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5, Siri Institutional Area, Hauz Khas

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Contents

Social Defence

Social Welfare

Women Welfare

Research Studies on Women and Children

CHILD LABOUR

1. Committee for Legal Aid to Poor, Cuttack. (2006).
Right path to education : final project report : a movement to make Badamba block child labour free and to promote universal access to primary education. Cuttack : CLAP. 106 p.

Abstract : Right Path of Education (RPE) is a specialized project launched by Committee for Legal Aid to the Poor (CLAP). RPE is a comprehensive advocacy and action oriented programme for elimination of the child labour system in a specific area Badamba, Orissa, promoting children's right to education as guaranteed under Article 21 (A) of the Indian Constitution. The project area Badamba in Orissa has the largest number of child labour, who are engaged mostly in secondary and tertiary sectors like beedi making, weaving, collection of minor forest produce, agriculture, etc. The intervention strategy under RPE was made comprehensive, child centred, rights based and participatory as it involves Government, non-government agencies, the community, parents, etc., and under the Project, children at risk of child labour are educated in sub-contracted activities in targeted communities. Panchayati Raj Institutions plan for education as per the provisions of the Constitution and Gram Panchayat law. The RPE Project became a part of Winrock's well conceived programme called CIRCLE, which promotes Community Based Intervention to Reduce Child Labour through Education, therefore the Project is also named as CIRCLE/ RPE. This Project publicized its definition that any child out of school is child labour. Preliminary estimates showed that out of 3011 children identified, there were around 900 children who were either in school or children who crossed the upper age limit by January 2006, double counted children, girl children who got married, and children who were studying or working outside the target area. 783 boys and 682 girls out of 2100 children who were at risk of child labour, were re-admitted into school. During the survey, some critical legal issues were raised by the respondents' families which could not be responded to immediately by the survey team. Discussions centred around laws relating to women and children. Since women play an important role in the family, more particularly in matters of education of children, they need to be sensitized and made aware of the Educational Rights of their children. Without the involvement and support of the block official it would be fairly impossible to promote the idea and action relating to convergence. A block level meeting on convergence was organized to reduce child labour, and literature was distributed among the participants for bringing clarity on the issue. The issue of absenteeism of teachers, poor quality of education and infrastructure was central to the

discussions held with community members. Some parents used their children in *bidi* making (local cigarettes) activities at the household level, but the problem was identification of these families. On 8th May 2006, notice had been served to the owners of *Bidi* Establishments, requesting them not to engage children under the age of 14 years. ICDS has been supporting RPE cause by participating in its programmes and helping it in locating non-school going children. They appealed for support to identify child labour in their respective areas. The RPE Project used multi-prolonged public awareness campaigns to increase understanding of the dangers of child labour and the importance of education through the use of posters, wall paintings, street programmes for creating awareness about law, distribution of leaflets and brochures, exhibition stalls, signature campaigns and open public debates. Sarva Shiksha Abhiyan (SSA) organized training and orientation programmes for its teachers around the State in different phases. CIRCLE/RPE interacted with the communities, and played a supportive role to teachers for mobilizing parents and children. Introduction of new promotional offers for children, especially for girl children, like dresses, bicycles, scholarships, etc. promoted enrolment. CLAP seems to be very well networked with a variety of local, national and even international bodies. The lack of intervention aimed at livelihood enhancement may negatively affect the Project's ability to meet its targets for enrolment and retention.

Key Words : 1.CHILD LABOUR 2.EDUCATION 3.CHILD LABOUR EDUCATION 4.RIGHT TO EDUCATION 5.ELIMINATION CHILD LABOUR 6.ORISSA.

2. Committee for Legal Aid to Poor, Cuttack. (2006).
Survey report on the state of child labour and primary education in Badamba block. Cuttack : CLAP. 104 p.

Abstract : Employment of child labour is a widespread and universal phenomena, and child labour is a major agro rural problem with illiteracy and poverty as aggravating factors. The present study was done to identify the factors responsible for forcing the child to work and forego education, understanding the existence of child labour in different occupations, their nature of work, wages received, family background of children, attitude of parents, and condition of schools. Data was collected from 138 villages in the ambit of 36 panchayats in Badamba block of Cuttack district of Orissa, where children 6-14 years of age, who were not going to school were found in 127 villages. Around 92% villages had primary schools inside the village, and 52% students were boys while girls were 48%. About 65% school buildings existed in semi- *pucca* (with asbestos and tile roof) structures and 31% had *pucca* (permanent) buildings. Regarding the basic amenities in primary schools, 73% had drinking water facility, 47% had playgrounds, 30% had play

materials, 28% had lavatories, and only 18% had electricity connections, etc. Only 5% villages had health care facilities inside the village, and villagers in the remaining 95% villages had to run to other places to avail such benefits. About 70% parents of child labour belonged to BPL (below poverty line) families and had a monthly income below Rs.1000/- per month. Major factors that were responsible for hindrance in the education of the child were poverty or death of the earning member. Illiteracy of parents was positively associated with the non-school going behaviour of children, and the study found that most parents of child labour were either totally illiterate or functionally illiterate. Other reasons were parents' apathy, they related education with less economic returns and forced the children to work, and also disinterestedness of the child due to non-availability of facilities in schools. Parents involved their children in traditional occupations, and as children spent their time in the learning and working process, their interest in education was dampened. Around 70% children were engaged in household work and 12% were engaged in traditional occupations. The highest amount of wages, Rs.370 per month, was paid for 7 hours in construction work, whereas Rs.203 was paid for the same period in traditional occupations (weaving, blacksmith, goldsmith, barber, washerman, etc). For 5 hours of daily work, Rs.125 was paid as monthly wages for work in garages, Rs.170 for stone cutting and Rs.230 for *beedi* (local cigarette) making along with no holidays and rest. The study suggested that Child Labour Prohibition and Regulation Act should be strictly implemented with simultaneous development of Rehabilitation Programmes for BPL households, along with alluring incentives in schools and other education oriented institutions.

Key Words : 1.CHILD LABOUR 2.EDUCATION 3.CHILD LABOUR EDUCATION 4.RIGHT TO EDUCATION 5.ELIMINATION CHILD LABOUR 7.ORISSA.

3. Global March Against Child Labour, New Delhi. (2006).
Review of child labour, education and poverty agenda : India country report New Delhi : GMACL. 36 p.

Abstract : The issue of child labour cuts across policy boundaries and is the cause and consequence of poverty, illiteracy and adult unemployment. Child labour has connections with distress displacements, gender inequity, social and human under development, conflict situations and insecurity, and poor governance. Sarva Shiksha Abhiyan (SSA), National Programme of Nutritional Support to Primary Education, Teacher Education Programme and Kasturba Gandhi Balika Vidyadhan are initiatives that aim to provide quality elementary education to all children in the 6-14 years age group by 2010. Between 1950-51 and 2003, the number of primary schools in India increased from about 210,000 to

a little over 664,040 and the number of upper primary schools increased almost 15 times from 13,600 to 219,626 schools. According to District Information on School Education (DISE) there were 931,471 primary and upper primary schools in India. More than 95% population has access to primary education within a distance of one km. However, several mountainous regions and tribal areas lack access to primary schools even within the distance of 2 to 3 kms. The increase in the magnitude of child labour during 1991 – 2001 was in spite of tremendous efforts by Government, United Nations, other international agencies and NGOs for universalizing primary education and removing children from work through education and other rehabilitative interventions. According to the latest Census figures of 2001 released in August 2005, out of 226 million children aged 6-14 years, 65.3 million children (29%) were not attending any educational institutions. The proportion of out of school boys was 25%, while it was 33% for girls. The Government should take all possible steps to enforce child labour and bonded labour laws. The SSA requires scaling up of public investment for improving school infrastructure, quality of teaching and school environment to ensure full implementation of newly incorporated Article 21 A of the Constitution, providing free and compulsory quality education to all children below 14 years. The Central and State Governments should internalize the linking up processes of poverty alleviation, health support and elementary education in a unified manner to eliminate child labour supply and demand aspects effectively.

Key Words : 1.CHILD LABOUR 2.CHILD LABOUR INDIA 3.STATISTICS CHILD LABOUR 4.CHILD LABOUR STATISTICS 5.CHILD LABOUR EDUCATION 6.ELIMINATION CHILD LABOUR.

4. Save the Children UK, New Delhi. (2000).
Glass pain : children at work in the Ferozabad glass industry : bondage in bangles. SC : New Delhi. 97 p.

Abstract : Child labour remains a serious problem in India. According to ILO, every fifth child in the age group 10-14 years is part of the country's active labour force. Around 86.4% of the child work force is employed in agriculture and allied activities in rural areas. Child labour is rampant in the glass city – Ferozabad. They are involved mainly in home based or cottage units. State Government estimated that around 5,000 children were engaged in glass factories. Children in the age group 10-12 years carry burning rods of molten glass stuck on the tip of eight feet long iron rods. Children carry these rods from the furnace to skilled persons and back again. The role of girl child workers was limited, and they were engaged in sorting broken bangle pieces of different colours. Children earned Rs.10 to Rs.15 per day. The Child Labour (Prohibition and Regulation) Act 1986

was strongly enforced since 1995 by the Labour Department and district authorities of Ferozabad. There are 446 registered factories employing 9000 workers, in which 22% women and 20% children work. Around 12,793 families are engaged in glass work in Ferozabad district. Around 5757 families have working children under 14 years, and 8290 child labour work in the informal sector. Active TB disease, either pulmonary or extra pulmonary, was detected in 4.1% (39 out of 946) children working as child labour as compared to 2.4% (7 out of 290) children of the non-labour group. Bronchial asthma was the commonest non-tubercular illness affecting 12% of the children. Of the total child labour surveyed, 91% had attended school while 9% had never been to school. The dropout rate was as high as 40%. Efforts made by the Government to eliminate child labour had mainly been execution of an enforcement drive, bringing out 1644 children from factories. To initiate the rehabilitation package, 67 special schools under the National Child Labour Projects (NCLP) have been opened to provide education to children. This initiative has made little change in the life of child labourers, particularly in the area of education. Realizing the negative impact of the enforcement drive on socio-economic pattern, the Government officials want to go slow. Attempts by the Government machinery to implement the rehabilitation package in terms of providing jobs or loans to one adult from the child labour family is not visible. 58% parents were apprehensive that withdrawal of child labour from home based industry would affect their economic status as between 8-25% of the family income was brought in by children. It is suggested that concerted efforts of all key players is necessary to bring about a change which would result in sustainable improvement in the lives of child labourers. Awareness building and sensitization is required to gradually remove child labour. Providing alternative skills/ business opportunities/ choices during slack season is likely to help in enhancing family income.

Key Words : 1.CHILD LABOUR 2.GLASS INDUSTRY 3.BANGLE INDUSTRY 4.FEROZABAD 5.CHILD LABOUR UTTAR PRADESH 6.UTTAR PRADESH.

5. Save the Children, Kolkata. (2006).
Abuse among child domestic workers : a research study in West Bengal. Kolkata : SC. 29 p.

Abstract : Child domestic work has been recognized as one of the most intolerable forms of child work and is a sector that has been identified by the International Labour Organization (ILO) as a priority sector for removing children from work. Child domestic workers are vulnerable to physical, emotional and sexual exploitation. This research study focuses specifically on abuse faced by child domestic workers in both urban and rural areas in 4 districts of West Bengal.

The universe of the study were 1020 children identified as domestic child labour and of these 513 responses were received. Most of the child participants were girls between 11-15 years of age, and 10% were below 10 years of age. About 46% participants had been working as child domestic workers for 2 years, approximately 52% had been working for 3 to 10 years and most had started working when they were between 8 and 12 years of age. Almost 70% of the child domestic workers had been physically abused. The most common type of physical abuse was beating with an external object and slapping. 5.3% of the total number of respondents had been at the receiving end of all forms of physical abuse, while another 16% had received all types of physical abuse except burning. 441 out of a total of 513 participants had faced emotional abuse in varied forms such as being shouted at (20.1%); cursed/verbally abused (11.1%); threatened (1.9%); being called a mistake (3.3%); locked in a room (1.2%); compared with another child (1.2%); blamed (0.4%); and a combination of all the above mentioned forms (23.5%). Domestic workers were abused not only by their employers but by employers' relatives, and also abused by their families. Of the 35 boys in the research who experienced sexual violence, 8.4% said that someone had touched their private body parts, 17.1% were forced to touch someone else's private parts, and 5.7% stated that they had been forced/ tricked into having a physical relationship with the abuser. Many of the child participants (36%) did try to seek help by speaking to someone about the abuse they were facing, but 33% kept the abuse to themselves, and did not disclose it to anyone. Child abuse, especially when it happens within the context of a relationship of power and trust, is the most fundamental violation of childhood. All children are vulnerable to abuse. The term 'abuse' especially 'child sexual abuse' should be clearly defined, so that it is made distinguishable from commercial sexual exploitation of children. Lobbying at the governmental and non-governmental level, and information dissemination at the public level should be done about the harmful aspects of domestic child labour. It is of paramount significance that this form of labour is also classified as hazardous and relevant legal protection is extended to these children. Personal safety - a curriculum that teaches children life skills and helps them participate in their own protection - can be included as part of the activities of non-formal education. Pro-active action should be taken to help and support them, networking with Childline (24 hours nation-wide helpline for children) should be strengthened for this purpose; building behavioural skills such as assertiveness, decision making, seeking help, communication and boosting self esteem, etc. should be undertaken in order to help transform information into action.

Key Words : 1.CHILD LABOUR 2.DOMESTIC WORKER 3.ABUSE CHILD LABOUR 4.EXPLOITATION CHILD LABOUR 5.CHILD ABUSE 6.SAFETY 7.CHILD SAFETY 8.PORNOGRAPHY 9.WEST BENGAL.

CHILD WELFARE

6. Bhakhry, Savita. (2001).
Community participation in child development programmes of voluntary sector : a case study of Seva Mandir, Udaipur. New Delhi : NIPCCD. 38 p.

Abstract : Community participation has become an article of faith, a fundamental prerequisite for any successful project or programme, and the single most dominant factor in improving the lot of the poor all over the world. The study was done to assess the process involved in eliciting community participation and the nature and level of participation in the projects implemented by a voluntary organization (NGO) Seva Mandir. The Balwadi programme was being implemented by Seva Mandir in two blocks of Rajasthan namely Badgaon and Kherwara since 1984. The five zones covered were Badgam block, Dhar Mandir, Bagdunda, Kadia Dhar Mandir, Chain Ka Bhilwara, and Nara Ka Kheda. The total number of beneficiaries in the two blocks was about 691. Community leaders, panchayat members, school teachers, members of local youth clubs and mahila mandals, etc. were interviewed. Women's groups requested Seva Mandir to start the Balwadi Programme to provide opportunities for overall mental, physical and emotional growth of children in the age group 2-6 years. Seva Mandir had played a significant role in developing people's own institutions like *gram samooh* (village groups) and *gram kosh* (village fund) so that people's dependence on the Government, money lenders, on the local strong men, and middlemen was minimized. Activities like Balwadi Programme, literacy drive, construction projects, income generating work for women, health campaigns, etc. were started. The parents of beneficiaries played an important role in the implementation of the programme. Some of the mothers said that they mainly helped in bringing the children of neighbours as well as their own to the Balwadi and took the responsibility of taking them back home when the Balwadi time was over. They helped in cooking the *nastha* (snacks), clearing the premises of Balwadi in the absence of the Balwadi *Sanchalika* (functionary), looked after the children in the presence or absence of the *Sanchalika*, and so on. A few mothers said that they also brought drinking water for children in the Balwadi, and made some contribution towards the snacks when the monthly ration given by Seva Mandir finished. The parents of beneficiaries listed the following advantages of the Balwadi - young children were cared for; their foundation was strengthened; they became better prepared to go to school; cleanliness improved among the children; children were kept busy; they were socialized; they got relief from doing odd jobs

like grazing cattle and giving them a bath, etc. Seva Mandir's concept of developing people's own institutions especially *gram samooh* has been a major factor in sustaining the interest of people in the Balwadi Programme. The ultimate aim should be to prepare the community to run the programme on its own.

