91 and 3.80 Mean Live Births (MLBs), whereas the college educated women had 2.69 and 1.91 MLBs respectively. Desired number of children of illiterate women was 5.01 and 3.91 whereas among the college educated it was 2.57 and 1.81. The adoption of permanent methods of family planning was 100% among the college-educated women. However it was only 35.3% among the primary educated section wise differences, the non-adoption was found to be more among the illiterate (65.2%) and primary educated Vadiki women (63.4%) compared with that of Niyogi women(60%) . The influence of the women's education on the adoption of family planning was highly significant ($P < 0.001$). Relationship between women's education and the reasons for non-adoption has shown that 72.7% of the illiterate women had not adopted any family planning method due to shyness. Among the primary and secondary educated majority have not completed their family size. More Vadiki women have not used any contraceptive methods fearing its side effects on health. Regarding the intention of couple to adopt the family planning methods in future among the non-adopters, 97% of illiterates and 80% of primary educated stated, that they may not adopt any method in future where as 59% of secondary educated wanted to adopt the family planning in future. Section wise differences among the non-adopters all the illiterates and nearly 85% of primary educated Vaidiki women stated they may not adopt in future whereas among the Niyogi Brahmins 75% of secondary educated wanted to adopt the family planning methods in future. 72.5% of illiterate women don't discuss about family planning followed by 86% of primary educated, whereas more number of

college- educated (67.7%) were found to discuss it frequently. In Vadiki Brahmins nearly 70% of illiterates, 88% of educated and college-educated (9.6%) stated that they don't discuss about family planning issues. Whereas 80.7% college educated stated they discuss occasionally. 835 college-educated Niyogi women stated that they frequently discuss about family planning issues. An increase in education could reduce fertility and the impact will become stronger as education increases, if policy makers consider fertility reduction through empowerment of women expanding the school enrollment and providing free education with mid day meal up to cut off point of completion of secondary education, it will be more beneficial in planning small families.

Key Words: 1. HEALTH 2.FERTILITY 3.WOMEN'S EDUCATION FERTILITY 4.FAMILY PLANNING 5.EDUCATION OF WOMEN 6.CONTRACEPTIVE BEHAVIOUR 7.TIRUPATI 8.NELLORE 9.VIJAYAWADA 10.ANDHRA PRADESH.

34. Viswanath, K. et al. (2010).

Movies and TV influence tobacco use in India : findings from a national survey. Harvard Univ. Boston (USA): Harvard School of Public Health. 8 p.

Abstract: Exposure to mass media may impact the use of tobacco, a major source of illness and death in India. The objective is to test the association of self-reported tobacco smoking and chewing with frequency of use of 4 types of mass media: newspaper, radio, TV and movies. Data was analysed from a sex-stratified nationally-representative cross-sectional survey of 1,23,768 women and 74,068 men in India, all models controlled for wealth, education, caste, occupation, urban city, religion, marital status and age. In fully-adjusted models, monthly cinema attendance is associated with increased smoking among women (relative risk [RR]: 1.55; 95% confidence interval [CL]: 1.04-2.31) and men (RR:1.17; 95% CL:1.12-1.123) and increased tobacco chewing among men (RR:1.15; 95% CL:1.11-1.20). Daily TV and radio use is associated with higher likelihood of tobacco chewing among men and women, while daily newspaper use, is related to lower likelihood of tobacco chewing among women. In India, exposure to visual mass media may contribute to increased tobacco consumption in men and women while newspaper use may suppress the use of tobacco chewing in women.

Key Words: 1 HEALTH 2.TOBACCO 3.SUBSTANCE ABUSE 4.SMOKING 5. PREVENTION SMOKING 6. TOBACCO CONTROL 7.TOBACCO DISEASES 8. HEALTH HAZARDS 9. MEDIA INFLUENCE TOBACCO 10.IMPACT OF MEDIA 11.MEDIA AND SOCIAL CHANGE 12.TELEVISION 13.MASS MEDIA.

ICDS

35. Attucci, Claudia et al. (2010).
Fostering synergy between health and ICDS for advancing child survival and development in Gujarat. New Delhi: UNICEF. 17 p.

Abstract: Integrated Child Development Services (ICDS), launched in 1975, is the world's largest child development and nutrition programme catering to over 23 million children below the age of 6 years. Its objectives are to provide early childhood education and nutrition & health services to young children. Study was carried out in Valsad district of Gujarat. The blocks selected for fieldwork were Valsad, Dharampur and Kaprada. The villages selected for field observations on Mamta Divas Day (MD) were Ghadriya (Valsad), Ojarpada (Dharampur) and Kharakwal (Kaprada). Navaponda village in Kaprada was chosen for observing the activities at the Community Health Centre (CHC). Initiatives have been to promote child survival and development in Gujarat including the Infant Young Child Feeding (IYCF) programme, Chiranjivi Yojana, and the micronutrient supplementation programme. Supervisors are able to focus on delivering services such as community growth monitoring and counselling to beneficiaries. Regular meeting provides a forum for planning, organisation, discussion and decision making. Micro-plans and supervisory plans provide clear descriptions of the activities to be carried out and define the responsibilities of each worker and supervisor for every MD. The outcome of synchronisation has been better cooperation between Health and ICDS at various levels. Supervision is vital for ensuring both the quantity and quality of work, systematic reporting of child mortality and malnutrition through the use of specific templates and through holding regular meetings. IMNCI guidelines and shared execution for ANC and PNC home visits were said to have contributed to enhance documentation of child births. Documents from Kaprada block demonstrate an increase in infant birth registration from 4,110 in March 2007 to 4,209 in March 2009. AWW and FHW carry out home visits to ensure that all beneficiaries avail the spectrum of services. MA has been successful in mobilising women from varied backgrounds in the village community. 10% women received 3 ANC visits in 2008 in Valsad district than in 2007. The rate increased from 65% to 74.9%. In Valsad district, 85% newborns visited and weighed within 24 hours as per IMNCI guidelines. 39% children had been weighed in the month leading up to the survey and another 27% had been weighed in the month prior to that. Improvement was found for Exclusive Breastfeeding (EBF) until 6 months which increased from 27% to 53% between 2007 and 2008. Initiation of complementary feeding by 7 months increased from 42% to 62% from 2007 to 2008. Attention had to be paid to modelling meeting practices such as the use of an agenda,

appointment of chairperson, and the keeping of minutes to improve quality and increase value. Strengthening of skills such as counselling and record keeping should be an important focus. Accessibility and socio-cultural context are still concerns in some locations in the district.

Key Words: 1.ICDS 2.HEALTH AND ICDS 3.CHILD SURVIVAL AND DEVELOPMENT 4.FUNCTIONAL RELATIONSHIP 5.HEALTH STATUS OF GUJARAT 6.GUJARAT.

36. Gaur, Suchi et al. (2010).

The Role of the Anganwadi worker in Polio eradication in Bihar : from awareness generation to service delivery. New Delhi: UNICEF. 52 p.

Abstract: Bihar is one of only a few regions in the world where wild polio virus transmission remains endemic and as many as 20 million children under 5 are vaccinated every month under the polio eradication under initiative (PEI). Objective was to investigate capacity development strategies of the PEI in relation to AWWs and to examine how AWWs involvement in the PEI has affected their lives, their communities, and the broader systems in which they work. 8 anganwadi centres (AWCs out of 211 in Alauli and 8 AWCs out of 240 in Gogri) (UNICEF Khagaria 2009) were selected by UNICEF. In each village interviews were conducted with the AWW and conducted focus-group discussions with mother of children 0-5 years of age. Among the 22 Wild Polio Virus (WPV), polio cases in Khagaria in 2008, all children had been vaccinated at least 7 times. This incidence among vaccinated children is attributable to several reasons including low efficacy of the vaccine in children who are sick. In Khagaria, an average of 3,50,000 children are vaccinated each month by the collaborative efforts of 595 house to house (H2H) teams (UNICEF Khagaria 2008). The aim of the training is to equip each team member with standardized information and ensure uniform quality of rounds. 77.2% of the interviewed mothers cited their AWW about their awareness for polio from TV or Radio. 73.8% of mothers said 'yes' to changes in practices because their AWW had told them and 66% of women reported a change in hand-washing practices and 95% stated that they had changed household or personal hygiene. 50% of them said they had encouraged others to vaccinate their children and 25% encouraged other women to change their household practices. 4 women stated that they refused vaccination for atleast 1of their children in the past, the most common reason was doubt in the safety of vaccine because AWWs and healthcare workers were both named. Trainees could be divided into groups based on experience with generation of feedback and its appropriate use, training can be improved and it can strengthen the systems ability to address changes in field realities. Innovation can improve quality of Mahila Mandal meetings with resources and monitoring the process and keeping track of indicators or monitoring tools that compare the results in

polio against other health outcomes and increase documentation of qualitative changes.

Key Words: 1.ICDS 2.POLIO 3.ANGANWADI WORKER ROLE 4.ROLE OF ANGANWADI WORKER 5.INTERVENTION PROGRAMME 6.POLIO ERADICATION 7.SERVICE DELIVERY 8.AWARENESS GENERATION 9.BIHAR.

37. Mishra, Suryamani. (2010).
Best practices in nutrition and health education in ICDS. New Delhi: NIPCCD. 208 p.

Abstract: India, which is the world's 10 largest economy unfortunately ranks 127 on the Human Development Index (HDI). While income poverty in India has been reduced to 26% (1999-2000), yet underweight prevalence in children under 3 years was 47% in 1998-99 (NFHS – 2 and 44.9% in 2005-2006 (NFHS-3). Malnutrition reflects an imbalance of both macro and micro nutrients that may be due to inappropriate intake and or inefficient biological utilization due to the internal/external environment. One of the major objective of the ICDS scheme is to improve the nutritional and health status of the children in the age group of 0-6 years which is being achieved by providing a package of integrated services that compresses supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-ups and referral services to children below 6 years of age as well as pregnant women and lactating mothers. The project on 'Best Practices in NHED under ICDS' was taken by NIPCCD, New Delhi with the objectives to (i) identify best practices related to NHED (ii) document and disseminate the same among the ICDS functionaries in a user-friendly way. It was proposed to be managed in 3 phases. In the first phase, the scheduled activity on NHED practices from States/UTs. In 2nd phase, a workshop was to be conducted to finalise best practices and documentation of best practices was scheduled in the third phase. The NHED Practices of 8 states that were considered as Best Practices by these groups in the workshop are Andhra Pradesh – Nutrition and Health Day and Nutritional Surveillance system, Bihar – Muskan: Ek Abhiyan, Jharkhand – Dular, Madhya Pradesh – Mangal Diwas, Rajasthan – Godbharai and Annaprashan, Tamil Nadu – Mothers support group, Uttarakhand – Kishori Uthan Project, West Bengal – Kano Parbo No, Muskaan – Ek Abhiyan – Bihar, the coverage of children with the vaccines provided through the Expanded Programme of Immunisation (EPI) was very low (Fully Immunised coverage of 18.6% as per Evaluation Survey – 2005). Activities of Dular strategy is in operation and till date, capacity building for 12,000 functionaries including around 1800 health functionaries 238,900 Local Resource Person (LRPs) on the implementation of the strategy have been carried out. Village Contact Drive VCDs have been conducted in 4,000 villages (out of a total of 7576 villages) and data relating to nutrition and health of 94,000 children

under the strategy have been compiled Mangal Diwas – Madhya Pradesh consists of 4 selected practices carried out on 1st, 2nd, 3rd and 4th Tuesday of every month at all AWCs in the state. Godbharai is celebrated on 1st Tuesday for pregnant women, Annaprashan on every 2nd Tuesday for children who have completed 6 months birthday celebration of children on every 3rd Tuesday and Adolescent Girls Day on 4th Tuesday of every month are celebrated in all AWCs in the State. Project Shaktimaan – (Madhya Pradesh) has been implemented since February 2007 in 38 selected blocks of 19 districts. The AWCs in the project areas are opened for 6 hours from 9 am to 3 pm and children are fed supplementary nutrition thrice in a day. Impact of project has not been assessed and reported. Positive Deviance – Orissa, there is empirical evidence in respect of reduction of malnutrition among children 0-3 years old in the area where the practice has been adopted. Such practices based on knowledge and skill existing in the community as well as acceptance of desirable behavior by the community appears to be sustainable and major focus of the practice is to reduce malnutrition is considered to be a major issue in all parts of the country, the PDA can be adopted in other place under ICDS for addressing malnutrition problems and other issues with involvement of community. Annaprashan and Godbharai (Rajasthan) are 2 of the important activities conducted on Maternal and Child Health and Nutrition Day at every AWC, once a month ICDS III Endline Survey data (2005-2006) compared to Baseline Survey (2001-2002) showed improvement in some indicators. Participation level of women has been enhanced Mother Support Groups (MSG). Tamil Nadu deals with issues related to nutrition and health and as a result, bottle feeding is being slowly stopped. The MSG as practice does not involve any cost. However, functionaries have been provided training on IYCF. The practice has the power of replication. Kishori Uthan Project in Uttarakhand is based on the unmet needs of adolescent girls (AGs) assessed through a need assessment study Kano Parbo Na strategy – West Bengal aims at reduction of malnutrition in children through locally available resources within the community and does not require any other infrastructural/external support, it can be said that the practice can be made replicable in other parts of the country. Though the project has the requisite ingredients to be owned by the community, but community needs to be prepared for this Project has a plan to strengthen the VHCs to ensure the sustainability of the programme.

Key Words: 1.ICDS 2.NUTRITION AND HEALTH EDUCATION 3.BEST PRACTICES 4.HEALTH AND NUTRITION 5.ICDS FUNCTIONARIES 6.REVIEW OF LITERATURE 7. NHED 8.IMPACT OF NHED 9.ANGANWADI CENTRE 10.BIHAR 11.JHARKHAND 12.MADHYA PRADESH 13.ORISSA 14.RAJASTHAN 15.TAMIL NADU 16.UTTARAKHAND 17.WEST BENGAL.

NUTRITION

38. Mohan, V. (2011).
NFI Bulletin, 2011 January, 32(1) : Diabetes epidemic in India. New Delhi: Nutrition Foundation of India. 8 p.

Abstract: Diabetes poses a major health problem globally and has become one of the top 5 leading attributed to causes of death in most developed countries. The probable reasons for the escalation in diabetes in Indians are increased insulin resistance, stronger genetic factors and environmental factors particularly associated with urbanisation. One of the important factors contributing to increased type 2 diabetes in Asian Indians is the fact that they have a greater degree of insulin resistance as compared to Caucasians. Genetic susceptibility and familial aggregation play an important role in the occurrence of type 2 diabetes. Environmental and lifestyle changes resulting from industrialisation and migration to urban environments from rural settings are responsible to a great extent, for the epidemic of type 2 diabetes in Indians. Obesity and increased central obesity and increased visceral fat due to physical inactivity, and consuming high fat and high sugar diet are other major contributing factors. Adult subjects aged 20 years and above (n=1843) were randomly selected from the Chennai Urban Rural Epidemiology Study in Chennai. In urban south Indians, total dietary carbohydrate and glycaemic load (mainly due to high intake of polished white rice) are associated with increased risk of type 2 diabetes, whereas dietary fibre is associated with decreased risk. The prevalence of diabetes was significantly higher among subjects with light grade activity (17.0%) as compared to moderate grade (9.7%) and heavy-grade activity (5.6%). The number of people with diabetes in India is actually higher in rural areas (23.0 million) as compared to urban areas (17.9 million), because 72% of India's population lives in rural areas. Diabetes care has helped to improve compliance among rural people who had no access to such facilities. This has reduced the cost to patients, thus helping in improving their quality of life. Eventually, this approach could help reduce the economic costs due to diabetes and associated complications.

Key Words: 1.NUTRITION 2.RESEARCH NUTRITION 3.DIABETES 4.EPIDEMIC 5.DIABETES PATIENTS 6.DIABETES CARE 7.PREVENTION OF DIABETES.

39. Singh, Amar. (2010). Performance evaluation of cooked mid-day meal (CMDM). New Delhi: Planning Commission. 65 p.

Abstract: The National Programme for Nutrition Support to Primary Education (NP-NSPE) was launched as a centrally sponsored scheme on 15 August 1995 and extended to all the blocks of the country by the year 1997-98. The Cooked Mid-Day Meal (CMDM) was introduced in all government and government-aided primary schools in April 2002. CMDM Scheme proposed to supply meal containing 300 calories and 28-12 gram of protein to all children studying in classes I to V in government, government-aided schools and Education Guarantee Scheme (EGS)/Alternative and Innovative Education (AIE) centres w.e.f. September 2004. The scheme was launched with the following objectives: to address hunger in schools by serving hot cooked meal, to improve nutritional status of children and encourage poor children to attend school regularly and help them concentrate on classroom activities, thereby increasing the enrolment, retention and attendance rates. The study covered 17 states and 48 districts. Two blocks from each district and 5 schools from each block were selected. From each school/centre 10 beneficiary students (5 boys and 5 girls) and their respective parents were selected. Further one dropout and 3 out- of school children from the village were also selected randomly. From a block, a minimum of 2 and a maximum of 3, main focus groups were chosen. About one-fifth of the beneficiaries in Bihar, Rajasthan and West Bengal reported that they do not get adequate meals at school. In Bihar, where students rarely bring lunch to school, about 72% of the beneficiaries responded that the quality of food is poor and 77% said that they are not satisfied. As suggested by beneficiaries in Bihar, about 69% parents also believe that the food offered is poor in quality. Both the sample beneficiaries and their parents in Maharashtra are satisfied with the quality of food being served in schools under CMDM. Most of the sample schools in Madhya Pradesh, Andhra Pradesh, Arunachal Pradesh and Uttar Pradesh noted an increase in retention rates of CMDM. Recommendations included putting the responsibility on the nodal ministry to review the infrastructure development meant for mid day meal scheme and that the representative of other nodal ministries which run the infrastructure development schemes should be invited to these meetings; guidelines issued by Government of India regarding the delivery of food grains by PDS dealer to school directly should be implemented which helps in averting the leakage of food grains from the delivery point and reduces the supply channel and taking off pressure from Headmaster or implementing authority. PDS suppliers should be mandated in the guidelines of PDS scheme while allocating the food grains for cooked mid day meal and village education committees should be invited by the block level officer in their regular meetings so that their role in managing cooked mid day meal scheme is specified and their responsibility is incorporated in the guidelines.

Key Words: 1.NUTRITION 2.MID DAY MEAL 3.COOKED MEALS 4.READY TO EAT MEALS 5.SCHOOL LUNCH 6.COOKED MID DAY MEAL 7.EVALUATION OF COOKED MEAL 8.EVALUATION STUDY CMDM 9.SCHOOL MEAL PROGRAMME 10.IMPACT OF MID DAY MEAL.

SCHEDULED CASTE

40. Sabere, Subah. (2008).

Availability of micro-credit to scheduled caste women and the role of self help groups. New Delhi: National Commission for Women. 53 p.

Abstract: Micro-credit for poor and women has received extensive recognition as a strategy for poverty reduction and economic empowerment. Objective of the study were to: is to highlight the constraints affecting the women empowerment programme in the context of scheduled caste (SC), which may provide a basis for future action plan of development agencies; find out socio-economic and demographic status of women living below poverty line involved in income-generation activities; to identify the income, expenditure and savings of the SC women in Self Help Group (SHG); to understand the future plan of the SC women SHGs with regard to their savings. Data and information was used mainly for the purpose of ascertaining the growth of SHGs and micro-credit practices empowering the rural SC women in Bihar. SHGs formed in SC prove villages blocks of Patna and Magadh Commissary of Bihar covering 10 old districts and 1 newly constituted. SC and backward class women are estimated to contribute more than 80% of social labour to strengthen the country's economy; 80% women workers are employed in agriculture constituting more than 87% of the female work force in rural areas. Educational level of SC women living below poverty line is low; 765 are illiterate and only few women are in a position to manage their education means; 4% women are doing independent business while majority of SC women are earning their wages through labour practices; 78.6% SC families are bounded to adopt the single family system; 52% such families are earning not more than Rs.1000 per month; 29.7% families are bound to sustain on few 100 rupees in a month. 82.6% are doing labour work; 4.6% are engaged in productive work or self employment; 66% SC women have utilized SHGs fund. Loan from money lenders have reduced to 18% only; 39% loan was utilized for health purpose and 21% for education. 89% SC families live under BPL are landless and only 2.8% families have land for cultivation. 47% families are living in house made with unbaked soil brick with roofing tile, while 22.4% are bound to live in housed made of thatch and bamboo. 16.5% families of SC population in rural area use community hand pump for drinking water. SHGs is a small group of 10-20 persons drawn from homogenous background and function on the basis of cooperative principles and provide a platform for its members. 83% SHGs have been formed with 10 members, 11% with 12 members and only 6% with more than 12 members. 1.2% unmarried members were included with 49% of SC women groups. 7.8% groups total members are familiarized with SHGs rules and regulations. 74%

respondents expressed their consent that decision making process of the SHG is transparent and work culture suiting every member. While 26% respondents said that their SHG is dominated by few members and decisions are taken according. 44.6% SC women have started economic activity after joining the SHG while 55.4% have still not opted any profession. 48.9% followed by utility item vending. 44.6% SC women have adopted the utility item vending trade as its operation has capacity investment. 8.4% SC women had selected fisheries. Vegetable cultivation preferred by 20% SC women because marketing of vegetables is available at local level. 13.8% SHGs have been supported by bank with government subsidy to start economic activity either in collective or individual capacity. 93.2% SHG through line department of block office and NGOs but opinion expressed by respondents indicate that imparted training was not qualitative and only paper work had been completed. 8.6% SC women SHGs member has been provided skill upgradation training. 5.1% SHGs have associated themselves with a cluster formed by themselves without any support. 94.9% groups are bound to face the open market competition to sustain their economic activities. 4.0% SC women SHGs members are familiar with banking procedure. 87.0% SHGs visit the bank for deposit and withdrawal of amount and rest of group members are not familiar with the banking procedure for the purpose. 14.0% SHGs of SC women are not visited by promoter to monitor their activity and they have been left to fight the fate. 19.0% SHGs are visited by promoter at the interval of 6 months while 23.0% SHG monitored at the interval of 3 months. 44.0% SHGs formed by NGOs are feeded with regular visit by promoter at least once in a month. 24.0% respondents said that they were treated in a authoritative manner. Frequency of training should be as per need of particular SHG. Literacy campaign would be effective for illiterate SHG members. Liberal and flexible approach needed from banks along with simplified documentation for credit linking of SC women skill upgradation and participatory management backed training programme should be organized extensively at Block/Panchayat level. Poverty alleviation schemes implemented by Central and State Government should design practical strategy to disseminate information at grass root level. Services of small NGOs and SHGs would be more effective to disseminate information at village level. Special budgetary allocations needed at Central, State and district level should be exclusively for NGOs. Frequent orientation workshops and awareness camps should be organized for staff in Rural Development Department which are applicable for SC women only.