Key Words : 1.CHILD WELFARE 2.COMMUNITY PARTICIPATION 3.SEVA MANDIR PROGRAMMES 4.BALWADI PROGRAMME 5.UDAIPUR 6.RAJASTHAN.

7. Centre for Communication and Development Studies, Pune. (2007).
Agenda issue 8 2007 : 0-18 the rights approach. Pune : CCDS. 52 p.

Abstract : Childhood in India is not homogeneous; social and economic status, physical and mental ability, geographical location and other differences determine the degree of vulnerability of India's children, and the child is discriminated against by virtue of these inequalities. The main focus of the study was that the rights of the child must be articulated as non-negotiable, the stress must be on enabling rights rather than policy formulations, and children should have special rights. Data was collected through surveys and interviews. Only 35% of births are registered, impacting name and nationality. 1 out of 16 children die before they attain the age of 1 year and 1 out of 11 die before they are 5 years old. 35% of the developing world's low birth weight babies are born in India. Of every 100 children who drop out of school, 66 are girls. The sharpest ever decline in the child sex ratio was in the 0-6 years age group between 1991 and 2001. The decline was greatest in relatively prosperous states namely Punjab, Haryana, Gujarat and Maharashtra and in urban areas. Significantly, Delhi recorded a decline from 915 to 865. 53% Indian children face sexual abuse, and over 50% children have experienced physical abuse. 88.6% of these children face physical abuse from their parents, and 45.68% of them are boys. 41.17% children in the 5-12 years age group complained of being forcibly kissed, which came down to 25.73% in the 13-14 years age group. Around 25.86% teenagers reported being forced to exhibit their private parts; the relevant figure for those below 12 years was 35.86%. About 45,000 children go missing in India every year, and of them, 11,000 were never found. Out of 510 trafficked children, 40% of them said they had been trafficked when they were less than 10 years old, and the rest were trafficked between the age of 11 and 14 years. They were trafficked by family members or near ones. Only 7% mentioned that they were trafficked by total strangers. Kamathipura, a red in light area in Mumbai, alone generates over $ 400 million annually, with 100,000 prostitutes servicing six customers a day each, at Rs. 100 a customer. Transactions in prostitution were reported to gross Rs. 40,000 crore per annum. 412 brothel owners were interviewed from 12 states and each of them had at least

7 to 10 girls/ women working for them. The brothel owners candidly admitted that they had over 245 girls below 16 years, and another 615 girls between 16-18 years. India is now home to one of the largest HIV positive population in world with an estimated 5.7 million infected persons (estimates for 2007 place the figure to be about 2.7 million). Almost 1% of the people in India's six most populous states are HIV positive, and 20 out of 35 states show high prevalence rates. In spite of six decades of Independence, an estimated 100-120 million children between the ages of 5-15 years have either never been to school or have dropped out. Almost 54.6% children, of whom 56.9% are girls, drop out before they finish Class VIII, and 66% (68.6% are girls) drop out before reaching Class X. Even after 5 years of schooling, only 60% children were able to read, write and do basic calculations. The Government must make a concerted attempt to ensure that every child enjoys the right to education, and make arrangements for older children to join school and get into age appropriate classes.

Key Words : 1.CHILD WELFARE 2.RIGHTS OF THE CHILD 3.CHILDREN OF PROSTITUTES 4.CHILD SEXUAL ABUSE 5.GIRL CHILD 6.CHILD NUTRITION 7.STREET CHILDREN 8.BUDGET FOR CHILDREN 9.DISABLED CHILD 10.CHILDHOOD DISABILITY 11.CHILD LABOUR 12.SITUATION OF CHILDREN.

8. India, Ministry of Women and Child Development, New Delhi. (2007). Child protection in the Eleventh Five Year Plan (2007-2012) : Sub-Group Report. New Delhi : MWCD. 201 p.

Abstract : Millennium development goals and Eleventh Plan aim to reduce poverty; protect children from real danger or risk to their life, their personhood and childhood; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability and develop global partnerships for development. India has the world's largest number of sexually abused children - a child below 16 years is raped every 155 minutes, and a child below 10 years every 13 hours. Two studies from India have found HIV rates higher among prostituted girls. The problem of trafficking is acute in Andhra Pradesh, Bihar, Karnataka, Maharashtra, Tamil Nadu, Rajasthan, Uttar Pradesh and West Bengal. Both boys and girls are victims of trafficking, but girls are more vulnerable. A large number of tribal girls under 18 years are trafficked. Child sex tourism is prevalent in Goa, North Karnataka, Kerala, Tamil Nadu, Orissa, West Bengal, and Rajasthan. The rate of juvenile crimes is fairly high, and children in the 16-18 years category has increased over the years from 17,203 in 1994 to 30,943 in 2004. Heroin, opium, alcohol, cannabis and propoxyphene are the drugs

being abused by children in India. The Government of India had adopted a National Plan of Action for Children (NPAC) in 2005, and declared to secure the rights of all children up to 18 years. Efforts were made to strengthen the on-going approach of converging the basic services of health, nutrition and pre-school education towards promoting the holistic development of young children through integrated child development services (ICDS) scheme, which continues to be the major intervention for the overall development of children. Findings of the NIPCCD study report a very positive impact of ICDS on the health and nutrition of pre-school children. Balika Samriddhi Yojana and Kishori Shakti Yojana are schemes for girl children. The problems relating to child budgeting have been identified, and these are problems in flow of funds from the Centre to the State, lack of meaningful communication and coordination between the Planning Commission, the Finance Ministry and the Ministries/ Departments concerned with child protection. Child budgeting must be taken up as a serious exercise and needs to be encouraged and undertaken at all levels of governance to identify and address the short comings of financing the social sector, particularly programmes relating to children. In the Eleventh Plan there is need for extending the Adoption Programme to the entire country and promote transparency at all levels. Counselling skills and action are required and there is need to invest in training and educational capacity of institutions. The other important step would be to establish a separate Department for Child Affairs. The Ministry of Women and Child Development needs to ensure better and more focused attention to the child, and monitor progress on a systematic and continued basis. Child protection should be examined to see whether it covers the issues of child rights, counselling, juvenile justice, trafficking and other protection issues, and on that basis need based modules and curricula should be developed.

Key Words : 1.CHILD WELFARE 2.WORKING GROUP REPORT CHILD PROTECTION 11TH PLAN 3.CHILD PROTECTION 4.SUB GROUP REPORT CHILD WELFARE 5.CHILDREN IN NEED OF CARE AND PROTECTION 6.ELEVENTH FIVE YEAR PLAN.

9. India, Ministry of Women and Child Development, New Delhi. (2007).
Girl child in the Eleventh Five Year Plan (2007-2012). New Delhi : I-MWCD. 38 p.

Abstract : The Planning Commission constituted a Working Group on 'Development of Children' for the Eleventh Five Year Plan to review the existing approach and strategies along with the programmes for protection, welfare and development of children, and make suggestions/ recommendations. Based on these deliberations, the Working Group worked on ways to arrest decline in the

child sex ratio, increase the representation of women in premier services and in Parliament, and universalize ICDS scheme. The Mid-Term Appraisal of the Tenth Plan expressed concern with regard to adverse child sex ratio, the rising incidence of female foeticide and infanticide, persistently high infant, child and maternal mortality rates, wide gender gaps in child health and education as well as low female literacy, and escalating violence against women, etc. About 12 million girls are born in India; a third of these girls die in the first year of their life; three million, or 25% do not survive to see their fifteenth birthday. Child mortality rate between 0-4 years for girl children is 20.6%, two percent more than that for boys (18.6%). The root cause of malnutrition among girls is not just poverty and lack of nutritious food, but also lack of value attached to girls. 56% girls (15-19 years) continue to suffer from anaemia; 45% girls suffer from stunted growth; 35% rural adolescent girls have weight below 38 kg and height below 145 cms. The girl child should be empowered holistically in all respects, so that she can become an equal partner with boys on the road to development and progress. The Working Group has given certain recommendations to policy makers to strengthen the Eleventh Five Year Plan. The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994 (PC and PNDT Act) needs to be thoroughly reviewed to evaluate its existing administration, enforcement and monitoring provisions, and put in place such mechanisms that can tackle the problem of sex determination and foeticide in a more effective manner. In order to allow the female child in such families to be born and not be aborted, cradle centers should be placed where those who do not want to raise their daughters can place them. In other words, the State would undertake the responsibility of the well being of the child including placing her in loving/ foster homes. For this purpose a new scheme of 'cradle baby' or 'palna' scheme needs to be formulated for prevention of female foeticide and rescuing the missing daughters. The need to encourage all girls to enroll in school and to retain them in the school system is imperative as education not only improves the worth and self-esteem of the girl child, but also enables her to become an economically productive woman and delays her marriage age. Gender sensitization and gender awareness programmes should be organized and conducted for teachers and PRIs especially in rural areas on the rights of the girl child, social problems faced by them, and to provide counselling or help if required.

Key Words : 1.CHILD WELFARE 2.WORKING GROUP REPORT GIRL CHILD 11TH PLAN 3.GIRL CHILD ELEVENTH PLAN 4.ELEVENTH FIVE YEAR PLAN 5.PROBLEMS GIRL CHILD 6.ISSUES GIRL CHILD 7.GIRL CHILD.

10. India, Ministry of Women and Child Development, New Delhi. (2007). Report of Working Group Report on Development of Children for the Eleventh Five Year Plan 2007-2012. New Delhi : I-MWCD. 219 p.

Abstract : Nineteen percent of the world's children live in India and in international comparisons of the status and condition of children, India continues to rank poorly on several key counts. The present report examined the problems and factors that lead to the exclusion of children from Government programmes and budgets, particularly those who were most in need, the poorest, the most vulnerable and the abused; and also identified the problems in existing programmes. While planning for the Eleventh Five Year Plan, the report found some persisting problems which were poor outcome achievement, chronic imbalances in access to services and opportunities, unequal distribution of development benefits, high risks of neglect and lack of protection, fragmented and sectoralised service outreach to address cross – sectoral needs, and low levels of investment that affected the lives of a majority of children. Poverty was one of the most serious overarching threats to children's rights and the other one was gender discrimination, which resulted in the increased rate of female foeticide. The health status of children was poor according to NFHS – II (1998-99), and 47% children under 3 years were underweight. The Census 2001 report showed that the country had approximately 60 million children in the age group 3-6 years. Approximately 34 million children were covered by pre-school initiatives under ICDS and other private initiatives, leaving aside a large segment of about 26 million children aged 3-6 years unattended for preschool activities. Some other specific factors/ problems that needed attention were child labour, child trafficking, commercial sexual exploitation, child pornography, etc. Census reports showed that the number of child labourers was 11.28 million in 1991, which increased to 12.59 million in 2001. Trafficking exposed children to violence, sexual abuse and HIV infection, and violated their right to be protected, grow up in a family environment, and have access to education. About 50% of the urban population lives in conditions of extreme deprivation, compounded by lack of access to basic services and legal housing, and poor urban governance. The urban population was also rapidly expanding due to large scale migration to cities for possibly a better life, which resulted in urban poverty, hunger, and in people becoming pavement dwellers, street and working children and child beggars, who were left alone to fend for themselves. According to official figures released by the Government of India (1997), 11 million children lived on the street at that time, of whom 420,000 lived in the six metropolitan cities of India. These children were exposed to exploitation, various kinds of deprivation, harassment from the police, faced hunger, lack of health care, lack of education, physical and sexual abuse, substance abuse and the risk of contracting STD/HIV/AIDS. The report suggested that the Eleventh Plan must adopt a holistic approach to child rights, keeping in mind that children are not a homogenous group, and age, gender, ability, religious and ethnic status, geographical location and political conditions are variations that require specific

interventions. Also, there is a clear need for strengthening the existing and initiating new promising mechanisms to prevent exclusion of children.

Key Words : 1.CHILD WELFARE 2.WORKING GROUP REPORT CHILDREN 11TH PLAN 3.ELEVENTH FIVE YEAR PLAN.

11. Lund Univ., Dept. of Economic History, Lund, Sweden. (2006).
Intergenerational interests, uncertainty and discrimination : conceptualizing the process of declining child sex ratios in India. Lund, Sweden : LU-DEH. 42 p.

Abstract : During the past 50 years India has achieved considerable social and economic progress, but despite this unbridled optimism on the economic front, the future for India's unborn female children looks increasing bleak. The present study attempted to conceptualize the process of declining child sex ratios (CSR) with particular attention to the dynamic aspect of the problem. The study was carried out in rural Karnataka in the South and Uttaranchal in North India. Data showed wide differences in the sex ratio in villages of Karnataka and Uttaranchal. According to the 2001 Census, the total literacy rate of Karnataka was 66.6%, being 70.4% for rural males and 48% for rural females. The overall sex ratio was 965 in Karnataka, while the rural sex ratio was slightly higher at 977. The Child Sex Ratio (CSR) declined from 960 in 1991 to 949 in 2001 in Karnataka, whereas the overall sex ratio in Uttaranchal rose from 936 to 964 between 1991 and 2001, but the CSR fell from 948 to 906. The areas with high CSR in Karnataka and Uttaranchal were relatively isolated areas where the level of education was lower. Areas where child sex ratios were low and education level relatively high have experienced changes in the economy and a diversification of occupations with increased possibilities for employment outside agriculture. Factors like nuclear families, high education cost and access to technology contributed to a low CSR. Parents were of the view that the difference between high and low CSR areas was not only in the level and form of transformation but rather in the uncertainty caused by it. It was this uncertainty that compelled parents to fulfil their obligations with regard to the future of their children. Parents found their way of facing this uncertainty by falling back on established conventions regarding domestic roles, which contradicted the younger generation's understanding of those same roles. It was also found that the allocation of resources within households constituted one of the main factors upon which son preference and daughter discrimination was legitimized. The study suggested that campaigns should be started against gender discrimination, and Government should take legal action against sex selective abortions.

Key Words : 1.CHILD WELFARE 2.DECLINING SEX RATIO 3.GIRL CHILD 4.SON PREFERENCE 5.GENDER BIAS.

12. NIPCCD, Regional Centre, Indore. (2006).
Effect of migration on lives of children and women : an empirical study in Chhattisgarh. Indore : NIPCCD-RCI. 97 p.

Abstract : Migration is a form of spatial mobility between one geographical unit and another, generally involving a change in residence from the place of destination. The objectives of the study were to understand the problems faced by migrants, their socio-economic profile, and to know the effect of migration on various aspects of their lives. Raipur, Bilaspur and Durg district were selected to see the effect of migration. Data was collected using interview schedules. A majority of the migrant women were in the age group of 15-40 years. Most of the children who migrated with their parents were in the age group of 0-5 years and 5-10 years. Literacy rate of migrant women was 20% which was below the total female literacy of the State. Out of total 308 migrant families, approximately 25% belonged to scheduled castes, 14% to scheduled tribes, and 60% were other backward classes. There was widespread use of alcohol and gambling/ playing of cards in the area under study. There were some cases in which the wife had left her husband and went away with locals at the place of destination. Out of 308 migrant families, 89% were seasonal migrants and the remaining 11% were other types of migrants. Usually agricultural labourers of the area migrate in October – November and return back in June – July with the onset of the monsoon season. There is a long tradition of group migration in Chhattisgarh, and majority of the migrant families mentioned about the harassment by police during their journey. Majority of the seasonal migrants worked at brick kilns or building construction sites, and very few migrant families had any kind of household durables at the place of destination. There were no proper living arrangements, they had temporary brick houses with thatched roofs, no toilet facility, and only 20% migrant families were provided electricity. About 56% had no sewerage and 37% families had open sewer lines outside their houses which posed a great threat to the health conditions of migrant families, especially the children. Around 16% children (below 15 years) were working at brick kilns. Average wages of men and women migrants were Rs.20/- and Rs.17/- respectively, whereas it was Rs.52/- and Rs.43/- for men and women at the destination. There was rampant exploitation. The education of children was adversely affected due to the seasonal nature of migration of agricultural labourers from Chhattisgarh. Around 42% children in the school going age (7-15 years) have never attended any school. Not only education, but also the overall development of children was affected due to migration with their parents. Celebrating the sixth day of a newborn child was very common in every family, rich or poor. About 6% migrant families were forced to stay at the work site for more time due to non-payment of wages. Migration is an important factor responsible for child labour. In some cases, children got severe injuries, as they were forcibly engaged in hazardous work. About 68% migrant women realized that their workload increased at the destination, and about 49% sick women were forced to work at the destination in comparison to 21% women at origin. Out of 33 cases of

injuries, employer provided medical aid only in 18 cases. Women depended on local uncertain doctors for treatment. The study showed that migrant women got better food in term of quantity and quality at the place of destination than origin. Promotive health care services were more easily accessible at the place of origin than destination. The problem of harassment was present. The illiteracy rate for migrant women was 21% compared to 37% for non-migrant women. A wide difference was found in the educational level of children from migrant and non-migrants families due to better economic status of non-migrants. Single cropping due to lack of irrigation facilities emerged as one of the main reasons for migration, hence State Government should create or extend irrigation facilities, so that the income level goes up and people are not forced to migrate.

Key Words : 1.CHILD WELFARE 2.MIGRANT CHILDREN AND WOMEN 3.MIGRANT WOMEN 4.MIGRANT 5.EFFECT ON CHILDREN 6.MIGRANT CHILDREN 7.FOOD INTAKE 8.NUTRITIONAL STATUS 9.SLUM DWELLERS 10.MIGRANT WORKER 11.CHHATTISGARH.

13. Pinheiro, Paulo Ser. (2006).
Study on violence against children : report of the Independent Expert for the United Nations. New York : United Nations, General Assembly. 34 p.

Abstract : This international study was done to provide information on the incidence of various types of violence against children within the family, schools, alternative care institutions and detention facilities, places where children work and in communities. A participatory approach was adopted which included regional, sub regional and national consultations, expert thematic meeting and field visits. The researcher visited Argentina, Canada, China, El Salvador, Guatemala, India, Honduras, Israel, Mali, Pakistan, Paraguay, Slovenia, South Africa, Thailand, and Trinidad and Tobago, and with the help of their Governments, explored the situation there. More than 270 individuals and organizations from many parts of the world including children and stakeholders, responded to the public submissions. Save the Children Alliance and UNICEF made a special contribution by advising on the involvement of children, particularly in regional consultations. In 21 countries (mostly developed) 7-36% women and 3-29% men reported sexual victimization during childhood, and girls were abused at 1.5-3 times the rate for males. Between 1% and 21% women were sexually abused before the age of 15 years. Eighty – two million girls are estimated to marry before age 18. Fights between parents or between a mother and her partner can severely affect the child's well being, personal development and social interaction. WHO has estimated, through the use of limited country-level data, that almost 53,000 children died worldwide in 2002 as a result of homicide. Studies from many countries in all regions of the world found that upto 80 to 98% children suffer physical punishment in their homes. A global school based Health Survey found

that between 20 and 65% of school-aged children reported being verbally or physically bullied in the past 30 days. Bullying is also frequent in industrialized countries. WHO estimated that 150 million girls and 73 million boys under 18 experienced forced sexual intercourse or other forms of sexual violence during 2002. According to a WHO estimate, between 100 and 140 million girls and women in the world have undergone some form of female genital mutilation/cutting. Young children are at greatest risk of physical violence. Boys are at greater risk of physical violence than girls, while girls face greater risk of sexual violence, neglect and forced prostitution. A number of initiatives have been developed by Governments and others to prevent and respond to various forms of violence against children. ILO Convention No.182 was adopted in 1999 and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially women and children, supplementing UN Convention against Transnational Organized Crime was adopted in 2000. The study strongly recommends that no violence against children is justifiable and should be prevented. Children should never receive less protection than adults. States must invest in evidence based policies and programmes to address factors that give rise to violence against children. States have the primary responsibility to uphold children's rights to protection and access to services. Children have rights to express their views, and to have these views taken into account in the implementation of polices and programmes.

Key Words : 1.CHILD WELFARE 2.VIOLENCE AGAINST CHILDREN 3.UN GUIDELINES 4.UN GUIDELINES VIOLENCE AGAINST CHILDREN 5.FAMILY VIOLENCE 6.CHILD SEXUAL ABUSE 7.NON INSTITUTIONAL CARE 8.CHILD MARRIAGE 9.EARLY MARRIAGE 10.JUVENILE DELINQUENT 11.INSTITUTIONAL CARE 12.JUVENILE JUSTICE 13.PARENTING 14.CORPORAL PUNISHMENT.

14 Stride, Totman. (1998).
Kids on their own : a real issue or an imagined one : a pilot study. Brussells, Belgium : Phillip Morris Institute. 47 p.

Abstract : The present study investigated what kids do to spend the time between school and home. This study was designed by Philip Morris Institute together with the Alma Matar Foundation. Data was gathered from adults, teachers and children on this issue by conducting an opinion research. The total of 7990 respondents comprised teachers, other adults and children between 10 and 15 years of age. The Adult Survey was undertaken in Germany, Italy and Portugal, with a nationally representative sample of 1000 respondents per country, with fixed demographic quotas. The Teachers' Survey was conducted at the same time in the 3 countries, and had a sample of 300 teachers per country. The total child sample was 4090

children from Germany, Italy and Portugal. Self-completion questionnaires were used in Italy and Portugal, and door to door survey was carried out in Germany. Results showed that when children were asked to choose between a list of activities which included playing sport and watching TV, the preference for 'hanging out' was greatest among kids. Teachers (67%) and adults (63%) felt that up to half of all children were unsupervised after school, and a further 28% and 29% respectively felt that this condition extended to more than half of all children. Only 24% children claimed to be collected from school by a parent or another adult. The remaining 36% went home alone, 30% went home with friends, 7% went out straight from school and did not go home. The study found that people think more children are unsupervised today than 10 years ago. In Germany, 65% of the population believe this to be so, in Italy 78% and in Portugal 60%. Teachers also had a similar view. In Germany 84% believed this to be the case, in Italy 65% and in Portugal 74%. It appeared that 'Lack of supervision' helps develop positive resourcefulness, (adults 41%, teachers 29%). Constant organized activity does not allow children to play and just be children (adults 57%, teachers 64%). Only a small number of people felt that 'unsupervised kids' were a problem in their neighbourhood. In Germany 12% considered it to be a serious issue in their neighbourhood (28% nationally), in Italy 34% (66% nationally), and in Portugal 32% (62% nationally). 36% kids said that there was an adult waiting when they reached home. Majority of the children (59%) said when they were at home, they were busy with a sport or went to a relative's house. There seemed to be a high level of concern in the minds of adults and professionals. A joint conference promoted by the Alma Matar Foundation and the Philip Morris Institute in Bologna was a step towards mapping out the various aspects of the issue and creating a platform for discussion on the need for action.

Key Words : 1.CHILD WELFARE 2.SUPERVISION OF CHILDREN.

DESTITUTE CHILD

15. Bajpai, P. K. (1999).
Alcoholism and drug addiction in Haryana and Punjab and its impact on women and children. Yamuna Nagar, Haryana : Utthan Institute of Development and Studies. 171 p.

Abstract : The problem of drug addition and alcoholism has emerged as one of the serious problems with far reaching social, psychological and economic consequences. This study was carried out through drug de-addiction and counselling centres and selected clusters through purposive sampling method.

Data was collected from 11 drug de-addiction and counselling centres, and the wives of selected addicts/ alcoholics were interviewed. It was found that people had full awareness about education and they admitted their child to a good school, but were least bothered whether the child regularly went to school or not. Wine shops in villages were producing and selling country liquor without fear of the Government machinery. 60% of the total male population was in the habit of drinking. The men folk depend on females, not only for doing house work and looking after children, but also working in fields. In 1990-91, the total revenue collected through the sale of liquor was Rs.286.75 crore. Concentration of drug addicts/ alcoholics was more in the age group of 20-40 years, signifying that youth was at risk. 'Bukki' was the most common drug supplemented with smoking in Haryana, while in Punjab opium and alcohol were quite commonly used. 28.03% people started taking drugs as a family tradition. A sizable number of respondents complained that their husbands neither took them out for outings nor did they take any interest in domestic work. 23.56% respondents noticed no difference in the behaviour of husbands when they were alone or when they were with their parents. 33.60% found their husbands to be quarrelsome when they were with their parents, 17.04% of the respondents claimed their husbands to be loving in isolation, but the number again reduced to 13.22% when husband's were with parents. 47.13% addicts took loans to fulfill their drug needs. 64.17% of the respondents strongly recommended death punishment for drug peddlers as they felt it was only addiction which spoilt the life of women. A total ban on alcohol was recommended by 63.38% of the respondents, while 93.79% were against its easy availability, and 35.99% were in favour of rationing alcohol or other drugs. The study recommended that the sale of drugs like *bhang*, *ganja* and alcohol should be legally prohibited. Therefore, the Government should prohibit the use of these drugs universally, which must be supported by a social reform movement. Law enforcement agencies must be vigilant enough to check and prevent the movement of drug peddlers, and the law should be amended to give severe punishment for convicted offenders. The laws relating to women and children, specially dealing with property, inheritance, etc. need to be reviewed in the light of changing socio-economic situation in the country. Drug problem should not be taken as a national problem to be solved on a national scale, but addiction should be considered as a community based problem, therefore community leaders and other people must be involved in the policy formulation and implementation for control of substance abuse.

Key Words : 1.DESTITUTE 2.CHILDREN OF ADDICTS 3.CHILDREN OF ALCOHOLICS 4.ALCOHOLISM 5.DRUG ADDICT 6.CHILDREN OF PROBLEM PARENTS 7.CHILDREN IN DIFFICULT CIRCUMSTANCES 8.PUNJAB 9.HARYANA

16. Chandra Shekara, T. S., Poornima, B. K. and Manjunatha, P. S. (2001). A Study on Child Care Institutions in Karnataka. Bangalore : NIPCCD, Regional Centre Bangalore. ~100 p.

Abstract : The study found that child care institutions run by the Government or private bodies have been playing an important role in providing services to children who are deprived of a natural family. The objectives were to study the functioning of child care institutions with reference to infrastructure, their procedures, rules and regulations concerning admission and discharge of children; understand the views and experiences of child inmates; and offer suggestions for enhancing the quality of functioning of child care institutions. 44 institutions run by the Department of Women and Child Development, 99 under Backward Classes and Minorities Department, and 18 private institutions were included, covering 21 districts. 160 inmates (children) were selected for the study, 32 inmates from government institutions, 93 from grant-in-aid (GIA) and private institutions. 75 staff members, 13 from Government, 44 from GIA and 18 from private institutions were interviewed, in addition to 6 members representing the management. Findings revealed that infrastructure facilities available in child care institutions differed significantly from institution to institution. Private institutions had relatively better infrastructure facilities. Variations were observed in the delivery of services like education, vocational training, recreation and rehabilitation. GIA institutions were slightly better in providing these facilities. Facilities for sports were available in majority of the institutions. Counselling and therapeutic services were lacking in Government institutions. Television was found to be the major source of recreation for children. Government institutions followed the prescribed rules. Some private institutions ran child care centres independently and had their own bye-laws. Child care institutions in the Government, grant-in-aid and private sector did not have up to date information on numbers and addresses. It was found that the training of staff on issues concerned with administration of child care institutions was not a priority. Inmates stayed in the institutions for more than 5 years. A majority of inmates (56%) had relatives/ parents either living separately or divorced, and in any case were not taking care of the child. 29% of them had a single parent only. Only 15% had both parents deceased. All the 75 institutions studied had board and lodging facilities. Out of 160 children, a majority 110 (69%) were accommodated in dormitories and the remaining were provided rooms. Government run institutions had better hostel facilities and kitchens. Kitchen was very important in view of its role in preparing and serving good food cooked in hygienic conditions. Breakfast, lunch, dinner and special diet was offered to all the children during festival days and on Sundays. They were also provided bed tea/ coffee (56%) and evening coffee/ tea (53%), specially in Government institutions. The satisfaction rate was relatively higher for lunch and special diet, compared to breakfast and dinner. The food provided in private institutions was better compared to GIA and Government institutions. It was recommended that child

care institutions should develop good liaison with social service organizations, philanthropists, religious institutions and other clubs/ associations. Schools may be motivated to provide concessions to children coming from child care institutions. Running institutions solely on Government grants may be discouraged. The quality of food in Government run institutions should be improved.

Key Words : 1.DESTITUTE CHILD 2.INSTITUTIONAL CARE 3.CHILDREN IN DIFFICULT CIRCUMSTANCES.

17. Kacker, Loveleen. (2007).
Study on child abuse : India 2007. New Delhi : India, Ministry of Women and Child Development. 191 p.

Abstract : India has a large child population and a large percentage of this population is vulnerable to abuse, exploitation and neglect. The aim of the study was to develop a comprehensive understanding of the phenomenon of child abuse, with a view to facilitate the formulation of appropriate policies and programmes meant to effectively curb and control the problem of child abuse in India. The study covered 13 States: Mizoram, Assam, Goa, Delhi, Rajasthan, Uttar Pradesh, Bihar, West Bengal, Madhya Pradesh, Maharashtra, Andhra Pradesh, Gujarat and Kerala. The study sample was distributed in 3 groups – child respondents (15-18 years of age) targeted 13,000 and completed 12,447, young adults (18-24 years of age) targeted 2600 and completed 2324, and stakeholders, targeted 2600 and completed 2449. Out of the child respondents, 50.9% children were subjected to physical abuse (slapped/ kicked, beaten with a stave/ stick and pushed/ shaken) by their mothers, while 37.6% children were abused by their fathers. Among young adults, 49% respondents faced physical abuse during childhood, and 60.35% reported being physically abused by parents. Assam, Mizoram, Delhi and Uttar Pradesh reported higher incidence of physical abuse. Over 50% children in 8 states reported corporal punishment, including those states where Government had banned corporal punishment through notification. Among the stakeholders, 35.24% were in favour of scolding or shouting, followed by 11.3% in favour of slapping or beating with a stick, and almost 11% of the respondents felt that locking the child in a room or denying food to a child was a suitable form of punishment. Out of 12,447 child respondents, 21% reported being subjected to severe form of sexual abuse that included sexual assault, making the child fondle and exhibit private body parts and being photographed in the nude, whereas 51% suffered from other forms of sexual abuse (forcible kissing, exposure to pornographic materials, etc.). Among the young adults, out of 2324 respondents, almost 46% reported sexual abuse during their childhood. The overall percentage showed that every second child in the country faced one or

more forms of sexual abuse. Assam reported the highest percentage (77.5%) of sexual abuse. Among the child respondents around 48.37% children suffered from one or two forms of emotional abuse, either humiliation or comparison. In young adults higher percentage of males faced emotional abuse. Among the stakeholders, 58.67% favoured awareness and education for the abusers. Out of the total child respondents, around 70.5% girls reported neglect of one form or the other by family members, and about 48.4% of the girls wished they were boys. Among the young adults, 74.9% females reported getting less food than their brothers. The study suggested that the Ministry should take measures such as enacting enabling legislation to establish the National and State Commissions for Protection of Rights of the Child. Also, the Government, civil society and communities need to complement each other and work towards creating a protective environment for children.