Key Words: 1.SCHEDULED CASTE 2.SCHEDULED CASTE WOMEN 3.DEVELOPMENT WOMEN 4.MICRO CREDIT 5.SELF HELP GROUPS 6.EMPOWERMENT WOMEN 7.CREDIT FOR WOMEN 8.SOCIO-ECONOMIC DEVELOPMENT.

SCHEDULED TRIBES

41. Fernandes, Walter, Pereira, Melville and Khatso, Vizalenu. (2006). Customary laws in North East India : impact on women. New Delhi: National Commission for Women. 225 p.

Abstract: The present study on the impact of the customary law on women has emerged from our past work on Modernisation and Changing Women's Status in the Northeast (Fernandes and Barbara 2002) and Social Change in the Northeast (D' Souza & Kekrienseno 2002) Sex Ratio of the tribes according to Census 2001 are Aka – 810, Adibasi – 924, Angami – 991, Dimasa – 1014 and Garo – 971 of the 8 respondents who hold a different opinion on 7 (Aka, Angami and Dimasa men) want boys to get preference and 1 Dimasa woman wants priority for girls. 32% of the respondents would like to send boys rather than girls to college. Men and women are 80 each among them. Among the Aka and Dimasa more men than women want to restrict higher education to boys. All the Adibasi men opt for it. However, 338 respondents favour equal opportunities for boys and girls in higher education. Only 4 men, one each Aka and Angami and 2 Dimasa, all of them above 60, said that women should not take salaried jobs because they have to look up the family. 496 of 500 respondents support the idea of women having salaried jobs. 100 Adibasi respondents support the idea of women taking up salaried jobs knowing well that the question is irrelevant to them, 24 Garo men and 15 women said that if women are educated and qualified they saw no reason why they should not take up salaried jobs of those who wanted gender inequality to persist 76 were Aka, 7 Adibasi, 2 Angami, 26 Dimasa and 2 Garo. 72 Aka respondents (38 men and 34 women) say that the question does not arise because they are close to their tradition and are practicing their customary laws. Among the Adibasi, 66 (26 men and 40 women) have expressed their wish to return to the customary law; 37 Angami men and 28 women want to return to their culture and identity. Among the Dimasa, 35 respondents (19 men and 16 women) do not want to go back to the customary laws because they perceived themselves to be outdated in terms of the rituals and long ceremonies surrounding birth, marriage and death; 48 Garo men and 38 women do not see the need to go back to their customary laws since they are already practicing them. 75 Aka (41 men and 34 women) do not see the need for any change in favour of gender equality. 62 Adibasi women and 32 men want women to get political and social rights and also equality in inheritance. 68 Angami respondents (35 men and 33 women) want equal political and social rights and inheritance for women. Garo respondents have asked for changes in favour of women. 93 of them want them to get social and political rights and 7 others ask for equal opportunities in their traditional bodies. In order to recognise the community rights, the Aka tribe can look at the possibility of introducing the positive points of the Sixth Schedule the 73rd

Amendment Act and PESA Act 1996. Also the need to establish class and gender equity has to be stressed.

Key Words: 1.SCHEDULED TRIBES 2.TRIBAL WOMEN 3.CUSTOMARY LAWS 4.TRIBAL CUSTOMS 5. CUSTOMARY PRACTICE 6.NORTH EAST WOMEN STATUS 6.IMPACT ON WOMEN 7.STATUS OF WOMEN 8.ROLE OF WOMEN 9.TRIPURA 10.MIZORAM 11.NAGALAND 12.ASSAM 13.ARUNACHAL PRADESH.

SOCIAL WELFARE

42. Chaudhuri, Ashawari et al. (2010).

Training for capacity development : understanding the master trainers alliance in Maharashtra. New Delhi: UNICEF. 67 p.

Abstract: Capacity Development (CD) is a process aimed at increasing individual, organisational and collective capabilities, skills and knowledge to ensure sustainable development for communities. The objective is to understand the approach to training used by Masters Trainers Alliance MTA, to understand the linkages between the different stakeholders involved with MTA, their expectations from each other and impact of MTA at the government and community levels and to understand social dynamics at village level and link between social interventions and local governance and participation vis-à-vis MTA initiatives. The current study was undertaken with community members, volunteers, Resource Person (RP), Matter Trainers (MTs), government officers and the Gram panchayat (GP) members, FGDs with specific groups at the community level, training sessions and reading of secondary data. The NGOs Alliance has about 400 members, 65 of which participate in the implementation of UNICEF programmes. As far as Latur district is concerned, there are 7 NGOs working in 10 blocks. Each NGO has a team of RPs, MTs, BCs and FCs and volunteers. On the working population indicate that 48.05% were agricultural labourers and 33.91% cultivators. Dependence on agriculture is due to the absence of other employment opportunities, there are only 395 registered factories in the district, 2 cooperative spinning mills. Latur in 2000-01, general category had 14.3% of households who were using toilets. In rural areas, figures were 11.45% among scheduled caste (SC) and 13.32% among the Scheduled Tribe (ST). In urban areas, 69.525 of households from the general category had toilet facilities, 37.61% from the SC and 49% from ST. From 1986 to 2001, there were 4 AIDS cases in Latur, of which 2 were male and 2 female. There were 2 deaths through AIDS during the same period (1 male and 1 female). In Latur, in particularly the rate of institutional deliveries, improved after micro-planning; 80% of deliveries in Pusa block are hospitalised, a great improvement since

institutional deliveries in Maharashtra account for less than 58%. In Nandurbar, the rate of institutional deliveries is 22% (12.3% in rural areas), while home deliveries assisted by trained staff account for 7.8% (5.3% in rural areas). Nandurbar constitutes 45% of the area, with poor roads which further hinders access to health care facilities. In Maharashtra, more than 24% of girls living in rural areas get married before the legal age of 18. Micro planning took place in different phases between 2006 and 2009 in various locations of Nadurbar and Latur. The rationale for setting up Deepshikha i.e. a project based on turning adolescent girls into stars, on the lifelong cycle on deprivation that affects women and girls in India. Main features of Deepshikha are: Residential Participatory training discussion of taboo issues, taking responsibility for the community and building confidence. Recommendations for Master Trainers Alliance (MTA) are to increase MTA institutional capacity and strengthen financial sustainability; strengthen and formalise links with YASHADA to increase credibility vis-à-vis the government, thus ensuring a constant flow of work for trainers; actively campaign, with UNICEF support, for the complete adoption of ID planning with the government at the state and district levels; document the different schemes in brochures; organise issue wise rather than department wise programmes to encourage convergence among different departments; continue pursuing gender mainstreaming (including that of young boys), in Deepshikha, including training on management of caste relationships and discrimination in order to give girls better tools for handling the groups they form in the community; and formalise attempts to provide vocational training that some groups are experimenting with (tailoring, embroidery, jewellery making, henna design).

Key Words: 1.SOCIAL WELFARE 2.CAPACITY DEVELOPMENT 3.TRAINING OF CAPACITY DEVELOPMENT 4.MASTER TRAINERS 5.MASTER TRAINERS ALLIANCE 6.MTA 7.GRAM PANCHAYAT 7.COMMUNITY PARTICIPATION 8.TRAINING METHOD 9.MAHARASHTRA.

43. Saini, S.K. and Kaur, Lakhwinder. (2010).
Study of drug addicts regarding the extent of use and reasons for taking the drugs. New Delhi: Indian Adult Education Association. 9 p.

Abstract: WHO Expert Committee defined drug addiction as a state of periodic or chronic intoxication produced by the repeated consumption of a drug. Objectives are: to study the profile of drug addicts, to study the frequency of taking different drugs and to study the package of reasons for taking drugs. Data was collected from 25 drug addicts of each centre making a sample of 50 respondents. 66% respondents belonged to the age group of 30-35 years while 20% were in the age range, 20-35 years. Only 14% of the respondents were in the age range of 50-65 years. 56% of the respondents

belonged to rural families and 44% respondents belonged to urban families. 74% of respondents started taking drugs in the age range 18-33 years while 18% in the age range of 33-48 years. Only 8% of the respondents started taking drugs in the age range of 48-63 years. 52% of the respondents started taking drugs on the suggestions of their friends. Curiosity as a reason for taking drugs was reported by 26% of the respondents while frustration, health problems and depression were reported as reasons for taking drugs by 8, 4 and 4% of the respondents respectively. The study reveal that only 2% of the respondents each started taking drugs on the advice of father, doctor and due to belief that drugs increase work efficiency; 56% and 50% used to take poppy husk and opium respectively while 48% respondents were consuming tablets. An equal percentage of respondents i.e. 42% were in habit of taking alcohol and smoking cigarette. 38% and 30% respondents used to inhale smack and tobacco respectively. Little more than one-fourth of the respondents (26%) consumed zarda followed by injections (22%), heroin (18%) and cough syrups (8%). 90.47% were smoking cigarette 'regularly' followed by 81.81% and 80% respondents who used to inject drugs and consume opium 'regularly'. More than 70% respondents used to inhale smack (78.94%), consume zarda (76.92%), take tablets (75%) and drink alcohol (71.42%). An equal percentage of the respondents (66.66%) used to consume tobacco and heroin 'regularly'.