Key Words : 1.DESTITUTE CHILD 2.CHILD ABUSE 3.CHILD SEXUAL ABUSE 4.ABUSE OF CHILDREN 5.CORPORAL PUNISHMENT 6.CHILD LABOUR 7.STREET CHILDREN 8.EXPLOITATION OF CHILDREN.

18. Pagare, Deepti et al. (2004).
Sexual abuse of street children brought to an observation home. New Delhi : Maulana Azad Medical College, Dept. of Community Medicine. 6 p.

Abstract : WHO estimates that globally 8% boys and 25% girls below age 18 suffer sexual abuse of some kind every year. Sexual abuse of children in India occurs across all socio-economic classes and is widespread among boys and girls, both in rural and urban areas. Perpetrators of sexual abuse find their victims in wide ranging situations, and homeless boys, living in an unprotected environment on streets, make easy prey for sexual abuse. The study was conducted at an Observation Home for Boys in Delhi where non-delinquent male juveniles aged 6-18 years are temporarily detained. All the boys admitted for the first time to the Observation Home between May to October 2002 were included. The boys were requested to undergo examination in a separate room by the Medical Officer, based on the Guidelines of American Medical Association (AMA, 1985) for Primary Care Physicians for diagnosis of suspected sexual abuse. All the boys were assured confidentiality and none was forced to undergo physical examination against his will. A total of 202 boys were willing for clinical examination, but the final sample consisted of 189 boys. Among the 178 subjects living away from families, 62.9% had left home between 6 to 10 years of age. Overall, 38.1% boys reported sexual abuse, with use of force ranging from 4.8% to 23.8%. Over 15% boys reported penetrative sexual abuse. The maximum

proportion of abuse was reported in the age group of 8-10 years (42.9%). The mean age at abuse was reported as 9.13 ± 2.4 years. Most children (93.2%) reported the incident to be within 2-3 weeks of leaving home. All boys reported single episode of sexual abuse except four. The maximum proportion of incidents occurred during late evening or at night (59.2%). 22.2% cases occurred during the day. Most children (76.2%) were abused at railway stations, about 4% were abused at the work place, and 1.4% at some other Observation Home. Among the 72 abused children, 44 (61.1%) had some physical sign of abuse while 29 (40.2%) showed behavioural signs of sexual abuse. 18 boys had signs suggestive of sexually transmitted diseases, and this also increased their vulnerability to HIV infection. The problem of sexual abuse among inmates of Observation Homes is grave and requires urgent remedial action. The period of detention at Observation Homes may be utilized for identification of the victims and their proper medical, social and psychological rehabilitation to prevent further abuse. Concerned authorities should take appropriate action and make efforts to create safe living conditions for all children, including street children.

Key Words : 1.DESTITUTE CHILD 2.CHILD SEXUAL ABUSE 3.SEXUAL ABUSE BOYS 4.ABUSE IN INSTITUTIONS 5.INSTITUTIONAL CARE 6.STREET CHILDREN 7.EXPLOITATION OF CHILDREN 8.OBSERVATION HOMES 9.DELHI.

19. Sengupta, Shampa. (2001).
Effects on children who witnessed abuse of their mothers. Kolkata : Jadavpur Univ., School of Women's Studies. 31 p.

Abstract : The children who witness violence on their mothers in the family are affected in various ways. Often they remain neglected and hence are called ‘victims of domestic violence’. In Indian society, very few services are available for women who face violence within their family as patriarchy accepts this violence as normal. This study documented the effects of violence on children/ adolescents who witnessed abuse of their mothers by their fathers; and compared the differences, if any, of the effects on boys and girls keeping in mind the fact that a girl is brought up to consider marriage to be the only goal of her life. Data was collected from professionals from different fields whose clients had experience domestic violence and their children. 250 mothers from Kolkata were selected for the study. Findings revealed that the use of violence towards children as a method of teaching discipline is still supported by a majority of adults in India. About 21% of the students undergo physical/ emotional abuse at their homes, and 26% admit witnessing the abuse of their mothers. Another very important aspect that came out of this study is how continuing abuse affects women’s relationship with their

children. Many women do their utmost to protect their children from abuse, and from the knowledge of the violence they are experiencing. The mother's silence makes it more difficult for the child to voice his/her experiences and feelings. A number of women expressed that all the pleasures and expectations they had from life depended on their children. It is normal for them to abuse their children if they fail to live up to the high standard of expectations these women have set up. These children often rationalize why their mothers behave in such a way. Though there are laws that try to protect the rights of children, is quite a difficult proposition to implement them. India is signatory to both Convention on the Right of the Child (CRC) and CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women). However, while handling cases practically, sometimes children's rights and women's rights are in conflict. Women who have been abused are often unable to prevent the abuse of their daughters. The study recommends that women need a safe environment to express their conflicts without this being defined as 'risk' to their children. It also recommends that the blame for any negative impact on the mother - child relationship lies solely with the perpetrator of violence. The harsh reality of domestic violence is that it affects a woman's ability to care. The impact continual physical attacks, verbal degradation, emotional torture and social isolation can have upon a woman's life should never be underestimated or minimized. Women in such situations will try very hard to hold a family together and to maintain stability. Being 'caught in the middle' of domestic violence can have adverse effects on a child. Every child's experience of this conflict is different and every child utilizes different coping mechanisms to deal with the situation. Such coping mechanisms are unique to each child and determine how a child will react to domestic violence.

Key Words : 1.DESTITUTE CHILD 2.DOMESTIC VIOLENCE 3.VIOLENCE AND CHILDREN 4.FAMILY VIOLENCE 5.IMPACT ON CHILDREN 6.WIFE ABUSE 7.VICTIM OF VIOLENCE 8.CHILD VICTIM 9.CHILD ABUSE.

EDUCATION

20. Diwan, Rashmi. (2002).
A Study of the functioning of shift schools in Delhi : problems and prospects. New Delhi : National Institute of Educational Planning and Administration. ~90 p.

Abstract : Urban communities are experiencing tremendous transition problems such as high density of population, insufficient land, expensive living, lack of funds, etc. which greatly influence the quality of education and teaching in urban schools.

The study was carried out to understand the functioning of Delhi Municipal Corporation Double Shift Schools and assess their problems and prospects. The study was conducted on 20 shift schools, and covered 40 school headmasters and 65 out of 120 stipulated teachers. The study found that majority of shift schools were located near busy roads surrounding middle class colonies. Majority of the schools functioned in *pucca* (permanent) buildings and they all had evidences to show this on paper. The core subjects taught were Mathematics, Science, Hindi, English and Social Studies in almost all the schools, and the medium of instruction was Hindi. In very few schools (2 out of 20) Urdu had been introduced as a subject also. One school took the initiative to teach moral education to children of all classes. It was found that teacher-pupil ratio was much better in the afternoon shift as compared to evening shift in MCD schools. It was found that most of the schools followed the scheme introduced by Government to increase the number of students by providing mid-day meals, free text books, free uniforms, and they also gave scholarships to the children. Almost 98% schools had classrooms, verandah/ corridor/ open space/ play ground for games; *tat patties* (mats)/ desks for children (wherever available); chairs and tables for teachers, and safe drinking water. A majority of the children belonged to BPL (Below Poverty Line) families. The achievement level of students of Class IV of afternoon shift had shown fairly better results than morning shift students, whereas Class V students in morning shift had shown good performance in terms of percentage obtained for all the 3 years (1998-2000). Almost all the teachers fulfilled the required qualifications and criteria for appointment. Teachers attended to all other assigned tasks like polio vaccination or election duties, except taking classes, seriously. A majority of teachers showed great interest to work in both the shifts. According to them, double shift schools have been quite effective in catering to the large population of Delhi, and shift schools had been the most practical way of accommodating a large number of students. Most of them mentioned that spending a longer duration in schools would help them in understanding the children more deeply. But they also demanded additional payment for extra work. They seemed to be fed up with clerical jobs they had been doing such as filling up salary bills, collection of pay bills, managing mid-day meals, etc. If there was a single administrative body handling the administration of both shifts, it would help in reducing many hassles of decision making. Teachers contended that introduction of shift schools would provide a platform to sort out a number of problems, but also felt that schools need to be made attractive with a pleasant environment, with more inputs for classroom teaching and basic infrastructure facilities including toilets. The study suggested that focus should be on strengthening the quality of education through different educational activities, programmes, etc; proper administration of schools should be done; and all the shifts in schools should be phased out and replaced by single shifts, since such schools failed drastically to provide quality education to students due to time and other constraints.

Key Words : 1.EDUCATION 2.SHIFT SCHOOLS 3.NIGHT SCHOOLS 4.DELHI.

21. Kaul, Lalita. (2000).
Instructional, communication and management strategies of preschool teachers in different institutional settings with special reference to Jammu district. Jammu : Model Institute of Education and Research. 42 p.

Abstract : The study shows that education of children below the age of six years when they formally enter a school is of great importance when viewed from various angles. Specialists in the field of child development and child care are unanimous in acknowledging the foundational significance of this age, not only with regard to health and nutrition, but also with regard to social, psychological, educational and physical development of the child. A sample of 50 pre-primary educational institutions and 250 pre-school teachers were selected randomly for the study. The study was carried out in five blocks of Jammu district. An "Attitude Scale for Measuring Attitudes Towards Pre-school Education" was administered to teachers. Nearly all pre-schools (96%) in Jammu were not designed as pre-schools. Nearly 78% pre-schools were maintained well with regard to the infrastructure conducive for learning, and they were easily accessible. 75% preschools in Jammu district had buildings with good ventilation and lighting systems. More than 80% of the pre-schools had rooms with chairs and tables. More than 90% pre-schools had toilet facilities with the availability of water in toilets. All preschool teachers were females and 56.4% teachers were trained. The number of persons who were actually employed was less than what was projected on papers. Most pre-schools functioned for six days a week and the total working days were in excess of 200 days per year. The total number of boys was more than that of girls, and the enrollment of Muslim and Christian children in pre-schools was very meager. The study recommends that a number of field studies and surveys can be taken up covering the whole country to collect full information about the present status of pre-primary education, different agencies working in the field, and the extent of coverage of children. Recognition, licensing and registration of pre-schools by competent authorities is needed to check the mushrooming of such schools. Research studies are required to work out norms that change with time. It would be desirable to conduct studies with a view to evolving techniques to inculcate better professional values, teaching skills and pre-school management skills among pre-school teachers. There is a need to study the socio-psychological and physical environment of pre-schools in relation to the level of performance of pre-school teachers and learners studying therein.

Key Words : 1.EDUCATION 2.PRESCHOOL EDUCATION 3.PRESCHOOL TEACHER 4.FUNCTIONING OF PRESCHOOL 5.JAMMU.

GROWTH AND DEVELOPMENT

22. India, Ministry of Women and Child Development, New Delhi. (2007).
Early childhood education in the Eleventh Five Year Plan (2007-2012) : Sub-Group Report. New Delhi : I-MWCD. ~30 p.

Abstract : For the Eleventh Five Year Plan, Government of India appointed a Committee to work on four themes i) ICDS and Nutrition, ii) Early Childhood Education, iii) Child Protection and iv) Girl Child. This report found that on an average, 37% children were registered for preschool education (PSE) activities in AWCs. The study also found that the gap has reduced between the children registered for PSE and those actually attending the centres. Children attending PSE activities under ICDS have continuously increased from about 17 million in March 2002 to nearly 19 million in 2003, 20 million in 2004 and 23 million in 2005. According to 2001 Census, the country has 60 million children in the age group 3-6 years. The approximate number of children covered is about 34 million for preschool initiatives under ICDS, other private initiatives, and NGO initiatives. The estimates vary from 3 to 20 million, but this still leaves a large segment of about 26 million children who do not attend preschool. Hence the Working Group calculated that preschool education services will have to be provided for 70 million children by the end of 2011 and 73 million children by 2016. As per NSSO 55th Round Survey in 1999-2000, findings show that there are 106 million women in the work force, out of whom 40-45% are in the reproductive age group. The total number of operational creches had increased upto 22,038 till 31st March 2006. Currently under ICDS nearly 8 lakh AWWs and an equal number of helpers, totaling more than 1.5 million women are engaged in imparting centre based early childhood education (ECE) to 23 million children. The problem of poor working of the ECE centres and problems of teachers should be corrected in the Eleventh Five Year Plan while designing the ECE inputs. The Sub Group therefore made the following recommendations to be considered for inclusion by the Working Group in its report for the Eleventh Five Year Plan. The Eleventh Five Year Plan should develop a new paradigm to deal with the stagnant problem of preschool education. Provisions concerning ECE made in the National Policy on Education, 1986 and Programme of Action (POA), 1992 should be implemented in right earnest and in consonance with contemporary realities. Early Education segment does not receive due attention of the education sector, hence it is recommended that ECE should be made a subject under Business Allocation Rules of Department of Women and Child Development by various State Governments as has been made by Government of India where ECE has been placed under Ministry of Women and Child Development. Construction of buildings of AWCs in a phased manner,

with priority to areas where educational indicators are weak, is strongly recommended for the Eleventh Plan.

Key Words : 1.GROWTH AND DEVELOPMENT 2.WORKING GROUP REPORT 3.EARLY CHILDHOOD EDUCATION 11TH PLAN 4.WORKING GROUP CHILDREN 5.EARLY CHILDHOOD EDUCATION 6.ELEVENTH FIVE YEAR PLAN.

HANDICAPPED

23. UNICEF, Regional Office for South Asia, Kathmandu, Nepal. (2003). Examples of inclusive education. Kathmandu : UNICEF-ROSA. 42 p.

Abstract : All children should have access to and complete education of good quality. Several initiatives by Governments, NGOs, INGOs, UN agencies and others have addressed the special education needs of children with disabilities, and provided successful examples of special and inclusive education. This study was done to identify and document the experiences of 'good practice models' of special needs and inclusive education. The model practices were drawn from five states, namely Uttar Pradesh, Karnataka, Maharashtra, Kerala and Tamil Nadu. Five year plans and various national institutes were established to deal with the problems of differently abled people. Rs.40 billion has been set aside for elementary education, Rs.3.64 billion for non-formal education, Rs.5 billion for Sarva Shiksha Abhiyan, Rs.9.3 billion for Nutritional Support to Primary Education, and Rs.315 billion has been allocated in 2002-03 for Integrated Education of Disabled Children (IEDC). The Ministry of Social Justice and Empowerment has been allocated Rs.2.14 billion in 2002-03, of which Rs.700 million was given to NGOs. The majority of special schools in India are run by NGOs. An innovative project was started in Basti, a backward region of Uttar Pradesh by Sikshit Yuva Sewa Samiti (SYSS). Prior to the programme, only orthopedically handicapped children were enrolled in schools. Children with visual impairment and hearing impairment were not enrolled. SYSS contacted parents, peer groups, the community, school authorities and teachers to gather support for inclusive education of children. They trained teachers and trainers. The attitude of trained teachers became positive. Teachers were made aware of the legislation. Teachers are not trained to work with children who have multiple disabilities and there is need to develop suitable curriculum and learning materials. The other Project was started in Maharashtra by Sir Shapurji Billimoria. In Maharashtra, the education of children with disabilities has been mostly in special schools, and there are about 600 special schools. The organization conducts professional training courses in

inclusive education for teachers. This course recognizes that all children are special and may have variations in capacities and talents, pace of learning, and inputs needed to promote learning. Emphasis is given to individual learning, group assignments and self study. Another Project 'Joyful Inclusion Pack' was started by Community Based Rehabilitation (CBR) Network in Bangalore, Karnataka. They trained teachers in 30 rural Government schools in inclusive education. Multi-sensory materials and child self-learning activity cards were also prepared under this Project. Udisha-Portage Project, Bangalore is an example of early childhood development initiatives. In 2002, of the 137,044 children with disabilities, 19,660 were identified, assessed and admitted to schools. Under this Project, AWWs were trained to train mothers in early stimulation of children with developmental delays using resources available in the family and community. The other Project covered inclusive practices in Kerala and Tamil Nadu. The IEDC scheme has been implemented since 1992 throughout Kerala covering about 8000 schools and 27,350 children with special needs (visually handicapped 1700; hearing handicap 5650; mentally retarded 4000; and orthopedically handicapped 13,000). Over 200 special teachers are working under this scheme. A series of resource books and teacher aids were developed, 56 Resource Rooms and one Vocational Rehabilitation Centre are functional. The small budgetary allocations are spent on paying pensions, providing assistive devices and maintaining institutions for the care of people. Budgetary allocations are not enough to make significant impact in the field of education, hence they should be increased.

Key Words : 1.HANDICAPPED 2.INCLUSIVE EDUCATION 3.EDUCATION POLICY 4.ROLE OF NGOS DISABILITY 5.CHILD DISABILITY 6.EDUCATION 7.DISABLED 8.GOOD PRACTICES DISABLED 9.UDISHA PORTAGE PROJECT 10.INNOVATIVE PROJECT DISABLED 11.STATISTICS DISABLED 12.DISABLED CHILDREN 13.SCHOOL GOING DISABLED CHILDREN 14.CHILDHOOD DISABILITY.

HEALTH

24. International Institute for Population Sciences, Mumbai. (2005). Reproductive and child health district level household survey 2004 : Uttaranchal, Pauri Garhwal. Mumbai : IIPS. ~150 p.

Abstract : The need for reproductive health programmes is now well accepted all over the world. Reproductive and child health interventions being implemented by Government of India are expected to provide quality services and achieve multiple objectives. The main focus of the district level household survey (DLHS) was

coverage of antenatal care (ANC) and immunization services, assess the proportion of safe deliveries, contraceptive prevalence rates, and awareness about RTI/STI and HIV/AIDS. The sample size for DLHS-RCH survey was fixed at 1000 households from each selected Primary Sampling Unit (PSU). Data was collected through questionnaires. It was observed that around 95% of currently married women were Hindus, 2.7% were Muslims, and 1.5% were Christians. Approximately 15.2% of the women had suffered from at least one complication during pregnancy, which were swelling of hands and feet, paleness, visual disturbances, and weak or no movement of foetus. Most of the deliveries in the district were normal; the number of normal deliveries was higher in rural areas compared to urban areas. Overall only 21.6% women reported delivery complications. Of the women who reported at least one complication post delivery, 51.1% of them sought treatment for their problem. The proportion of women who sought treatment was higher in urban areas (73.3%) than in rural areas (38.9%). About 100% of the younger women below 20 years of age and 83.2% women in the age group of 20-34 years had availed of ANC services. This indicated that services are reaching the target population. About 68.8% women kept their newborn children exclusively on breast milk for four months. Immediately after birth, the baby was given one drop of oral polio zero drop. Out of 180 children, around 29.4% had received polio zero drop. Percentage of children protected against six killer diseases shows that 87% were given BCG, 81.8% all the three doses of DPT, 78.9% all the three doses of polio drops, and 71.5% measles – overall, 67.8% of the children were fully immunized. The fully vaccinated status of children among SC/ST group was 57.7%, of illiterate mothers was 46.6%, and economically poor families was 56.4%. About 75% women were aware of what to do if a child got diarrhoea. About 63.3% women were aware of the danger signs of pneumonia, which is a major killer disease among infants. About 2.3% of the children had suffered from pneumonia within two weeks prior to the survey, and all mothers had sought treatment for their children, both in rural and urban areas. The ever use of contraceptives was 52.1%, highest (81.9%) in the age group 35-39 years, in the 40-44 years group it was about 80.5%, while it was least in the age group 15-19 years. The total unmet need for family planning in Pauri Garhwal was 17%. About 17% women did not want any more children, or wanted more children but after two or more years and were not preferring any method of contraception. In rural areas, health workers are deputed to visit each household in their work area to provide health care services to the community. About 52.6% currently married women (CMW) had visited government health facilities during the last three months before the study. About 25.7% of them visited private hospitals and 15.7% visited private dispensaries. Around 11.8% CMW and 4.4% men had suffered in the past from at least one symptom of RTI/STI. 86% women who reported abnormal vaginal discharge problem had not sought treatment, and among men who reported symptoms of RTI/STI, 63.3% had not sought treatment. Majority of males (74.6%) and majority of females (78.7%) mentioned uni-partner

sex as one of the preventive measures against HIV/AIDS, and 12% males and 18% females were ignorant about HIV/AIDS prevention.

Key Words : 1.HEALTH 2.RCH SURVEY 2004 3.CHILD HEALTH 4.AGE AT MARRIAGE 5.SALT IODIZATION 6.IODIZED SALT 7.IMMUNIZATION 8.MATERNAL HEALTH 9.REPRODUCTIVE HEALTH 10.HOME VISITS 11.WOMEN'S HEALTH 12.PAURI GARHWAL 13.UTTARANCHAL.

25. International Institute for Population Sciences, Mumbai. (2005). Reproductive and child health district level household survey 2004 : Uttaranchal, Tehri Garhwal. Mumbai : IIPS. ~150 p.

Abstract : Reproductive health programmes are now well accepted as a need all over the world. Government of India has launched Reproductive and Child Health (RCH) Programme to ensure that men and women have access to adequate information and services for reproductive health care. The main focus of the District Level Household Survey (DLHS) was to assess the coverage of antenatal care (ANC) and immunization services; proportion of safe deliveries; contraceptive prevalence rates; unmet need for family planning; awareness about RTI/STI and HIV/AIDS; and utilization of health services. The sample size for DLHS-RCH was fixed at 1000 households, i.e., 25 households from each selected primary sampling unit (PSU). Data was collected through interviews, questionnaires and observation. It was observed that the average number of annual births per women were lower at the extreme ages of women, peaked in the twenties, and thereafter declined with increasing age of women. About 22.9% of the women had undergone all the three check-ups during their pregnancy, and this figure was higher among urban women (46.5%) than rural women (16.3%). Most of the deliveries in the district were normal. The number of normal deliveries were higher in rural areas compared to urban areas, and higher among illiterate women compared to women with higher education. Caesarean deliveries were more in urban areas compared to rural areas. Overall, 23.9% women reported delivery complications. Government hospitals were utilized more by women in urban areas (50.3%), by illiterate women (100%), and by those belonging to low standard of living households (56.4%). Extent of full vaccination, i.e. BCG, three doses of DPT, three doses of polio and measles had been reported for only 59.0% children aged 12-23 months and 67.6% among children in the age group of 24-35 months. Complete immunization in the age group 12-23 months was higher in urban areas compared to rural areas, and in 24-35 months age group it was higher in rural areas compared to urban areas. The ever use of contraceptives was 52.1%, highest (81.9%) in the age group 35-39 years; in the 40-44 age group it was

80.5%, while it was least in the age group 15-19 years (12.1%). The percentage of ever users in case of no surviving sons was 10.1%, which was lower than that of couples with no surviving daughters (12.9%). The total unmet need for family planning in Tehri Garhwal was 17%. About 17% women did not want any more children, or wanted more children but after two or more years, and were not practicing any method of contraception. Around 9.9% couples depicted unmet need for contraception. Only 22.9% of women who needed to visit a health facility have actually visited it. About 53% of currently married women (CMW) had visited Government health facilities during the last three months before the study. 21.2% of them visited private hospitals and 22.2% visited private dispensaries. About 30.1% CMW and 4.4% men had suffered in the past from at least one symptom of RTI/STI. Among women who reported abnormal vaginal discharge problems, 86% had not sought treatment, and among men who reported symptoms of RTI/STI, 63.3% had not sought treatment. Majority of males (74.6%) and females (78.7%) mentioned uni-partner sex as one of the preventive measures against HIV/AIDS. 12% males and 18% females were ignorant about HIV/AIDS prevention.

Key Words : 1.HEALTH 2.RCH SURVEY 2004 3.CHILD HEALTH 4.AGE AT MARRIAGE 5.SALT IODIZATION 6.IODIZED SALT 7.IMMUNIZATION 8.MATERNAL HEALTH 9.REPRODUCTIVE HEALTH 10.HOME VISITS 11.WOMEN'S HEALTH 12.TEHRI GARHWAL 13.UTTARANCHAL

26. Patel, Pallavi, et al. (2000)
Knowledge, awareness, belief and practice on sexuality and reproductive health of adolescents in slums of Ahmedabad. Ahmedabad : Centre for Health Education Training and Nutrition Awareness. 56 p.

Abstract : In India, according to the 1991 Census, there were approximately 183 million adolescents aged 10-19 years, constituting over 22% of the country's population. Sizeable proportions of them continue to be illiterate, out of school, unemployed and hence neither served by educational nor school health programmes. The study focused on knowledge level of adolescents about reproduction, sexuality and HIV/AIDS; their information needs and sources of information; sexual behaviour of adolescents; and their morbidity patterns related to reproductive health. Interviews were held with 151 boys and 93 girls in three slums where CHETNA was planning to initiate a health awareness programme for adolescent boys and girls. Qualitative information was collected by observing the functioning of the services provided at the clinics and through informal discussions with the service providers. Findings revealed that level of education was good among adolescents as more than 72% boys and 75% girls had studied beyond middle level. No interest in studies, responsibilities of household work, poverty and

distance of higher level school were the reasons for discontinuing studies. Girls (29%) were occupied mainly in the unorganized sector working as domestic help, whereas boys (56%) were more in skilled professions/ or were self employed as auto rickshaw drivers, masons, managing bicycle repair shop, *tiffin* (snacks) distribution or selling balloons. The minimum age at marriage among boys and girls was 16 years and 13 years respectively. Less than half of the adolescents knew about the legal age at marriage. Films were one of the common topics discussed among peers of the same sex and also opposite sex. 25% boys and no girl admitted to having seen blue films. 57% adolescents in slums felt the need for placing restrictions on boys and girls when they are growing up. The perceived restrictions on boys were on not getting into addiction and on roaming around at night. Adolescents had poor knowledge about physiological changes during puberty among boys and girls, process of menstruation and conception. Only 5% girls reported the period between 7 and 17 days after menstruation to be the most fertile period. Knowledge about STDs, their mode of transmission and curability was also very poor. The study recommends that useful life education needs to be imparted to adolescents, and they need to understand the meaning of education in a broader sense. Complete scientific information should be provided on puberty changes, menstruation, pregnancy, contraception, safe sex, STD and HIV/ AIDS. Adolescents should be empowered with information and services to reduce gender biases prevailing in the community.

Key Words : 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.REPRODUCTIVE HEALTH 4.ADOLESCENT MOTHERHOOD 5.TEENAGE PREGNANCY 6.ADOLESCENT SEXUALITY 7.SEX EDUCATION.

27. Paul, Dinesh and Gopalakrishnan, Shanta. (2007).
Knowledge and practices of adolescent girls regarding reproductive health with special emphasis on hygiene during menstruation. New Delhi : NIPCCD. ~130 p.

Abstract : Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system. The present study was done to assess the socio-cultural health, nutrition, sanitation and education related practices that were followed at menarche and during menstruation among adolescent girls. The study was conducted in Assam, Delhi, Karnataka, Madhya Pradesh and Uttar Pradesh and covered 500 adolescent girls and 500 mothers of adolescent girls, around 93% women opinion leaders, 150 women functionaries of Integrated Child Development Services Scheme (ICDS) and health functionaries. Data was collected through interviews. The common signs and symptoms reported regarding Reproductive Tract Infections (RTI)/ Sexually Transmitted Infection (STI)

were discharge from vagina (81.3%), burning during micturation (80%), itching in private parts/ vulva (79.3%), ulcer in pubic region (44%), pain in lower back (54%), sterility (2.6%), and menstruation related problems (17.3%). It was found that the level knowledge of health functionaries with regard to RTI/ STI was better than that of ICDS functionaries. Around 50% adolescent girls admitted that they did not know how a baby was conceived, and almost 46.4% adolescents were aware about the methods of family planning. Almost 50% adolescent girls of Delhi knew about safe sex, and use of condoms as a means to prevent HIV/AIDS. Majority of adolescent girls had limited knowledge of pubertal changes that they were or would be undergoing. Knowledge about prevention, early detection and management of RTI/ STI and HIV/AIDS among adolescent girls was very limited. More than 33% adolescent girls, nearly 50% mothers of adolescent girls and women opinion leaders had vaginal discharge accompanied with itching. Dysmennorrhoea was a common problem among adolescent girls. Majority of the adolescent girls (93.6%) were literate and only 49.2% adolescent girls were still in school. About 41% adolescent girls did not know how to access toilet facilities. About 70% adolescent girls were not aware about menstruation till its onset. Mother was the main source of information about menstruation for 37.6% adolescent girls. Majority of the respondents were of the opinion that low cost sanitary pads should be introduced for adolescent girls/ women in the area. Multi-pronged strategy should be adopted using all form of media - print, electronic, folk etc. to disseminate information on reproductive health of adolescent girls with special emphasis on hygiene during menstruation.

Key Words : 1.HEALTH 2.ADOLESCENT REPRODUCTIVE HEALTH 3.ADOLESCENT GIRLS 4.REPRODUCTIVE HEALTH 5.HYGIENE 6.MENSTRUATION 7.KNOWLEDGE AND PRACTICES.