Key Words: 1.SOCIAL WELFARE 2.DRUG ADDICTS 3.DRUG MENTALLY ILLNESS 4.SOCIAL PROBLEM 5.DRUG ABUSE 6.REASONING FOR DRUG ADDICTS.

WOMEN LABOUR

44. Tanwar, Reicha and Dave, Vandana. (2007).
A study of women in the Unorganized Sector of Employment
Kurukshetra: Kurukshetra University, Women's Studies Research
Centre. 135 p.

Abstract: National Commission on Labour (1966-69) has defined unorganized labour as those who have not been able to organize themselves in pursuit of common objectives on account of constraints like casual nature of employment, ignorance and illiteracy, small and scattered size of establishments and position of power enjoyed by employers because of nature of industry. Women's employment in unorganized sector is rising due to adoption of Structural Adjustment Programme i.e. women tend to loose their grounds in organized sector of economy, stagnation and fall in income of households due to poor performance of the economy and the process of globalization, export-oriented industrialization and relocation of industries from the developing countries also leads to increase in women workers in

unorganized sector. Objectives are to study the socio-economic condition of women construction, agriculture and domestic laborers, to find out the reasons responsible for engagement of women as laborers in unorganized sector, to suggest measures for strengthening the condition of women laborers in unorganized sector. 3 districts of Haryana were selected for the study. These districts were Panipat, Kaithal and Kurukshetra. The sample comprised of 350 respondents consisting of 110 construction laborers, 120 agriculture laborers and 120 domestic laborers. Work done by women was seen unskilled. For instance balancing 10-12 bricks on one's head climbing steeply inclined ladders and carrying them to heights rapidly and continuously without a break. Thus women's contribution in every type of work, whether in small or large construction remains extremely undervalued. Some of the domestic servants were also hired for washing clothes, cooking food and only 8% domestic servants were found taking care of infants and small children. 68% women worked for 9 to 10 hours daily in the construction industry. Maximum working time of agricultural women laborers was found to be 6-8 hours (70%) because the time schedule at the work place was from 8 a.m. in the morning to 5 p.m. in the evening with one hour break. Women construction laborers were getting Rs 60-70 daily. Since the domestic workers got their payment on monthly basis, when on monthly basis, when calculated, it turned out to be only Rs 30-40 per day, it was found that 18% construction workers, 28% agricultural laborers and 23% domestic workers started doing labor in order to pay debts. Some of the reasons given by the respondents for treatment of illness of some of the family member, for making their kutcha house pucca or semi pucca, for the marriage of their daughter or for purchasing a buffalo or day to day, necessities. 46% women laborers were dissatisfied with the work while, in agricultural sector 51% and in domestic sector 69% of the respondents were found unsatisfied with the work they were doing. In construction sector the major problems faced by most of the workers were lack of benefit, excessive burden of work fatigue, lack of proper skill and knowledge and exploitation by the employers. Main problems of agricultural sector were found to be seasonal nature of employment, wage discrimination, lack of benefits, exploitation by the employer and lack of proper skill. In domestic sector lack of benefits was reported as one of the major problems followed by job insecurity, lack of skills and exploitation by the employers. There should be equal access to jobs, training, skills and equal work for women workers. In order to abolish wage disparity among male and female workers the Equal Remuneration Act, 1976 based on the doctrine of equal pay for equal work. Education for girls should be made a priority so that they have more opportunities for economic well-being in life and will be able to stand up to gender violence. It is also suggested that unorganized sector workers would provide weekly off, paid leave, medical benefits and annual increments etc.

Key Words: 1.WOMEN LABOUR 2.UNORGANISED SECTOR 3.SOCIO ECONOMIC FACTOR EMPLOYMENT 4.WOMEN WORK FORCE 5.LITERATURE REVIEW 6.WORKING CONDITION 7.HARYANA.

WOMEN WELFARE

45. Anuradha, B.S. et al. (2010).
Working of the sexual harassment committees : an evaluation.
Bangalore: NIPCCD Regional Centre. 188 p.

Abstract: Sexual harassment is the most pervasive violence against women. It affects women in all settings whether public or private and has psychological, medical, social, political, legal and economic implications. The evaluation was undertaken with the major objectives of understanding the working of the committees that have been constituted in various sectors, and understanding the manner in which the complaints have been handled. The sample was from 3 Southern States that included 762 respondents, 256 from Karnataka, 250 from Andhra Pradesh and 256 from Tamil Nadu. Further 74 employers, 615 employees and 73 committee members were interviewed. Employees' perception of the term sexual harassment was probed. Majority of respondents (71.70%) were by men. A large percentage (67.80%) felt that cracking jokes with sexual undertones amounted to sexual harassment. 80% considered "sexual harassment" as physical advance, 61.64% cracking jokes with sexual undertones followed by 56.16% considered sexual gestures; a demand or request for sexual favours (56.16%), sexually coloured remarks (53.42%). 31.38% responded that women are subjected to sexual harassment because they tolerate it. Some expressed that women are weak, while quite a few expressed that they call for unnecessary attraction by the way they dress and behave. Employees' reaction, if subjected to sexual harassment was ascertained as it would indicate their knowledge about channels of redressing their grievance. It was heartening to note that 47.47% responded that they would complain to higher authorities. While they indicated that they could approach them for addressing their problem, there was no mention that they would approach the complaints committees despite the fact that 45.54% were aware of the existence of such committees. Firstly wide publicity needs to be given to the employees about Supreme Court Guidelines, work environment needs to be fear-free to enable women to approach the redressal authority. Few employers felt that strict punishment to the accused to deter similar action by other needs to be meted out and wide publicity of the same should be given. All organisations should have a policy document and plan of action on the subject which should be made known to all employees specifying what is sexual harassment, the recourse available to aggrieved, the investigation mechanism, the punishment provision to guilty etc. Once a complaint is made it should be immediately addressed and severe punishment must be met out to the person found guilty. Any action taken against the guilty should be widely publicized which would be a deterrent for such behaviour. Management should take active interest in the well being of women employees and ensure that a healthy environment is created for helping them execute their duties. A Ready

Reckoner for procedures to be followed while investigating sexual harassment cases will be an effective aid in the hands of Sexual Harassment Committee.

Key Words: 1.WOMEN WELFARE 2.SEXUAL HARASSMENT 3.EVALUATION OF SEXUAL HARASSMENT COMMITTEES 4.SEXUAL HARASSMENT AT WORKPLACE 5.VIOLENCE AGAINST WOMEN 6.EVALUATION STUDY 7.LITERATURE REVIEW 8.ANDHRA PRADESH 9.KARNATAKA 10.TAMIL NADU.

46. Babu, Bontha V. and Kar, Shantanu K.
Domestic violence against women in eastern India : a population-based study on prevalence and related issues. New Delhi : Indian Council for Medical Research. 14 p.

Abstract: Violence against women is widely recognised as an important public health problem, owing to its substantial consequences for women's physical, mental and reproductive health. In several places of India, violence faced by women regularly goes unreported. Prevalence of domestic violence varies widely (from 18% to 70%). Community-based surveys suggested that physical violence has been experienced by 21% to 48% of women in different settings in India. Domestic violence is a widespread phenomenon and variation in its prevalence occur across the eastern India States. Differences occur within the population of these states based on some socio economic characteristics such as habitation, age, religion/caste, education, occupation and income. Purpose of this study is to report the prevalence of various forms of domestic violence against women and to examine various related issues from eastern zone of India. Of the 4 states in Eastern zone of India (Orissa, West Bengal, Bihar and Jharkhand) 3 states (Orissa, West Bengal and Jharkhand) were selected to have a wider representation of the zone. Population of these states were 31.7 million, 80.2 million and 26.9 million in 2001. Participants were both men and women. Prevalence of domestic violence, with a confidence level of 95% and absolute precision of 0.05, samples required were 450 women for Orissa, 740 women for WB and 480 women for Jharkhand. In view of 70:30 ratio of rural and urban population, the samples were distributed accordingly. Sample to be collected from each village was determined by dividing total rural sample required for that state. Corresponding to the women sample, married men aged below 50 years were selected in the similar way from the neighbouring village. 1753 women and 1730 men were contacted; however, 35 women and 15 men refused to participate, yielding a refusal rate of 2% and 0.8% respectively. Thus, samples of 1718 women and 1715 men were obtained. 3 principle domestic violence outcome variables considered are physical/psychological and sexual violence. If at least one of the 3 forms of domestic violence was present, it was considered as the presence of any form of domestic violence. The individual level variables were: age in years, which

was categorized into individuals less than 20 years of age, those between 20 and 29 years, and those above the age of 30 years. The lifetime occurrence was highest in Jharkhand (21.1%) followed by WB (14.6%) and Orissa (13.2%). Prevalence of sexual violence during the lifetime as reported by women was 32.4% in Orissa, 27.4% in Jharkhand and WB 19.7% in WB. Overall prevalence of physical, psychological, sexual and any form of violence during the lifetime among Eastern Indian women were 16%, 52%, 25% and 56%, respectively. Husbands were mostly responsible for violence among majority of women. Some women reported that in-laws were also responsible for few acts of violence particularly of psychological violence. Insult of women through abusive language is reported to be continuing among 41.3% of women of Orissa, whereas 23.8% of women reported that they were experiencing it on daily basis. Similar kind of situation was reported for all behaviours of violence, including sexual coercion which is continuing among 27% out of 31% of women of Orissa, 16% out of 19% of women of WB and 22% out of 26% of women of Jharkhand. Women aged 20-29 years and aged above 29 years reported higher prevalence of violence than women aged less than 20 years. Recently Protection of Women from Domestic Violence Act of 2005, recognized different forms of physical, sexual, verbal, emotional or economic abuse as domestic violence. Public health implications can have a role in preventing the violence and its health consequences, primary health care institutions in India should institutionalize the routine screening and treatment for violence-related injuries and trauma. Results also provide vital information to assess the situation to develop interventions as well as policies and programmes towards preventing violence against women. As Bill has already being passed against domestic violence, it will be useful to sensitize the concerned agencies to strictly implement the law.

Key Words: 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.VIOLENCE AGAINST WOMEN 4.SITUATION OF WOMEN 5.SITUATIONAL ANALYSIS OF WOMEN 6.CAUSES OF DOMESTIC VIOLENCE 7.EASTERN INDIA.

47. Bhatia, Manjeet and Chaturvedi, Vibha. (2008).
Domestic violence : a study with special reference to protection of women from domestic violence act, 2005. New Delhi: Delhi Univ., Women's Studies Development Centre. 14 p.