28. Rajkumar, Vijay. (2000).
HIV/AIDS and children : vulnerability and impact. New Delhi : Save the Children. 83 p.

Abstract : The study found that AIDS has changed the world for children. Over 50% of the new infections occur in the age group of 10-24 years. This research was undertaken to understand the magnitude of the problem and the implications that it has for children. The study was carried out in 4 states, namely Delhi, Rajasthan, Tamil Nadu and Maharashtra to study the vulnerability of specific groups of children to HIV/AIDS; the factors that increase this in the groups of children selected; and analyze the nature of existing responses of the Government and NGOs. Information was collected through in-depth interviews, focus groups discussions and from primary and secondary sources. Findings reveal that poverty, early initiation to work and discontinuation of education, the inability of

children to relate to HIV/AIDS, gender, lack of access to youth friendly health services, etc. were factors related to the increase in AIDS cases among children. The report from Delhi says that children living on the streets near New Delhi Railway Station and Shankar Market areas, and children living in the slums in Govindpuri and Sahabad Dairy were at the highest risk to HIV/AIDS infection. Tamil Nadu has the second highest number of persons reported to have developed AIDS in India according to surveillance carried out by NACO. Maharashtra has the highest number of persons reported to have developed AIDS in India, and the highest percentage of women who have tested positive in antenatal clinics. Overall impact of the infection observed was that children were forced to discontinue their education due to the financial drain of medical bills. The number of families that are headed by widows is increasing along with the number of orphaned children. Where parents are ill or have died, there was increased load on the extended family, and those children who did not have the support of an extended family were the worst hit. The mortality rate for this group of children is higher due to their frequent medical complications. The problem gets more acute when they develop AIDS. The study found that facilities for voluntary testing are still inadequate. The status of women is very low and they accord very low priority to their own health care. The study recommended that existing interventions by NGOs should facilitate community involvement and responsibility. Priority should be given to the rehabilitation of infected children with their extended family and community, and building the capacity of existing homes to take care of children infected or affected by HIV/AIDS should be encouraged rather than starting new homes, which should be a last resort. Community support for families looking after affected and infected children needs to be encouraged. HIV/AIDS counselling facilities for HIV+ women who attend antenatal clinics should be started, especially in the five states where mother to child transmission has crossed 1%. Supporting the formation of networks of people living with HIV/AIDS will help reduce the impact of the infection.

Key Words : 1.HEALTH 2.AIDS AND CHILDREN 3.AIDS AFFECTED CHILDREN 4.VOLUNTARY ORGANISATIONS AIDS.

29. UNICEF, Regional Office for South Asia, Kathmandu. (2004).
When every child counts : engaging the underserved communities for polio eradication in Uttar Pradesh, India. Kathmandu : UNICEF-ROSA. 39 p.

Abstract : After several rounds of National and Sub-National Immunization Days (NID/SNID) nearly every child under 5 years of age is now protected with the vaccine, OPV or locally known as polio drops. The scale of the campaign has multiplied along with India's swelling child population, from 93 million children when it started in 1995 to 167 million in 2003. Over 80% of the children struck by

polio in 2002 were below age two, predominantly boys, and predominantly Muslims. The majority of cases (80%) were traceable to Uttar Pradesh in northern India. Rationale of the repeated rounds of NID and SNID, with eradication as the goal, were not readily understood by many, especially the illiterate. The impression has been created that polio drops are used to control population growth. The association is particularly strong among underserved Muslims and scheduled caste Hindus who, known for having offspring above the national average of three, have been a high target for birth control. In underserved populations, the strategy must engage opinion makers, professionals and influential figures to rectify popular misconceptions about polio, tackle resistance and assuage fears to ensure not a single vulnerable child is missed in every round of NID/ SNID leading to the global deadline of 2005. That is the date by which the number of polio cases should be slashed to zero, and sustained for three consecutive years to achieve Polio-free certification in 2008. The network which combines forces with the CORE group of international NGOs operates in synchrony with the Government of India – WHO National Polio Surveillance Project (NPSP) at state, district and block levels. High risk and high resistant communities are identified through active tracking of polio infection cases in villages or urban neighbourhoods. Even though Muslims constitute only about 20% of the population in Uttar Pradesh, more than half of the polio infection cases in 2002 (68%) occurred among Muslim children. UNICEF signed a partnership agreement with Jamia Millia Islamia to tap into its network to broaden its reach to poor families in western Uttar Pradesh. The Government and other partners brought about a radical reduction of immunity gap among Muslim and Hindu children in western Uttar Pradesh. The number of Muslim children insufficiently vaccinated had gone down from 29% in 2002 to 5% in 2004, and among Hindu children from 14% to 2% over the same period. Muslim children who had not received polio drops - the zero-dose case - came down from 5% to 0% between 2002 and 2004, and for Hindu children from 1% to 0%. Further, communication and social mobilization alone cannot ensure the success of every round if other elements, including vaccine supplies, data provided by the district or block officers, and the feedback mechanism on extra resistant (XR) houses do not function fully, facilitating door to door persuasion with detailed micro planning, and thorough mapping of families in neighbourhoods that are often a hybrid of ethnic groups. This is groundwork that represents no easy path. But it is these type of actions that must be taken in order to achieve change. The return of a people's movement to the polio immunization programme, now albeit on a smaller scale, and involving mostly the Muslim community, is currently felt. But the goodwill and support garnered should not be taken for granted, for the minority has demonstrated, through the epidemic outcome, that they play a vital role in fulfilling a goal of national and global interest. Their needs must be heeded, their voices heard, and their contributions recognized.

Key Words : 1.HEALTH 2.POLIO ERADICATION 3.POLIO UTTAR PRADESH 4.IMMUNIZATION 5.INNOVATIVE STRATEGY 6.UTTAR PRADESH.

ICDS

30. Citizen's Initiative for the Rights of Children under Six, New Delhi. (2006). Focus on children under six. New Delhi : CIRCUS. 150 p.

Abstract : In the Indian context, for the poor, safe delivery of a healthy child and the survival of both mother and child cannot be taken for granted. Ideological positions, policy frameworks, and structures of power operating at the family, community, state, national and global levels are involved. In a true democracy, every child must be regarded as indispensable and the Government must be held accountable for the deaths of children and mothers. Integrated child development services (ICDS) has lofty goals and is based on fairly sound thinking, however, as with many other development programmes, there is a wide gap between theory and practice. This report, termed FOCUS survey, is based on the survey conducted in six states, namely Chhattisgarh, Himachal Pradesh, Maharastra, Rajasthan, Tamil Nadu and Uttar Pradesh. The basic aim of the FOCUS survey was to find out how ICDS is doing on the ground. The survey was started on a shoestring budget, with a modest grant from the Indian Council of Social Sciences Research (ICSSR). In each state, 3 districts and 12 villages were selected by random sampling, but of the target number of 216 sample villages, only 203 were covered. One Anganwadi was selected in a village. Interviews were conducted during office hours with a random sample of about 500 women, who had at least one child below six years enrolled at the anganwadi. Results of the FOCUS survey point to startling contrasts in the effectiveness of ICDS between different states. At one end of the spectrum, Tamil Nadu is doing very well - anganwadis are open throughout the year, nutritious food is available every day, regular health services are provided, and even the preschool education programme is in good shape. At the other end, a day in the life of a typical anganwadi in Uttar Pradesh is little more than a brief ritual, involving the distribution of ready-to-eat mixture *panjiri* or fudging of registers. Rampant corruption was all over and there were no signs of any significant impact of ICDS on the well being of children. Himachal Pradesh, Maharastra and Tamil Nadu have relatively active social politics, and they have also made serious efforts to ‘make ICDS work’. In contrast, the other three states (Chhattisgarh, Rajasthan, Uttar Pradesh) were relatively passive as far as ICDS is concerned. The major difficulty observed was that anganwadis did not have a place of their own. The FOCUS survey pointed to a whole range of issues related to the selection, training, duties, supervision, remuneration, support and empowerment of anganwadi workers. There should be essential nutritive food available for children under the Supplementary Nutrition Programme. The FOCUS survey found that pre-school education was in great demand, especially in areas where parents are relatively well educated. Many things can be done to further the rights of children under six, and ensure that every settlement has a lively

anganwadi. Public action is required at all levels, involving political parties, trade unions, women's organizations, Panchayati Raj institutions, NGOs, and concerned citizens from various backgrounds – parents, teachers, journalists, lawyers, researchers, health activists, and others. Anganwadis in habitations with a population above 500 should have at least two Anganwadi workers. The Government of India should ensure that population norms for opening of AWCs must not be revised upwards under any circumstances. The universalisation of ICDS involves extending all ICDS services to every child under the age of 6, all pregnant women and lactating mothers, and all adolescent girls. All the State and UT Governments should fully implement the ICDS scheme.

Key Words : 1.ICDS 2.EVALUATION OF ICDS 3.SITUATION OF UNDER SIX CHILDREN 4.SITUATION OF CHILDREN 5.UNDER SIX CHILDREN 6.PRESCHOOL CHILD 7.UNIVERSALIZATION OF ICDS 8.CHILD NUTRITION 9.TRIBAL CHILDREN 10.MALNUTRITION.

31. Nagi, B S, Dighe, Anita and Sadana, Rajeev. (1997).
Nutrition and health education project Rajasthan : final evaluation report. New Delhi : CARE India. 72 p.

Abstract : The present study was carried out to assess the knowledge of different respondents, women, adolescent girls and AWWs, on health and nutrition issues pertaining to children, pregnant women and nursing mothers. The study was conducted in three ICDS blocks of Udaipur and two ICDS blocks of Sirohi, Rajasthan. After the baseline survey, project interventions were introduced in the programme area for two and a half years. Thereafter, the final evaluation was carried out to assess change in the knowledge and practices of respondents. The main aim of the study was to decrease malnutrition among low income children in 621 AWCs from five blocks. Village level campaigns were organized to create awareness about health and nutrition issues related to children and women. The folk media used in these campaigns were *kavad*, puppets, *nukad natak* (street plays), songs, folk dances, and slogans. To assess the nutritional status, 724 children were selected. 180 trained mothers, 90 trained adolescent girls, 64 and 63 AWWs from the two areas were interviewed to assess the KAP regarding nutrition. About 46% mothers were aware of malnutrition, 42% (75) mothers were aware of night blindness, and 44% (80) mothers knew about anaemia. Consumption of green leafy vegetables (GLV) prevented anaemia was believed by 53% (42) mothers. 61% (127) mothers knew that a lactating mother's diet should be more than normal during the baseline survey. 16% more children received supplementary nutrition from the AWC. 27-39% children were found to be normal during baseline survey, whereas around 26-38% children were normal at the time

of final evaluation. Only 18% adolescent girls, during the baseline survey, knew that regular monitoring of the weight/ height of children would indicate growth faltering. There was increase in knowledge of adolescent girls' about anaemia by 13%. In the final evaluation, 16% more adolescent girls said that more fluids should be given to a child suffering from diarrhoea. 91% respondents knew that nursing mothers should take more than the normal diet, which was a net increase of 10%. About 15% AWWs believed that food gave energy to the body and protects against disease. 90% respondents reported that nursing mothers should consume nutritious food/ GLVs to ensure enough breast milk for the baby. The knowledge of AWWs increased about five immunization preventable diseases, i.e., TB, diptheria, pertusis, tetanus, and measles. The net change in knowledge ranged between 12% to 36%. The strategy for training illiterate AWWs would therefore have to be suitably worked out so that illiteracy does not become a constraint in organizing effective training for village women. The residential status of the AWW seemed to affect the quality of training offered by her, hence efforts should be made to recruit women, who have interest and commitment. Adequate space should be provided in AWCs so that women can come together in groups for training purposes. Since coordination with the health department was still weak, greater efforts should be made to ensure better coordination at all levels. The issue of inadequate honorarium to AWW needs to be addressed in order to sustain her motivation and interest in her work.

Key Words : 1.ICDS 2.NUTRITION AND HEALTH EDUCATION 3.HEALTH AND NUTRITION EDUCATION 4.NHED PROJECT 5.KAP OF MOTHER 6.CARE PROJECT.

LEGISLATION

32. Sah, Radhakrishnan. (2007).
Status and effectiveness of Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (PCPNDT) Act in Rajasthan : a research report. Jaipur : Prayatn. 178 p.

Abstract : Advancements in the field of medical technology have led to pre-conception and pre-natal diagnostic techniques (PCPNDT) which have been examined because female foeticides in India are attributed to sex selection and pre-natal sex determination in favour of male children. The roots of PCPNDT Act can be traced to 1974, when All India Institute of Medical Sciences (AIIMS) conducted a survey in which 90% of 11,000 pregnant women who enrolled as volunteers were desirous of aborting the female foetus on identification of its sex. In 1978, there was a ban on sex determination test in all government institutions, but private clinics continued the practice. The PNDT Act was passed in 1994 and came into force on 1st January 1996. The objective of this study was to evaluate

the status and effectiveness of implementation of PCPNDT Act in Rajasthan. Interview guides, structured questionnaires and field observations were used for data collection. Data was collected from 783 respondents, who were either directly responsible for implementing the Act, namely Appropriate Authorities (AA), members of Advisory Committees (AC), Chief Judicial Magistrates, etc.; or groups that had an influence on the implementation of this Act, namely registered clinics, elected representatives, civil society organizations, and NGOs. Social factors such as son preference, status of women in a patriarchal society and practice of dowry system contribute to female foeticide. The AA ensures that all records, charts, forms, reports, display boards, consent letters and other documents are maintained as required under the Act. Registered clinics were queried for status of maintenance of records. Among 32 AAs who reported no inspections at all, 2 stated that no sex determination tests were carried out in their area, so they did not carry out inspections. 10 mentioned that no registered clinics existed in their area; and 6 AAs were not aware that they were expected to inspect clinics. Over 88% of the registered clinics reported that records were checked, and between 30-40% reported that display boards were checked. About 8% at the district level and 26% at the sub-division level reported inspection of sonography rooms. 89% registered clinics mentioned that they maintained records. On checking of records, the highest adherence was for registers, 79% in the districts and 66% in the sub-divisions. Consent forms, which should be signed by every pregnant woman undergoing ultra sonography were reportedly maintained by clinics in 16% districts and 69% sub-divisions. It was found that 48% and 49% clinics at district and sub-divisional levels respectively actually maintained records. Out of the 125 clinics displaying boards, 103 had displayed the board prominently. At least 127 clinics had committed a minimum of one offence. Out of 142 clinics, there were least 89% offenders against whom some penal action could have been carried out. Total number of registered clinics in Rajasthan was 1045 by end of June 2005. Clinics have exaggerated adherence to record maintenance. Records and practices, crucial to regulation of the Act were not maintained as required, e.g., consent forms, names of doctors, sonography plates/ slides, and display boards. 89% offences were identified, and 127 registered clinics could be punished for at least one offence. Out of 1045 registered clinics, prohibitory action had been taken against 9 registered clinics since the implementation of the Act. It was recommended that names of the defaulting clinics may be published through the media. Annual assessment by enforcers may be encouraged by the Government. All medical associations of the state should recommend debarring of errant doctors. A recommendation was being made to deal with restoring, suspension and cancellation of registration under PCPNDT Act.

Key Words : 1.LEGISLATION 2.PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES ACT 3.PRENATAL DIAGNOSTIC TECHNIQUES ACT 4.PNDT ACT 5.PCPNDT ACT 6.SEX SELECTION TESTS 7.RAJASTHAN.

NUTRITION

33. Banerjee, Anindita. (2002)
Feeding practices and pattern of growth and development of infants in Varanasi. Varanasi : Banaras Hindu Univ., Deptt. of Home Science, Foods and Nutrition Unit. ~190 p.