Abstract: Women's movement in India had been revealing insensitivity of these laws towards women's concerns since Independence. Over these decades the states have responded to these calls and has enacted many progressive laws. Yet this historic evolution throws up many more new challenge. One such challenge was to address violence against women in

their homes. Aim of the study was to get the preliminary picture of legal intervention on domestic violence that was reported to various Delhi courts, which would be compared in other regional studies. Objectives are to find out: which class, caste, groups are using this law; work status of litigants; what course of action they had to adopt to take a law; to what extent they have achieved the purpose; what kind of violence has been reported; what is the intensity of reported violence; are the litigants familiar with functionalities of the law; what had been their litigation experience; is law helpful. Sample included 99 cases, 198 individuals including complainants and Accused. Mainly the litigation is between married couples, 81 cases out of 99 belonged to this category. Out of the rest only 3 cases are from natal household, 15 belong to matrimonial households. Data reveals that majority of the litigants belong to lower economic background. Almost 44% C and 38% R belong to the bracket of Rs 40,000 – 1,50,000 annually Household income. There are more illiterate females (C=11, R=8) cases of highly educated group are a few and there is no disparity in the level of education of C and R as the education level ascends. Both victim and respondent to the case supported them during litigation. In spite of the popular understanding that women once married is hardly supported by her natal family at the time of crisis she got support from her natal family. Usually though, this support for the female (C) does not come without other pressure. Cs got less than 50% of the orders requested by them. Out of these, protection is 94% and residence order 80% were most requested followed by monetary relief, 57% compensation 56% and custody order is 12%. Majority of C and R reported experiencing/perpetrating or beating. Intensity of such violence had been quite high too. Cs rated it at 7.13% on an average and R at 6%. C though have rated causing bodily pain/injury in any other manner as the highest rating at 7.48% closely followed by slapping and beating and shoving rating these sub categories of violence at 7.13 and 6.97 respectively. Government should make special efforts to publicize the law. Special efforts should be made so that cases should be disposed of within stipulated period of 60 days as stipulated under the law. Wide publicity of the service providers is necessary. Protection officers should be trained so that they understand importance of their job and provide all assistance to the victim. Government lawyers should be given incentives to take their job seriously.

Key Words: 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.VIOLENCE AGAINST WOMEN 4.SITUATION OF WOMEN 5.SITUATIONAL ANALYSIS OF WOMEN 6.CAUSES OF DOMESTIC VIOLENCE 7.DOMESTIC VIOLENCE ACT 2005.

48. Chagti, Anuradha. (2004).
A Situational analysis of women and girls in Andaman and Nicobar Islands. New Delhi: National Commission for Women. 112 p.

Abstract: Away from the Indian mainland, shimmering like an emerald necklace in the Bay of Bengal the Andaman & Nicobar Islands synonymous with the historic Cellular Jail do not need an introduction. The Rural Sex Ratio is higher than the Urban Sex Ratio. It is 860 females to 1000 males for Rural Areas against 815 females to 1000 males for Urban Area. Census indicated negligible incidence of child marriage or marriage of girls below 18 years of age. This is a good sign of the status of women. During the decade 1991-2001 the Rural Literacy Rate for females increased by 10.31% while the Urban Literacy Rate for female increased by 6.42%. The total gender gap decreased from 13.53% in 1991 to 11.3% in 2001 implying better literacy for females. On the other hand the Nicobar District recorded an increase of 9.74% in female literacy while the Gender Gap reduced to 13.0% from 15.46%. 30.44% of the literate females in the Union Territory are educated up to the primary level and 29.34% below primary level. This shows that though the Andaman & Nicobar Islands ranks high in literacy, the educational status of 59.78% of its literate females is only primary or below primary. Only 27,042 females of the total 1,26,292 females in the Union Territory have been educated above primary level. 47.47% disabled persons in the Union Territory are illiterate (2001 census) of these 50.77% are female disabled. The percentage increase in enrolment of girls was 2.10% from 2002-2003 to 2003-2004. The difference in the dropout rate between primary and secondary stage was substantial which though the literacy level in the Union Territory was as high as 75.20% the educational attainment of nearly 60% females was primary or below primary. The dropout ratio for girls was lower than boys at Middle School level for 2003-04 and the tehsils of Port Blair, Ferrargunj, Rangat and Mayabundar recorded a 0 dropout ratio for girls in 2003-2004. For females the work participation rate is 18.7% for rural areas and 12.2% for urban areas. In North Andaman, more than 50% of the females are in cultivation. Prevalence of agricultural labourers is quite low in all tehsils except Ferrargunj tehsil where 19.8% of the female participation are agricultural labourers. Household industries in the Southern group of Islands attract about 36.5% of female workers. However, the maximum females are in other services. Female tribals are 8.27% of the total female population. A tehsil-wise analysis of enrolment shows that the enrolment of girls is lower in Nancowry tehsil (46.07%) as compared to Car Nicobar Tehsil (49.19%). Of the 272 teachers from Scheduled Tribes population 130 are female teachers. The National Crime Records Bureau places the Islands in the 29th rank among other states and Union Territories with respect to crimes perpetuated against children. There were 2 rape and 1 kidnapping case in 2002; 2 rape, 2 kidnapping, 1 sexual harassment/molestation and 1 eve-teasing case in 2003; and 1 rape, 2 kidnapping, 2 sexual harassment and 1 eve-teasing case in 2004.

Recommendations were the decreasing decadal growth rate in the Islands is a good sign as it will reduce the pressure on the fragile ecology of the islands, but the area which could be of concern is Diglipur Tehsil which has grown at the rate of 80% in the 1991-2001 decade. At secondary and Senior Secondary levels, girl students attendance becomes a very important consideration in retaining girls in schools. The educational status of women needs to be enhanced to enable them to enter these core development areas identified by the Island Development Authority. The participation of local females in the decision making hierarchies of the Administration would be possible when a State Service is established and local girls have an opportunity for it. The de-addiction programme stated by the Administration is the need of the hour.

Key Words: 1.WOMEN WELFARE 2.SITUATION OF WOMEN ANDAMAN AND NICOBAR ISLANDS 3.WOMEN'S EDUCATION 4.EDUCATION WOMEN 5. HEALTH CARE 6.WOMEN AND DECISION MAKING 7.POLICY FOR WOMEN 8.GOVERNMENT INITIATIVES 9.TRIBAL WOMEN 10.SITUATIONAL ANALYSIS OF WOMEN IN ANDAMAN AND NICOBAR ISLANDS 11.ANDAMAN AND NICOBAR.

49. Gopalan, Sarala. (2005).
A Situational analysis of women and girls in Pondicherry. New Delhi:
National Commission for Women. 90 p.

Abstract: The population of Pondicherry (Census 2001) is 9.74 lakh. Women and men constitute exactly 50% of the population (4.87 lakh). Pondicherry had quite a favourable sex ratio at the beginning of the 20th century. But it was steadily decreasing decade after decades until 1991 when it reached 979. However there has been a remarkable improvement in sex ratio in the UT in 2001 (1001) compared to 1991. Among the districts, Mahe has the highest sex ratio at 1147. Karaikal district comes next with the ratio of 1022 in rural areas and 1021 in urban areas. This is followed by Pondicherry district with ratio at 976 and 997, and Yanam has the lowest sex ratio at 975. Currently it is 69.7 for females against 67.0 years for male. Thus, life expectancy in the UT exceeds the all India figure by about 2 years in the case of women and 3 years in the case of men. UT government provides several incentives for promoting girls' education. These are: free cycles to girls studying in 9th standard, scholarship of Rs. 250/- per annum for girls belonging to Other Backward Communities (OBCs) and living below poverty line; exclusive girls' hostels for SC students; provision of retention scholarships at Rs. 500/- per year per student for SC girl students; financial assistance of Rs. 2000 per annum to the parents of SC girl students and free supply of books, uniforms, stationery item and chappals. Literacy rate that obtains in the UT of Pondicherry is 81.2% (88.6% for males and 73.9% for females). Female Work Participation Rate

(WPR) in UT (17.2%) is lesser than a third of the male WPR that obtains in Mahe (8.2%) following Yanam (10.3%). Female unemployment rate is 2.6% in rural areas and 6.9% in urban areas. Female unemployment rate in urban areas declined since the 50th Round of NSS, 1993-94 when it was 12.6% persons who are on the Live Register of the Employment Exchange in the UT (1.68 lakh persons). Of them women are 69,393. Number of women who secured jobs are 8.97% by (2003-04) (upto July 2004). There are about 3,000 child labourers many of whom are girls. During 2001, the number of crimes committed against women in Pondicherry was 115. In terms of contribution to the All India total of crimes against women, this accounted for only 0.1% (26th rank among states and UTs). However, the state recorded a relatively much higher rate of cognizable crimes against women (18th rank among states and UTs). Number of seats for women in the Parliament and the Pondicherry Assembly should be enhanced. Reservation of 33% of seats for women in Panchayat should be made a reality, adequate representation should be given for women in state level committees formed by the government; Primary Health Centres (PHCs) should have separate diagnostic centres for women in hospitals; regular screening of women in hospitals should be facilitated; safe drinking water and total sanitation should be organized for women in rural areas; HIV/AIDS infection is becoming a problem seriously affecting the health and status of women in households and this should receive serious attention of the authorities for addressing the various dimensions of the problem; schemes and programmes designed to facilitate women's access to employment should be improved in their implementation and entrepreneurship; lands should be assigned for women in rural areas; reservation of jobs for women should be introduced, equal reservation for women's work should be ensured; non-government organizations should be constructed as SHGs to facilitate their involvement in undertaking economic activities for the benefit of women; counseling of children should be organized about the care of the aged, especially women; physically challenged women should be given job oriented training according to capabilities; effective programmes should be organized for rehabilitation of sex workers; there should be a grievance cell for women employees in the department of Women and Child Development; actions should be taken against the parents of the son who deserts wife/commits atrocities against the wife and legal awareness camps should be organized for the benefit of women in villages.

Key Words: 1.WOMEN WELFARE 2.SITUATION OF WOMEN PONDICHERRY 3.SITUATION OF WOMEN 4.DEMOGRAPHIC PROFILE OF PONDICHERRY 5. EDUCATION WOMEN 6.FAMILY WELFARE 7.WOMEN LABOUR 8.CRIMEAGAINST WOMEN 9.PROGRAMMES OF DEPARTMENT OF SOCIAL WELFARE 10.POLITICAL EMPOWERMENT 11.EMPOWERMENT WOMEN 12.PONDICHERRY.