Abstract : Faulty feeding practices of infants in India generally arise from ignorance, superstitions and wrong food beliefs. These are mainly responsible for aggravating malnutrition in poor Indian communities. The study tried to investigate the underlying causes of poor growth and development of infants in Varanasi; assess how far away existing infant feeding patterns were from the recommended feeding practices; and study developmental milestones of the sample. The study was carried out on 300 infants of Varanasi district. Pre-designed and pretested schedule and door to door visits were used for data collection. 24 hour food recall method was adopted for calculating the nutrient intake of the sample. It was found that the practice of giving prelacteals was widespread in rural and urban areas. The acceptance of colostrum was found to be more or less equal in rural (63.9%) and urban (64.1%) areas. All infants (100%) received breast milk. 68.8% mothers initiated breastfeeding within 24 hours of birth. 75.41% rural and 61.5% urban mothers started solids at 3-6 months of age. The mean calorie intake was found to be much lower than ICMR standards, but the protein intake gm./kg. body weight was more than the recommended norms given by ICMR. Calcium intake was also very high due to the fact that a majority of the infants were bottle fed and weaned before the age of 6 months. Body weight of girls was lower than that of boys. The supine length was also higher in boys than girls. The head, chest and mid arm circumference was also lower in females than males. 24% infants were in Grade I, 26% in Grade II, and 11% in Grade III malnutrition on Gomez classification. The milestones were also appearing late in comparison to other studies. Findings of the study indicated that faulty weaning practices were one of the root causes of malnutrition in the blocks studied. It was recommended that National authorities should integrate their polices related to women and children into the overall health and development policies. Mothers should be educated regarding importance of breastfeeding, complementary feeding and timely introduction of solid foods. Pregnant women and other family members attending antenatal clinics must be informed of the benefits and management of breastfeeding and its duration so that no child is deprived of the advantages of exclusive breastfeeding due to lack of information, even if the mother chooses to deliver at home. Mothers should be informed about the ill effects of bottle feeding. If the bottle is used it should be sterilized. Nutrition education programmes for dissemination of information regarding nutrient intake of mothers and infants should be carried out. There

should be separate growth standards for breastfed, and bottle fed infants. It would be unjust to compare bottle fed and breast fed babies.

Key Words : 1.NUTRITION 2.INFANT FEEDING 3.BREAST FEEDING 4.INFANT AND YOUNG CHILD FEEDING 5.NUTRITIONAL STATUS INFANTS 6.VARANASI 7.UTTAR PRADESH.

34. Brahmam, G.N.V. et al. (2006).
Diet and nutritional status of population and prevalence of hypertension among adults in rural areas. Hyderabad : National Institute of Nutrition. 143 p.

Abstract : NNMB carried out surveys in the rural communities of nine states viz. Kerala, Karnataka, Tamil Nadu, Andhra Pradesh, Maharashtra, Madhya Pradesh, Gujarat, Orissa and West Bengal. The villages covered by NSSO for its 54th Round of Consumers Expenditure surveys, formed the sample frame. The objectives were to assess the diet and nutritional status of individuals, prevalence of obesity, hypertension, diabetes among adults more than 20 years of age, and anaemia among adult men and non pregnant non lactating (NPNL) women more than 18 years of age in rural communities; assess the food and nutrient intake among different age/sex/physiological groups in the rural area; assess the nutritional status of individuals in terms of anthropometry and prevalence of clinical signs of nutritional deficiencies; and to assess the prevalence of morbidity during the previous fortnight. Data was collected through nutritional anthropometry, clinical examination for nutritional deficiencies, 24-hour recall method of diet survey to assess food and nutrient intakes, history of morbidity during the preceding 15 days, blood pressure measurement, and estimation of Haemoglobin level. About 51,705 individuals of different ages from 14,256 HHs in 713 villages were surveyed for anthropometry, clinical examination and prevalence of morbidity. Information on food and nutrient intake was collected from 30,244 individuals from 7,078 households. Results indicated that children under 5 years did not exhibit signs of kwashiorkar, while the prevalence of marasmus was about 0.1%. Among school age children, the common deficiency signs noted were conjuctival xerosis (2.3%), Bitot's spots (1.9%), and angular stomatitis (2%). The proportion of preschool children underweight was about 55%, while that of severe underweight was 18%. 33% males and 36% females had chronic energy deficiency. 25% adult males and 24% females had hypertension. The proportion of under-weight among children under three years was comparable with that reported in NFHS-2 surveys for the country. The extent of stunting (< median – 2SD) was about 52% while about 15% preschool children were wasted (< median – 2SD). The study revealed that the food and nutrient intake levels were relatively lower in

Kerala compared to other states, but prevalence of under nutrition among young children was low and prevalence of obesity and hypertension was markedly high among adults. Therefore there is need to carry out in depth studies to assess the lifestyle practices and other associated factors contributing to these disorders. There is also an urgent need to sensitize the community regarding the causes and consequences of obesity, hypertension (HTN) and diabetes mellitus (DM), and to educate people about the need for adopting appropriate life styles and dietary habits.

Key Words : 1.NUTRITION 2.NNMB REPORT 3.NUTRITIONAL STATUS 4.RURAL AREAS 5.DIET 6.FOOD INTAKE 7.MICRONUTRIENTS 8.DEFICIENCY DISEASES 9.MALNUTRITION.

35. Brahmam, G.N.V., Rao, M. Vishnuvardhana and Dwivedi, Shubhra. (2002). Prevalence of iron deficiency anaemia and Vitamin A deficiency in the state of Jharkhand. Ranchi : Jharkhand, Dept. of Health and Family Welfare. 49 p.

Abstract : Under-nutrition continues to be one of the major public health problems in developing countries including India. The present study was done to assess the prevalence of Iron Deficiency Anaemia (IDA) and Vitamin A Deficiency (VAD) among vulnerable groups in rural areas Jharkhand. A total of 19,040 preschool children were examined for prevalence of clinical signs of VAD. Haemoglobin estimation was carried out by cyanmethaemoglobin on 597 preschool children, 548 pregnant women and 587 lactating mothers. Particulars of coverage for immunization were collected from 426 children and their mothers. Iodine content was assessed on 623 salt samples using spot testing kits. Results indicated that overall prevalence of anaemia was 84% among preschool children, 91% among pregnant women and 96% among lactating women. 5.5% preschool children, 12.7% pregnant women and 8% lactating women had severe anaemia. About 12% preschool children, 28% pregnant women and 23% lactating women received IFA (Iron Folic Acid) tablets. Less than 10% respondents were aware of anaemia. Prevalence of severe Vitamin A deficiency such as corneal xerosis (0.07%), keratomalacia (0.02%) and corneal scar (0.11%) was noticed during the survey. Only 17% respondents were aware of night blindness. It was observed that about 56% of the households surveyed were using iodised salt. Only about 18% of the 1-2 year old children were completely immunized under Universal Immunization Programme (UIP). Around 52% of the women interviewed had received at least one dose of Tetanus Toxiod (TT) during the previous pregnancy. Of the 20 AWWs (Anganwadi Workers) interviewed, 90% had undergone formal training for 3 months. About 70% of them were aware of the signs and symptoms of IDA and

VAD and 45% were aware of massive dose of Vitamin A distribution. While 60% were aware of IFA distribution and 45% were aware of distribution of massive dose of Vitamin A as components of National Programmes for Prevention and Control of IDA and VAD respectively, only 30% identified Health and Nutrition Education as a component of the programmes. The study suggested that Government should start campaigns, awareness programmes and educational programmes related to health, nutrition, malnutrition, nutrition education on VAD and IDA, mother and child care, etc. for the benefit of community people.

Key Words : 1.NUTRITION 2.MICRONUTRIENT DEFICIENCY 3.ANAEMIA 4.VITAMIN A DEFICIENCY 5.GOITRE 6.PRESCHOOL CHILD 7.JHARKHAND.

36. National Institute of Nutrition, Hyderabad. (2006).
Prevalence of Vitamin A deficiency among preschool children in rural areas. Hyderabad : NIN. ~50 p.

Abstract : The National Nutrition Monitoring Bureau (NNMB) undertook exclusive surveys during 2002-03 in eight states viz., Andhra Pradesh, Karnataka, Kerala, Madhya Pradesh, Orissa, Tamil Nadu, Maharasthra, and West Bengal, to assess the prevalence of micronutrient deficiencies viz., Vitamin A Deficiency (VAD), Iodine Deficiency Disorders (IDD) and Iron Deficiency Anaemia (IDA) among the vulnerable groups of rural population. The investigations included assessment of prevalence of clinical forms of Vitamin A Deficiency among preschool children. The prevalence of sub-clinical VAD was significantly high among preschool children in Muslim (69.3%), and Christian (68.8%) communities, scheduled tribe (74.1%) and other backward communities (62.9%), those engaged in other labour (64.1%), and business (65.4%). Only about 41% of the mothers of 1-5 years old preschool children were aware of night blindness. About 30% children reportedly received one or more massive doses of Vitamin A during the previous one year, while about 25% received two doses. Only about 1% of those children who received massive doses of Vitamin A reportedly experienced side effects such as fever/ vomiting (0.3%) or nausea (0.1%). Only about 13% of the women said that they received nutrition education on VAD. About 32% women stated that they would consult a doctor in case of VAD, about 7% said that they would get a massive dose of Vitamin 'A' administered to the child, while about 3% said that they would use household remedies. None of them mentioned consumption of Vitamin A rich foods. The most common reasons cited by mothers for the child not receiving the massive dose of Vitamin A was that they were not aware. The overall prevalence of Bitot's spots (0.8%) among preschool children was similar to that observed in earlier surveys (NNMB Repeat Survey 1999, NNMB Rural Survey 2001 and ICMR Survey). The prevalence of Bitot's spots was higher than the

WHO cut-off level of 0.5% in 6 out of 8 states surveyed, indicating that VAD continues to be a nutritional problem of public health. The prevalence of Bitot's spots was nil in the state of Kerala, it was about 0.3% in Orissa. Several evaluations of national nutrition programmes carried out in the past have revealed that they failed in achieving the set objectives due to inadequate coverage of the target, individual supplementation and lack of nutrition education in the target groups. Nutrition education is considered to be a major component of all the national nutrition programmes. The present study revealed that the nutrition education component was unsatisfactory covering a mere 14% of the target beneficiaries. There is an urgent need to strengthen the programme of supplementation of massive dose of Vitamin A to young children and to extend the same to children up to 5 years of age. IEC activities have to be intensified to bring in dietary diversification by encouraging the community to grow kitchen gardens and to include locally available Vitamin A rich foods in their daily diets, more frequently. The scope of fortifying foods with Vitamin A wherever possible, should also be explored.

Key Words : 1.NUTRITION 2.VITAMIN A DEFICIENCY 3.NNMB REPORT 4.NNMB REPORT 2006 5.PRESCHOOL CHILDREN 6.CHILD NUTRITION 7.RURAL AREAS.

37. Voluntary Action Network India Uttar Pradesh, Lucknow. (2006).
Mid day meal scheme in primary schools of Uttar Pradesh : summary. Lucknow : UPVAN. 12 p.

Abstract : News of the unsystematic operation of the Mid-Day Meal (MDM) scheme appearing in media resulting in the illness of school children led UPVAN (Uttar Pradesh Voluntary Action Network) to undertake a review of this scheme. A study was conducted to assess the actual implementation of the scheme; its impact on enrollment and retention, health improvement of the children; and ushering in the feelings of social values and equality. The study covered 8 districts, 16 blocks, 80 village panchayats and 80 primary schools. Gram Pradhans, members of gram panchayats, school teachers, guardians and villagers were interviewed and focus group discussions were held. Schools were visited and actual operation of the scheme was observed. Field work for the study was conducted with the assistance of grass root voluntary organizations. Findings revealed that MDM scheme appears to be moving in the opposite direction. The scheme was not heading towards achieving the desired goals due to the following reasons: i) Kitchens had not been constructed on the norms laid down under the scheme. Consequently, the cooks had to prepare food in unhygienic surroundings. In a majority of schools there were no boundary walls, which resulted in exposure

of the food prepared to sun, air, dirt, etc. ii) Fuel arrangements were quite inadequate. iii) Requisite utensils were not provided in the kitchens. iv) Arrangements for drinking water and cleanliness of children were inadequate. v) The food prepared was not of good quality, and was not served properly. vi) Officers of the Education Department hardly visited schools to monitor operation of the MDM scheme. The MDM scheme was not operated properly and hence a few suggestions were submitted. There is a need to coordinate the functioning of various departments with regard to MDM scheme. The main responsibility for implementation of the scheme should be entrusted to village panchayats and the Village Pradhan should be entrusted with the entire responsibility. The Village Committee for MDM should be constituted after making some modifications in the existing provisions. The Headmaster of the concerned primary school should be made Secretary of this Committee. The indenting of foodgrains should be made only on the actual number of students. Kitchen stores should be constructed well so that healthy surroundings prevail. The cook should be appointed as per the number of students. The media and CSOs working at the grass roots level should come together to show lacuna and bring success stories to the notice of the public for mobilizing it. Proper advocacy for MDM scheme may ensure proper implementation of this scheme.

Key Words : 1.NUTRITION 2.MID DAY MEAL SCHEME 3.SUPPLEMENTARY NUTRITION 4.NUTRITION SUPPORT TO PRIMARY EDUCATION. 5.UTTAR PRADESH.

RURAL DEVELOPMENT

38. India, Ministry of Panchayati Raj, New Delhi. (2007).
The State of the Panchayats : a mid-term review and appraisal : 22 November 2006. New Delhi : I-MPR. 123 p.

Abstract : Panchayati Raj is the medium to transform rural India, and gives 700 million rural people the opportunity to do so. Panchayati Raj Institutions (PRIs) were expected to plan and implement programmes of economic development and social justice. Panchayat supervision through Gram Sabhas also offers opportunities to make governance transparent and accountable to citizens. Between April 2005 and October 2006, a series of tours were undertaken to 17 states and two union territories, covering 150 Panchayati Raj institutions, including 73 Gram Panchayats/ Gram Sabhas, 35 Intermediate Panchayats at block/ mandal/ union/ *anchal* level (sub-division), and 42 District Panchayats. Provisions of the Panchayats (Extension to the Scheduled Areas) Act 1996 is the best

legislation on Panchayati Raj anywhere in the country, and the implementation of PESA in tribal areas could well set the tone for improved Panchayati Raj in non-tribal areas. The Panchayat Yuva Khel Abhiyan (sports/ games) seeks to converge existing rural development schemes with additional central/ state and voluntary funding to make sports affordable to some 45 crore rural children, adolescents and youth, who today have no access to organized sports facilities. The Ministry of Panchayati Raj is opposed, in principle, to the 'two child norm' adopted in some states wherein candidates who are elected members are disqualified from serving in PRIs if they have more than two children. Panchayat Mahila Shakti Abhiyan, in collaboration with National Commission for Women (NCW), started Chalo Gaon Ki Ore Programme wherein the elected women members of panchayats at all three levels are provided a forum for exchange of ideas, experience sharing and information. 33% representation of women in panchayats and the women's self help group (SHG) movement have dramatically altered gender equations and given women a new sense of self confidence and self worth. The remarkable success of women's reservation for scheduled castes and scheduled tribes in the panchayats is in proportion to their population i.e., 16% for SC and 11% for ST women representatives (STs constitute 8.2% of the population). Simaroul Gram Panchayat in Indore first constructed a public convenience facility for women near the village bus stand, and as maternal and infant mortality rates are high, District Collector, utilizing JRY funds, got a maternity home constructed. Better access to proper medical care has significantly brought down Maternal Mortality Rate and Infant Mortality Rate. Panchyati Raj promotes programmes such as Sarva Shikha Abhiyan, Mid-Day Meal Scheme, National Literacy Mission, Rajiv Gandhi Drinking Water Mission and the Total Sanitation Campaign. A scheme for Panchayat Awards was instituted in 2005-06, providing incentives to recognize and encourage panchayats for outstanding performance. Three awards of Rs.5 crores, Rs.3 crore and Rs.1.2 crore were to be given to the three best performing states. Kerala was ranked first, Karnataka second and Sikkim third. Exemplary revenue was generated by Panchayats in Kerala. A Gram Panchayat in Kerala got receipts worth Rs.90 lakh a year compared with Rs.3 lakh in neighouring Karnataka. Schools, health care and agriculture were increasingly coming under PRIs. In Karnataka, thought provoking programmes beamed over satellite are reinforced through local interaction in 224 classrooms across the State and are managed by carefully selected resource persons. The result has been greater networking among panchayats which has facilitated the ground swell of support required to push through major policy reform. Panchayats in Sikkim have not only been acting as efficient service providers for the village, but have also been actively participating in their economic development. The Ministry of Panchayati Raj has also suggested a draft activity mapping matrix covering the assignment of roles to different entities in the Mid-Day Meal Scheme. Incomplete devolution of funds is perhaps the greatest challenge to the effective functioning of panchayats. Panchayats have to evolve a durable and efficient system of financial management. The focus now is to plan and implement activities at grass roots

level through the effective devolution of functions, finances and functionaries. Under the benevolent guidance of State Governments, Panchayats are the optimal instruments for good governance at the grass roots.