50. Gopalan, Sarala. (2005).

A Situational analysis of women and girls in Tamil Nadu. New Delhi: National Commission for Women. 166 p

Abstract: Tamil Nadu (TN) has a population of 62,110,839 persons (31,268, 254 males and 30,842,185 females) as per the 2001 Census, accounting for 6% of the country's population. comprising The sex ratio in TN at 986 is way ahead of the All India ratio at 933. The improvement in the 2001 census to 986 compared to 974 in 1991 is significant that at the national level from 927 to 933. Sex ratio in the state is also higher than in many of the states. People of TN have higher life expectancy compared to All India through the years. Currently it stands at 65.60 for females against 64.65 years for males (1996-2001, SRS), which is 1 year above the national figure for females and 2 years for males. In case of females between 1993-1994 and 1999-2000 labour force as well as employment has decreased by about half a million. On the other hand, labour force and employment among men increased by 1 million. Census 2001 registered a Work Participation rate (WPR) of 44.8% for the total population, 58.1% for males and 31.3% for females. The lowest WPR has been registered by Kanyakumari district and the highest by Namakkal district. The entry level salary for women teachers in government schools is Rs. 1,500 per month. 27.30% of women were employed in the public sector in 2001-02 as compared to 25.05% in 1997-98. But a larger percentage of women were employed in private sector i.e. 36.62% in 2001-02 as compared to 34.90 in 1997-98. The proportions of enterprises owned by females on proprietary basis, located within household premises and operated on seasonal/causal basis are 23.7%, 40.6% and 0.9% respectively. Child labour accounted for 2.39% of the total work force. Unlike in the all India level, female child labourers (3.64%) outnumbered male child labourers (1.7%) in the state. Female child labour which accounted for about 56% of the total child labour in 1993-94 declined to 43.6% in 1999-2000. The 1998-99 National Family Health Survey (NFHS) show that 40.4% of women in TN have been beaten or physically abused since the age of 15. Out of these 36% were abused by their husbands. A large number of young girls and women from TN are trafficked from Mumbai and Bangalore for prostitution. 85% women are infected with HIV/AIDS. According to Crime in India 2001, brought out by the National Crime Records Bureau, Ministry of Home Affairs. TN holds 6th highest rank amongst the states in terms of percentage share of such crimes in India as a whole. During the year 2000, TN recorded 6,773 cases of crimes against women. This was a 17.83% increase over 5,748 cases registered during year 1999. Female infanticide deaths were 3006 in 1999 as compared to 3004 in 1994. Government programmes have addressed the issues and introduced innovative measures.

Key Words: 1.WOMEN WELFARE 2.SITUATION OF WOMEN TAMIL NADU 3.SITUATION OF WOMEN 4.DOMESTIC VIOLENCE 5.FEMALE FOETICIDE EDUCATION 6.LITERACY RATE 7.HEALTH AND FAMILY WELFARE 8.FAMILY COUNSELLING CENTRES 9.POLITICAL PARTICIPATION OF WOMEN 10.EMPOWERMENT OF WOMEN 11.CRIME AGAINST WOMEN 12.TRAFFICKING OF WOMEN AND GIRLS 13.TRAFFICKING TAMIL NADU 14.TAMIL NADU.

51. Kaushik, Susheela. (2004).
A Situational analysis of women and girls in Uttaranchal. New Delhi:
National Commission for Women. 89 p

Abstract: Uttaranchal ranks 20th in India by its population size and has an annual growth rate of 1.92%. Population density has increased from 133 in (1991) to 159 in (2001). Uttaranchal's total population of 84,79,562 in 2001, constitutes 0.82% of India's total population. Male female ratio of population in Uttaranchal is 964 to 1000 males. Of this 50.2% are women of the total female population 76.1% are rural women. In Uttaranchal women look after the land almost completely and undertake the actual cultivation. Low sex rate is also attributable to low female literacy, lack of nutrition and health facilities and, of course, the patriarchal order of the society. The age group 0-6 which constitutes 15.56 % of the population has a low sex ratio of 906:1000. The proportion of infant population is slightly more than the national average of 15.42 but the gap between male and female infants is appreciable (0.08). Sex ratio of 906 is also less than the 1991 figures, when it was 948/1000. Uttaranchal stands out as one of the few states in India where women have always been part of the active work force, due to their involvement in agriculture, forest protection, cattle care and dairying. In agriculture and animal care, the women contribute to 90% of the total work. 98.54% of the rural women work force participate in agriculture and cattle care. About 0.73% women are in job and 0.73% work in their own agricultural fields. Only 2.21% women in rural areas work exclusively in an eight hour schedule of 10 am to 5 pm. Swarna Jayanti Rozghar Yojana has been able to provide the bare minimum of earning of under wage employment of nearly 11 lakh mandays constituting 21% of total mandays in the years 2001-02, 2002-03 and 2003-04. Government also provides training to SC, ST and other women for employment. Government also has the Pradhan mantri Rozgar Yojana for entrepreneurship development program. Female literacy has gone up by 18.56%; steady improvement in female education has reached 60.26% in 2001. Educational growth is not uniformly distributed among all the districts like Haridwar with its general literacy rate of 64.48% is the lowest among the 13 districts. This remarkable increase may be due to the increasing awareness of the value and need for girls education among the people. Government of Uttaranchal has made the education of children from the age of 6 to 14 free and compulsory. Midday meals programme in primary schools was started in November 2002. Despite heavy emphasis on girls' education, the dropout rate of girls is quite high, 17% at the primary school stage and 35% at the secondary level. Reasons for the low sex ratio in Uttaranchal can be the poor health of women in the state. Life and work patterns of women here have been grueling and take a heavy task of cultivation fuel and fodder collection by trudging along the mountainous roads and hilly slopes for as much as 10 to 15 km a day, in search of necessities. Irrigation facilities for just 43.8% of the total cultivated area, the heavy tasks of the women do not yield corresponding benefits, particularly since the average size of the holidays is small. One of the

most common complaint women have is leukemia, poor nutrition, anaemia and bodyache. 50% women, 70% of girls and 80% of children are suffering from anaemia. 60% of children in rural areas are not getting adequate nutrition. 46.5% women had anaemia in 2004. Data from the Health Directorate, Uttaranchal puts "safe delivery" at 24.2% (2003) and 51.2% in 2004. Official data itself gives the figures for delivery in hospital at 18.1% (2004). Infant mortality rate is as high as 52% (2003) and 44% (2004). 21% women had no access to family planning. 24.70% deliveries took place within a period of 24 months of the birth of the previous child. 45.6% women and 77.4% of 6-35 months children are chronically undernourished and even stunted. 65.9% women breastfeed their children for first 3 months and on an average children are breastfed for about 2 years. A quarter of the pregnant mothers have received any proper check up and iron and folic acid supplements. 46.4% women have more than 3 children. Most women get married at the age of 18. Only 17% girls get married between 15 to 19 years. There were 8073 incidents to IPC of total cognizable crimes in Uttaranchal during 2001. According to IPC Uttaranchal accounted for 0.5% of total crimes in India in 2001 and ranked 28th among Indian states in criminality. In 2003 women have come out in great numbers to contest and be elected. Girls should get health education where there is a heavy dropout after class V, there should be separate schools for girls. Women should be given Legal Literacy camps which should be held in villages. In areas where severe crime cases have been mentioned the police and state Women Commission members should visit and provide a sense of security to the women of the area. Police should undertake gender sensitization of its force and prevent crime against women. Women should get right to property. 20% job reservation should be included in service rules, for effective implementation. Women should be given training and encouraged to take up mushroom cultivation and silk industry. Counselling against alcoholism and drug should be supported and all committees appointed by the government and their public sector units should have a woman member.

Key Words: 1.WOMEN WELFARE 2.SITUATION OF WOMEN UTTARANCHAL 3.SITUATION OF WOMEN 4.POPULATION 5.SEX RATIO 6.BIRTH RATE 7.LIFE EXPECTANCY 8.EDUCATION WOMEN 9.LITERACY 10.HEALTH STATUS OF WOMEN 11.CRIME AGAINST WOMEN 12.PRISONER 13.POLICY FOR WOMEN UTTARANCHAL 14.EMPLOYMENT WOMEN 15.UTTARANCHAL.

52. Kumar, Pankaj. (2010).
Women empowerment through education : a critical study. 10 p.

Abstract: Empowerment of women involves economic opportunity, proper rights, political representation, social equality, personal rights and so on. UNDP report indicates that 67% of the world's work is done by women, only 10% of global income is earned by women and a mere 1% of global property is owned by women. The empowerment of women is linked to the

empowerment of girls and to the full enjoyment of their rights. The education of parents is linked to their children's educational attainment, and mother's education was more influencing on children than the father's. An educated mother's greater influence in household negotiations may allow her to secure more resources for her children. Universal completion of primary education was set as a 20-year goal, as was wider access to secondary and higher education among girls and women. Closing the gender gap in education by 2015 is also one of the benchmarks for the Millennium Development Goals. Involvement of women in science and technology motivates girls to take up these streams for higher education and ensures that development projects with scientific and technical inputs, involve women fully. Messages for different stages of life inform and empower girls to delay pregnancy until they are physically and emotionally mature. Encouraging governments should encourage and promote universal and non-gender discriminatory education for girls and boys, integrating reproductive health education and services requires young people to include family planning information, and counseling on gender relations, sexually transmitted diseases and HIV/AIDS, sexual abuse and reproductive health. Health care programme and providers attitudes allow adolescents access to the services and information they need. Other topics include support efforts to eradicate female genital mutilation/cutting and other harmful practices, sexual abuse and trafficking of adolescents for forced labour, forced marriage or commercial sex, enabling women to exercise their right to make decisions concerning reproduction, free of coercion, discrimination and violence, making emergency obstetric care available to all women who experience complications in their pregnancies and support outreach by women NGOs to help older women in the community to better understand the importance of girls education and reproductive and sexual health and rights so that they may become effective transmitters of this knowledge.

Key Words: 1.WOMEN WELFARE 2.WOMEN EMPOWERMENT
3.EDUCATION 4.WOMEN EDUCATION DEVELOPMENT 5.WOMEN'S
DEVELOPMENT 6.WOMEN'S ECONOMIC DEVELOPMENT
7.EMPOWERING WOMEN.

53. Madhok, Sujata. (2005).
A Situational analysis of women and girls in the National Capital Territory of Delhi. New Delhi: National Commission for Women. 149 p.

Abstract: India's capital city and the surrounding of areas is known as National Capital Territory (NCT) of Delhi. Total population according to census 2001 was 13.78 million. Females comprised 6.24 million. Delhi's population has been growing, but its sex ratio has been falling. NCT's sex ratio fell from 827 females per thousand males in 1991 to 865 in 2001. Delhi has earned the 5th rank among the states and union territories affected by the declining sex ratio. 845 female children were born for every thousand male children.

National Commission is of the firm opinion that the Delhi Government must take action against offending doctors and make an example that the entire medical community is aware of the dangers of infringing the law. Delhi's women seem healthier and more privileged than women in other parts of India. 10% of women's ages 15-19 years; are married, with the figure being 18% for rural Delhi. 20% of women in the NCT still marry before reaching the legal minimum age of marriage of young women aged 15-19 years. 99% of married women are aware of at least one modern family planning method. 63.8% women use contraception. Female sterilization is still the most chosen option (26.3%) but male sterilization is low (2%). In 18% cases the choice is condoms, 6% use the IUD and 4% are on the pill. 84% of mothers of children from the preceding years had at least one antenatal checkup; 12% of women were under nourished while 41% had some degree of anaemia; 37% women had some reproductive health problems. 855 mothers had tetanus toxoid vaccinations and 78% had received iron and folic acid supplementation. 59% of births were in a medical facility, 35% were delivered at home; 76% of home births were assisted by a dai or traditional birth attendant. 74% mothers knew of ORS packets but only 39% had given it to their children. 12% of women were undernourished. 14% of married women reported domestic violence including beating and physical mistreatment and 8% had experienced it in the past years. Domestic violence was worse for illiterate women (20%), SC (22%), those from households with poor living standards (31%) or medium standards of living (22%). 21% of women have not heard of AIDS. 97% learnt about it from TV and 36% from radio. 24% of women who knew about the infection. Delhi's female literacy rate was 75% in 2001. Younger women are more likely to be literate. 62.1% of women aged 50 and above were found to be illiterate, 2.3% of girls aged 10-14 were illiterates. Among women aged 20-29, illiterate were 16.9%. In 2002, 56.47% girls passed secondary level but for boys it was only 53.59%. The dropout rate of girls was higher at 19.38, dropout rate for classes I-VIII was 28.09 for girls while for classes I-X the dropout rate was 49.82 for girls. At ages 15-17 more girls attended schools (75%). 10% of girls dropped out as they were required for household work. According to 2001, only 10.12% of rural women are in the workforce while for urban Delhi it is only 9.08%. Sex ratio of unemployed persons for Delhi as whole was 1079 female for every 1000 males in 1999-2000, says the NSS 55th Round report. Government expenditure on women in Delhi varied from 0.245% in 2001-02 and 0.266% in 2002-03. In contrast on child development it ranged from 32% in 1997-98 to 25.03% in 2002-03. Thus, much needs to be done both by the government and non-governmental bodies to give women a better life.

Key Words: 1.WOMEN WELFARE 2.SITUATION OF WOMEN DELHI 3.WOMEN'S EDUCATION 4.EDUCATION WOMEN 5.HEALTH CARE 6.WOMEN AND DECISION MAKING 7.POLICY FOR WOMEN 8.GOVERNMENT INITIATIVES 9.SCHEDULED CASTE WOMEN 10.SITUATIONAL ANALYSIS OF WOMEN IN DELHI 11.DELHI.

54. Satpathy, Chinmayee. (2010).

Gender bias in Orissa : a comparative study of different categories of women. Bhubaneshwar: Center for Philanthropy and Social Research. 11 p.

Abstract: The National Government was established to stress the need for improving the social and economic status of women and various measures were undertaken for protection of women's rights, prevention of gender discrimination and social harassments. National and State Commissioners for Women were established and Social Welfare Boards were constituted for protecting women against all types of social evils. Objectives of the study were to explore the nature of discrimination against women in different socio-cultural set ups in general and those belonging to Scheduled Caste and Scheduled Tribes in particular, identify different areas of discrimination against women and their magnitude at various levels and study the level of awareness and knowledge perceptions of women regarding the legislative provisions for improving the status of women. A sample of 400 women (200 each from 2 districts) from different categories (Scheduled Caste, [SC] Scheduled Tribes [ST] and others) was selected to study various aspects of discriminations in their parental families and to elicit their views about changes. The 2 districts were Cuttack and Mayurbhanj. Cuttack has a sex ratio of 938 females for every 1000 males while the sex ratio (females per 1000 males) stands at 980 for Mayurbhanj district. Two-third of the respondents had their father/grandfather, as the head of their families while among the SCs and 'Other' categories, father/grandfather was heading the families in most (73-75%) of the cases, the proportion declined among STs and only 44% reported that their parental families were being headed by father/grandfather. In fact nearly 45.4% of ST respondents reported mother/grandmother as heads of their parental families. Of the total women respondents, 44.7% replied that decisions in all matters were being taken by the father alone, while 30.3% expressed that decision were taken jointly by both the parents. In case of father as taking all decisions, while 27.8% respondents reported joint decisions being taken by both the parents, around 36.5% and 59% reported preferential treatment towards sons during childhood in matters relating to food and education. Among SC families, only 34.6% of women experienced favour towards sons in their childhood whereas remaining 49.2% did not feel such discrimination. 49.2% SC respondents and 22.2% ST members felt that sons were given more education opportunities while 61.1% ST respondents and only 18.5% SC respondents felt that educational opportunities were given equally to both sons and daughters. About 42.1% of the respondents reported that father alone was responsible for their marriage, whereas only 4.7% stated that mother alone was responsible for it. The respondents themselves took decisions only in 18.1% of the cases. 57.3% took decisions for selecting their

marriage partners on their own, whereas father and mother decided in 11.3% and 5.2% of the cases respectively. Joint decisions by both the parents were taken for about 20.8% of the ST women. 22.4% of the selected married and pregnant women respondents reported at least one infant death while another one-tenth reported more than one infant death in their families. From ST and SC categories, one infant death was reported by nearly 28.1% and 23.4% women, respectively. Among ST women, 11.2% reported 2 cases of infant deaths in their family while 5.6% said that there were more than 2 infant deaths. Only 3.9% of women respondents could exercise equal right to land ownership; similarly only about 16.4% of the respondents expressed that they had equal rights over household assets even though they are allowed to use such assets. Equal rights in the decision-making are exercised by nearly 36.9% of ST women, as compared to only 3.6% of SC women and 18.5% of women belonging to 'other category'. Suggestions included: family should be effectively used as the basic unit for women empowerment; mothers should be properly educated and motivated to play an effective role in removing discrimination between male and female child in all respects such as food; health; education etc; counseling of parents on various gender issues is the need of the hour; early marriage, below 18 years of age should be prohibited to avoid early pregnancies and maternal and infant mortality; "education to girls" should receive special emphasis on the ground of social justice due to their role in social formation and empowerment; legal education and motivation through NGOs should be made mandatory for all women, including women from SC/ST categories and other backward communities.

Key Words: 1.WOMEN WELFARE 2.GENDER BIAS 3.GENDER DISCRIMINATION 4.DISCRIMINATION AGAINST WOMEN 5.SOCIO-CULTURE STATUS 6.DISCRIMINATION AGAINST GIRL CHILD 7.SON PREFERENCE 8.DISCRIMINATION AGAINST SC/ST WOMEN 9.CUTTACK 10.MAYURBHANJ 11.ORISSA.

55. Sultana, H. Yasmeen, Raheem, A. Abdul and Jamal, M. Abdul. (2010). Problem encountered by women SHGs : a study of Kancheepuram district of Tamil Nadu. Chennai: The New College, Dep of Economics. 7 p.

Abstract: A Self-Help Group is a small group of people (mostly women) who are living in the same areas engaged in similar or varied activities, maintaining almost equal living standards, a political and secular, aiming to achieve a common goal which is prosperity through thrift and credit. Enabling women to help themselves through entrepreneurship, raises their sense of self-worth, making them even more eager to be productive members of society. The primary data was collected from 300 respondents distributed across 6 villages

(i.e. 50 respondents from each village were selected as sample) in Kanchipuram block of Kanchipuram District. Problems encountered by Women SHGs were inborn traits of feminity such as shyness and inhibitions that debilitate the enterprising spirit. It leads to lack of confidence in her. Lower literacy levels and minimum exposure to outside world add to the problem of rural entrepreneurs. 240 of them said that no collateral security is required but the rest of 60 of them say that SHG internal saving is required to be raised to get more amount of bank loan. 210 strongly disagree and 60 of the sample SHG members disagree that they face problems due to absence of family support. Only 30 of the respondents agree that they face problem due to the absence of family support as they have to spend lot of time and energy in their business. 240 of the respondents find it little difficulty in handling both house and business but they give less time to somehow manage to play the dual role successfully. 60 of the SHG members agree but 30 of them strongly agree that prejudices against women still exist. But rest of 180 strongly disagree and 30 of the SHG members think there is no prejudice against women in this modern world. 100% SHG members strongly disagree that they lack the capacity to work hard, to take risk; what they lack is self-confidence and leisure time. 100% of the SHG members strongly disagree that they face short supply and availability of raw materials. 240 of the SHG members strongly agree that the products are produced in Kancheepuram district but it is in demand all over the world. So the rate of produce get manipulated, hence neither the producers nor the consumers are benefited. Suggestions are: a wider publicity is required for propagation of this concept to the grass root level, make lot of contribution for the promotion and growth of Self-Help Groups, formal sector financing institutions should be able to serve the masses carrying out micro-enterprises, the men folk should be made to realize the significance of women entrepreneurship, success stories of SHG from varied backgrounds should be popularized through media, radio etc, which will boost the SHG activities, the SHG should encourage and make use of various incentive schemes offered by the government and SHGs should work for identification, selection, training, consultancy and escort services apart from loan facilities at concessional terms.

Key Words: 1.WOMEN WELFARE 2.SELF HELP GROUP 3.ROLE OF SHG 4.EMPOWERMENT WOMEN 5.SHGs 6.PROBLEMS WOMEN SHGs 7.KANCHEEPURAM 8.TAMIL NADU.

56. Tanwar, Reicha and Huria, Poonam. (1999).
Political participation of women in Haryana : project report. Kurukshetra:
Kurukshetra University, Women's Studies Research Centre. 28 p.

Abstract: There is a great need to make women more aware of their rights, be it social, political or economic. By gaining political rights, they can put across

their views among the people and this will lead to greater understanding of the problems women face in the society. Objectives are: to find out the level of political awareness among rural and urban women, to determine the level of male influence on political decision making on women, to assure the perception of women about the Indian democratic system and to elicit opinion on the issues of reservation of seats for women in Parliament. The present study was confined to Kurukshetra district of Haryana. 100 females from the rural area and 100 females from urban area were selected through random sampling from the polling booths of Kurukshetra district. 71% women voters said that during elections they would vote according to the wishes of the male members of their families as compared to 30% in urban areas and 84% in slum areas. 21% women voters said that during elections they would vote for the candidate of their own choice as compared to 70% in urban area and 16% in slum areas. Perception of women about the Indian democratic system is that 13% respondents found the functioning of democracy to be successful but only 15% found it to be less successful, 14% wanted a change in democratic system and 68% women showed no reaction towards democracy. 25% women said that the candidate should be at least a graduate and 7% preferred more entry of women in politics. Only 2% said candidates contesting election should be free from corruption and criminal allegations, while 54% in rural areas and 65% in urban areas showed no reaction towards these changes. 100% respondents in slum areas were neutral towards the changes in India democratic system. On the question, 27% (rural) and 22.8% (urban) women stated that more attention should be given to women's problems, 4% (rural) and 7% (urban) respondent consider that women are less corrupt, respect the laws and can give stable and corruption-free government. While 7% (rural) and 12.5% (urban) women should be given proper political rights because they constitute half of the population.

Key Words: 1.WOMEN WELFARE 2.POLITICAL PARTICIPATION OF WOMEN 3.LOCAL GOVERNANCE 4.DECISION MAKING POWER 5.KURUKSHETRA 6.HARYANA.

57. Tanwar, Reicha, Vohra, Malti and Lata, Kusum. (2000).
Status of dowry in north India : a review. Kurukshetra: Kurukshetra University, Women's Studies Research Centre. 48 p.

Abstract: Dowry in modern times in India is not a chance event but a product of the emergence and development of social forces over a period of time. The concept of dowry as an integral part of marriage has obviously changed over time. Respondents were both male and female from 8 regions i.e. from Kurukshetra, Panipat, Kiryana, Bareilly (U.P.), Delhi, Patiala (Punjab), Samalaka (Haryana) and Chandigarh. Sample comprised of 240 respondents, where 120 were males and 120 were females. 45.83% males took dowry in

marriage and only 4.16% responded negatively, 47.91% females had dowry in marriage and only 2.08% replied negatively. 41.66% males received cash in their marriage whereas only 8.33% replied in "No" on this issue. But 41.66% females replied positively and 8.33% replied in negative. 41.66% males demanded dowry in marriage and only 8.33% replied negatively whereas 37.5% females replied in "Yes" and only 12.5% replied negatively. 8.33% males think "prestige" as the reason for dowry, 33.33% for "tradition", 2.08% for "small family" and 6.25% for people's "greediness" whereas in the case of females only 4.16% replied for "prestige", 4.16% for "tradition", 12.5% for money and 29.16% for greediness. 33.33% males are in favour of dowry and 16.66% are not whereas 12.55% females are in favor of dowry and 37.5% replied negatively. 41.66% males prefer marriage with dowry and 8.33% prefer dowryless marriage whereas in the case of females only 25% prefer marriage with dowry and 25% prefer dowryless marriage. 20.83% males think dowry a problem for middle class and 29.16% for lower class whereas only 25% females think dowry a problem for middle class and 25% for lower class. 8.33% males think that amount of dowry is a problem. 25% feel that lower status people copy the customs of upper status people and only 16.66% males feel that parents of the girl fail to meet the demands. Whereas in the case of females only 33.33% feel that amount of dowry becomes a problem, 8.33% think that lower status people copy the customs of upper status people and 8.33% feel that parents of the girl fail to meet the demands. Society and government should take immediate steps to eradicate this evil practiced in our country.

Key Words: 1.WOMEN WELFARE 2.DOWRY 3.STATUS OF DOWRY 4.LEGISLATION-DOWRY 5.SOCIAL CHANGE 6.CUSTOM 7.SOCIAL PROBLEM 8.LITERATURE REVIEW 9.NORTH INDIA.

58. Tanwar, Reicha and Sabharwal, Deepti. (2004).
A Study of women entrepreneurs : a micro study of Kurukshetra district.
Kurukshetra: Kurukshetra University, Women's Studies Research Centre. 56 p.

Abstract: In Haryana the female work participation rate is 27.31%. However, women entrepreneurs are scarce. Sample was selected from different parts of Kurukshetra. A total of 90 respondents have been interviewed from urban and rural areas of the district. 46 respondents belong to the urban category, while 44% respondents were interviewed from 7 different villages i.e. Baghtala, Sirsa, Hansala, Raogarh, Jogna Khera, Balahi and Dabkhedi. In the urban areas of Kurukshetra district, majority of women entrepreneurs belong to the age group 41-50 years. 45.8% of women are in this age group, followed by the age groups of 20 to 30 years and 31 to 40 years, each having equal number of

women entrepreneurs i.e. 25%. The remaining only 4.2% of women belong to 51 to 60 years age group. In the rural sector, 39% of the respondents belong to the age group of 31 to 40 years. 34% women are in the age group of 20 to 30 years and 18% in the age group of 41 to 50 years, while only 9% of respondents belong to the age group of 51 to 60 years. In urban areas, 20% of respondents are engaged in tailoring or running boutiques. Another 20% are running beauty parlors. 10% are running grocery shops and general own shops of readymade material. 8% of the respondents run tea stalls and canteens. STD booths are run by 4% of respondents while another 4% have gift shop. 4% poor self employed women sell steel utensils in exchange of clothes while another 4% respondents are engaged in dari making. 6% of self employed women interviewed are engaged in the work of embroidery, knitting, quitting etc. Baby crèches are run by 2% women run vegetable shops while 2% are engaged in providing spawn seeds for mushrooms cultivation. In rural areas, 27% of the respondents are engaged in stitching, knitting and embroidery. 255 of the respondents run grocery shops and general store, 21% of women interviewed earn money by making daris. 10% of respondents rear cattle for the purpose of selling milk while 5% are engaged in pot making. 6% of the respondents earn money by selling bangles while another 6% work as beauticians in the villages. In the villages 13% of the respondents who are doing well in their business earn Rs.10,000 to 20,000 monthly while only 45 of the self employed women who were interviewed are highly successful in their business and earn more than Rs. 20,000 a month. In the rural areas, 64% of the respondents earn even less than 1,000 rupees in a month, while only 36% of the respondents are able to earn Rs. 1,000 to 3,000 monthly. Suggestions for women entrepreneurs are: to be confident, intelligent, alert and good decisions makers. Consultancy services should be provided to women for better performance at their enterprises. More and more schemes should be initiated by the government and banks for the assistance of women entrepreneurs, efforts should be made to encourage women to enter fields in which they do not play an active role. Rural women entrepreneurs should have better access to the urban areas for marketing of their products.

Key Words: 1.WOMEN WELFARE 2.WOMEN ENTREPRENEUR 3.STATUS OF WOMEN 4.SOCIO ECONOMIC STATUS OF WOMEN 5.WOMEN EMPOWERMENT 6.SELF EMPLOYED WOMEN 7.KURUKSHETRA 8.HARYANA.

59. Tanwar, Reicha et al. (2000).

Functioning of the women panchayat members and the role of the local administration - a case study of Sirsa District (Haryana). Haryana: Kurukshetra University, Women's Studies Research Centre. 44 p.

Abstract: Sirsa district in Haryana is situated on the north side of the dry bed of the Ghaggar, 82 km North-west of Hissa and about 75 km south of Bhatinda, on the Bhatinda-Hissar section of the northern railway, it is a town of great antiquity. Total population of the Sirsa district according to 1991 census is 903,536 persons, consisting of 479407 males and 424129 females. Rural population is 712336 persons (377510 males and 334826 females) and urban population is 191200 persons (101897 males and 89303 females). The study was in Sirsa district of Haryana. 5 blocks were selected randomly namely, Chopta, Rania, Odham, Ellanabad and Sirsa. Total number of 46 Sarpanches were interviewed. In Sirsa and Chopta blocks 98% women Sarpanches have been elected for the first time whereas in block Rania, Ellanabad and Odham 100% women members have been selected for the first time. In blocks Sirsa, Chopta, Rania, Ellanabad and Odham 55%, 80%, 75%, 85%, 90% Sarpanches replied that already their family members were Sarpanches and were from politically active and aware families. Only 10% Sarpanches in Sirsa block replied that they were told about their political rights, importance of PRIs, functioning of the entire political scenario by the local authorities or by their male family members. In 5 sampled blocks in Sirsa, Sarpanches and Panches have done 80%, 60%, 60%, 50% and 40% work in favour of women folk but it has also been authentically gathered that all women members unanimously are not in favour of extensive women's issue or development. Sarpanches and Panches in blocks Rania, Sirsa were quite confident in saying that after being elected they have become more popular in the society, their social status has been enhanced, they have become more logical, they are outspoken and can deliver speeches in the public. In Chopta, Rania, Sirsa, Ellanabad and Odham, women had positive attitude in contesting the elections. All 100% Sarpanches and Panches replied that their family members are very supportive. They don't face any obstacles in managing their family affairs, especially the male members are very happy and are keen to help them in their political affairs. Recommendations were: women officials such as Gram Sachives, SEO, BDO also should be appointed in concerned offices, workshops and training programmes should be organized time to time for the officials and women members to make them familiar with the new ideas and programmes to improve their working procedure so that they interference should be avoided for the impartial functioning of the concerned functioning of the concerned offices.

Key Words: 1.WOMEN WELFARE 2.PANCHAYATI RAJ 3.WOMEN PANCHAYAT 4.WOMEN PANCHAYAT MEMBER 5.FUNCTIONING OF WOMEN PANCHAYAT MEMBERS 6.PARTICIPATION RURAL WOMEN 7.LEADERSHIP 8.LOCAL GOVERNANCE 9.SIRSA 10.HARYANA.

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Follow up survey of childless women in Andhra Pradesh. Mumbai:
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Abstract: Infertility is the most neglected component in the reproductive health programmes of many developing countries despite its well-established links to other reproductive health issues, such as STDs and unsafe abortions. A community-based study was carried out during 1996-99 to document the treatment seeking behavior among childless couples in Ranga Reddy district of Andhra Pradesh(AP) and to identify major problems and possible remedies. The turn of the study was to understand the fertility-seeking pattern among the childless couples after 6 long years. The objective of the study is to know the duration and cost of treatment in having successfully live births. In the baseline study conducted during 1996-99, villages of Ranga Reddy district of AP were selected by stratified random sampling. All the villages were grouped into 3 strata in ascending order of female literacy. The 10 villages were randomly selected from each stratum and childless women were listed. 147 women were taken for the study. Out of 147 women, 79 have become pregnant at least once, 40% have conceived within 5 years of marital duration, around 14% women have taken longer time and conceived for the first time after 10 years of marital duration, 65 women had at least 1 live birth, 9 women had still births and out of these 3 women had 2 still births, another 19 women had undergone abortions, among those women who had live birth, 27 women have not gone for any treatment. However, these women have taken longer time for conceiving after marriage. 18 couples have gone through surgical procedure before conception. The highest cost incurred for these couples where the husband was suffering from semen/sperm related problems was around Rs. 1.5 lakhs. Couples who went for IVF/IUF treatment have spent around 30-50 thousands per cycle for treatment. The couples whose causes of infertility were not specified by diagnosis, underwent treatment for almost 6 years. Around 40% couples without live birth and 13% couple with live birth have sold their property/borrowed/got money from relatives for treatment. A good referral system is needed to help childless couples, starting "high-tech" hospitals. Basic low cost diagnostic and treatment services may be provided at community level in India because a large number of women are likely to be infertile in the coming years.

Key Words: 1.WOMEN WELFARE 2.CHILDLESSNESS 3.CONSEQUENCES OF CHILDLESSNESS 4.INFERTILITY 5.FEMALE LITERACY 6.RANGA REDDY 7.ANDHRA PRADESH.

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