Key Words : 1.RURAL DEVELOPMENT 2.PANCHAYATI RAJ 3.WOMEN IN PANCHAYATI RAJ.

SOCIAL DEFENCE

39. Debabrata, Roma. (1997).
The lost childhood : the first study of child prostitution in Delhi. New Delhi : National Commission for Women. 40 p.

Abstract : Sexual exploitation and trafficking in children is an alarming global problem. Ten of millions of children are already in the commercial sex market, and of these there are as many as 2 million girls between the ages of 5 and 15 years. In this study, facts were collected by field observation, conversation, questions, interviews, etc. Delhi was selected as the study area, and divided into 9 zones. In these zones, a specific slum was selected on the basis of the profile of the area, its socio-economic structure and its notoriety in anti-social activities. The probability for children to be used as prostitutes was carefully considered. A random sample of 30% of the population was identified comprising a total of 1400 high risk people from Govindpuri Bhumiheen Camp (231), New Seemapuri (215), Rohini (256), Nizamuddin Basti (207), Jehangirpuri (255), and Sewa Nagar (236). The present study investigated the role of police in the enhancement of child prostitution. When a minor girl is brought into a brothel, the *kotha malkin* (brothel owner) calls on the Division Officer (SI, ASI) and requests them to make a new entry of a newly purchased minor girl, and pays Rs.10,000 to the Police. Then a trumped-up case is registered against these minor girls showing that they were trying to solicit clients in a public place. These minor girls are arrested and kept in the lockup and the police prepares a challan where the minor girl's age is transformed to a 21 years old adult. After this, these minor girls are produced before a magistrate and released on bail, and the process goes on. Originally, most minor girls are bought for Rs.10,000. Police take a bribe of Rs.10,000 while Rs.20,000 is spent on getting bail. Some of the child prostitutes revealed that the police torture them even when they are with their clients. During the field study, police was reluctant to divulge any information regarding child prostitution. The role of judiciary was also under suspicion. Noted politicians were involved in trafficking in the Morena Dholpur zone which falls in three states – Uttar Pradesh, Madhya Pradesh and Rajasthan. It was found that there is a dearth of homes for

child prostitutes nabbed by the police, where these minor girls are sent from the city's red light area after raids. The state runs a Remand Home – Nirmal Chhaya, and gets a few child prostitutes through one or two raids in a year. Police conduct special raids in red light areas only for filling up the quota of raids. Most doctors and quacks who treat child prostitutes afflicted by sexually transmitted diseases (STD) kept their cards close to their chest. Taking the excuse of professional ethics, they were stonewalling all the relevant information. In New Seempuri area, a more dismal scenario exists. One of the quacks claimed that there is only one doctor available and he is an English graduate from Meerut University. The one available lady practitioner in this area was only a sixth class literate, and was having a roaring business performing about 150-200 abortions per month. The study found that traffickers having cross border connections entrap minor girls and women with the promise of a better life. About 4.25% girls in the age group of 8 to 15 years were trafficked from Bangladesh and Nepal. After reaching India the trauma begins. The *dalals* (middlemen) sell them to red light areas. Reports suggest that these girls are sold to different brothels in India for up to US$ 1000 or Nepali Rs.60,000. In GB Road, the number of minor Nepali girls are 2.75% of the total prostitutes. The study recommended modification of PITA to treat child prostitution as rape, and it should be made a punishable crime under Section 412 of the CrPC. Integrated community development schemes in all areas, and income generating support for rescued child prostitutes should be started. Voluntary organizations must have independent sources of information to learn about the new entrants brought into brothels. School teachers in catchments areas should monitor sudden drop-outs in schools. Raids should be conducted as soon as information is received. Rescue and rehabilitation of children from brothels should be done simultaneously.

Key Words : 1.SOCIAL DEFENCE 2.CHILD PROSTITUTION 3.ENFORCEMENT MACHINERY 4.CASE STUDY 5.IMPLEMENTATION MACHINERY 6.DELHI.

40. Help, Ongole, Andhra Pradesh. (2001).
A Report on commercial sex workers and their children in coastal Andhra Pradesh. Ongole : Help. ~100 p.

Abstract : The present study found that prostitution is quite widespread in coastal Andhra Pradesh (AP). There are no estimates of the number of women engaged in the activity which becomes a major handicap for planning interventions attempting to help women live with dignity. The study attempts to provide details and estimate the number of commercial sex workers in six districts of coastal Andhra Pradesh, namely East Godavari, West Godavari, Krishna, Guntur,

Prakasam and Nellore. 25% of the enumerated data was taken from each pocket/ town/ village/ district. The study reports that a large number of sex workers 813 (41.8%) joined the profession when they were in the age group 18-25 years. 56.79% sex workers were illiterate and 21.85% were partially literate. 47.54% belong to scheduled castes and 89% were Hindus. The study found that married women, followed by destitute and unmarried women accounted for more than 70% of the enumerated sex workers. Most families (48.7%) were generating an income of Rs.5000/- and less per annum. Domestic environment, including family violence, negligence, marital discord, etc. were some of the potential causes leading to entry of women and children into commercial sex work. A substantial number of respondents (44.23%) made an entry into the profession by themselves. About 91.91% respondents entered the profession due to economic adversity, and 5.8% entered because of trauma in their life. A pertinent fact is that a third of 378 districts in India are drought prone, and two-thirds of girls and women inducted into the flesh trade hail from those regions. Data revealed that 58.09% of the respondents had no financial commitment of paying to the agents. About 42.31% of the CSWs earned between Rs.25 to Rs.50 per contact in West Godavari District. Among the 21% CSWs who earned Rs.50 to Rs.100 per contact were those from Krishna district. 18.83% of the respondents sent 25% to 50% of their earned money home, while 10.74% respondents sent above 75% of their earnings to their families. Almost 95.5% CSWs faced problems, 81.43% from the police. About 17.4% CSWs experienced violence and exploitation from customers. A majority of CSWs (53.8%) did not received any support during times of crisis. To overcome problems, 48.13% CSWs ran away from the place, 36.23% made payments to the Police and 13.97% continued irrespective of the problems. The reasons that kept 41.82% CSWs tied to their profession were predominantly lack of support system in society, family, and economic problems, and 26.95% expressed family problems. CSWs were very fond of their children. 60.59% of the respondents had children, and out of them 63.51% had boys. 79.47% of the CSWs children were staying with their mothers. 66% children had no idea about their mother's profession, 6.2% suffered in silence but did not express their feelings, and 6.84% were small children. Eradication of prostitution is a long drawn out process. In the present market economy and globalization context, interventions must have an integrated approach instead of a tubular mode. Integrated effort has to be made at the entry point to stop further trafficking into sex work.

Key Words : 1.SOCIAL DEFENCE 2.PROSTITUTION 3.CHILD PROSTITUTION 4.CHILDREN OF PROSTITUTE 5.SEX WORKER 6.COMMERCIAL SEX WORKER 7.CHILDREN OF PROBLEM FAMILY 8.TRAFFICKING 9.ANDHRA PRADESH.

41. Women's Empowerment and Human Resource Development Centre of India, Thiruvananthapuram. (1999).

Children in prostitution in the cities of Trivandrum, Ernakulam and Calicut. Thiruvananthapuram : WEHRDCI, 1999. ~150 p.

Abstract : The study reveals that human growth cannot be disassociated from child growth, and that social and economic progress attempted at the expense of children is suicidal. The present study intended to provide comprehensive data on status of children in prostitution in three cities of Kerala, namely Thiruvanathapuram, Kochi and Kozhikode. A total number of 825 children below the age of 18 years were identified in the 3 cities, and data was based on the sample of 300 included in the baseline survey. Focus Group Discussions (FGDs) were conducted among primary and secondary stake-holders namely various categories of children in prostitution, adult sex workers, pimps, clients and caretakers, auto/ taxi drivers, etc. Findings showed that children in prostitution below the age of 14 years were 6.67% (55 out of 825), of whom the proportion of male children was 38.18% (21 out of 55) and female children was 68.81% (34 out of 55). Out of the 300 children studied, 263 children (87.67%) were from families having an income below Rs.1000 per month, and there were only 5 children (1.67%) from families where income was between Rs.1001 – 2000 per month. The majority of children who entered sex trade were from suburban (78; 26%) and rural (74; 24.67%) areas. Of the total 165 children, 60.61% (100 children) previously stayed in slums or on streets. Only 13 (4.33%) children responded that their fathers did not have any unhealthy habits. Of the total 300 children studied, 13.67% (41) children revealed that their mothers were involved in some extra marital relationships, and 14 children (4.67%) frankly revealed that their mothers were sex workers. About 50% children earned between Rs.1000 and Rs.2000 from sex work alone. Out of 91 children (30.33%) surveyed in the income group of below Rs.1000 per month, 74 (81.32%) children were engaged in street based sex work. 165 street based children surveyed had unhealthy habits; 46.06% (76 children) had multiple addictions like chewing betel leaf (*paan*), and consuming non-injectable drugs. Out of 138 male children surveyed, 8% to 16% were practicing oral sex, and thigh sex, without restricting to a single type of intercourse. In the case of female children, 85.19% out of 162 female children surveyed were found practicing all types of sexual activities. Majority of respondents were not aware of the proper use/ purpose of using condoms. Likewise, 10.66% respondents considered condoms as a contraceptive measure, but they did not know the importance of condoms as a preventive measure for HIV/ AIDS/ STDs. 53% (38) of the total children surveyed either previously or presently had a history of STDs. The most important mode of treatment adopted by children for STDs was self treatment (40.25%). Majority of the children entered the sex trade when they were 12-15 years old. Almost 49% female children used contraceptives. It was suggested that social awareness about sex trade and its consequences on

children and their families should be increased. Child Helpline Services should be started in the 3 cities by capable NGOs with the support of City Corporations. Sexual health awareness should be created among pediatricians and trainers. IEC materials should be developed. Rehabilitation schemes should be initiated and reintegration procedures should be started. Psychiatric counselling should be provided to identified victims. New laws to punish agents should be enacted. Religious institutions should be encouraged to establish centres for reintegration, skill training, and monitoring of children who stop this activity.

Key Words : 1.SOCIAL DEFENCE 2.CHILD PROSTITUTION 3.PROSTITUTION 4.MALE CHILD PROSTITUTE 5.CHILD PROSTITUTE MALE 6.CASE STUDY 6.KERALA.

SOCIAL WELFARE

42. Centre for Budget and Governance Accountability, New Delhi. (2006).
Whose side are you on, Mr. Finance Minister ? Response to the Union Budget 2006-07. New Delhi : CBGA. 44 p.

Abstract : The Union Budget is on important document manifesting the priorities accorded to various sectors. This study analyzed the Union Budget of 2006-07. It focussed on allocation and proposals relating to various sectors. In 2005-06 Gender Budget Cells had been set up in 35 Departments of the Government of India. From 33 blocks/projects in 1975, ICDS has expanded to 5,652 projects in 2005, of which 5,625 projects with 7,43,156 anganwadi centres were operational on 31st July 2005. ICDS covered 484,42,000 (484.42 lakh) beneficiaries consisting of 403 lakh children below 6 years of age and 81 lakh pregnant and lactating mothers. Government gave assistance of Rs.17000 crore under ICDS. Total allocation increased from Rs.3,315 crore to Rs.4,087 crore in 2006-07 budget. On an average, 85% of the total expenditure on social services is being undertaken by the States. Social services as per annual financial statement of the Central Government for 2006-07 include: General Education, Technical Education, Medical and Public Health, Family Welfare, Social Security and Welfare, Nutrition, Welfare of SCs, STs and Other Backward Classes, and other social services. Total expenditure on these services was Rs.43396.88 crore in 2006-07 budget. For education, Government has committed to spend around Rs.14855 crore, which is substantially higher than the past allocation. On health, Government raised the plan allocation for National AIDS Control Organization from Rs.232 crores in 2004-05 to Rs.636.67 crore. TB Control Programme had registered an increase in budget from Rs.115 crore in 2004-05 to Rs.184.17 crore in 2006-07.

Rs.4842.68 crore was for Ministry of Women and Child Development, Rs.6541.98 crore for Department of Health and Family Welfare, and Rs. 84.37 crore for Ministry of Social Justice and Empowerment. Central Government has not made any radical move in the direction of addressing the social sector deficiencies visible across all sectors. Allocation made for education is in no way going to fulfil the goal of spending 6% of GDP on this sector. A similar story holds for the health sector. Food subsidy for the poor has increased by Rs.1000 crore over the last year figure, but as a proportion of total budgetary expenditure, it declined from 4.6% to 4.3%. Fiscal conservatism and associated expenditure management is the central character of the Union Budget 2006-07. Union Budget does not seem to provide any significant programme for welfare of children. The negligence of important needs of children relating to nutrition and development, health and protection is apparent, and the priorities for women in allocation of resources are very low in crucial sectors like rural development, secondary and higher education, etc. The Government must expand the scope of such an exercise to other important departments such as the Department of Health and Family Welfare. HAQ's endeavour towards demystifying the budget and informing various stakeholders about its implications for the economically and socially vulnerable sections of the population will be useful in seeking transparency and accountability for just governance.

Key Words : 1.SOCIAL WELFARE 2.BUDGET SOCIAL SECTOR 3.EVALUATION OF BUDGET 2006-07 4.SOCIAL SECTOR ALLOCATION 5.GOVERNMENT SPENDING.

43. Ganju Thakur, Sarojini. (2003).
Social mobilization and community empowerment for poverty alleviation. . New Delhi : India, Ministry of Women and Child Development. 31 p.

Abstract : Social mobilisation and community empowerment for poverty alleviation is a joint programme of the Ministry of Rural Development, Government of India and UNDP in Anantpur, Kurnool and Mahbubnagar districts of Andhra Pradesh. Its main objectives are to promote and develop grass roots people's institutions and strengthen their capabilities for self-management; build capacities of the three DRDAs and line departments on social mobilization for poverty alleviation; promote sustainable livelihoods and income earning opportunities for the poor; and to identify legal and regulatory frameworks that come in the way of the poor. The project is based on the organization of women into self help groups (SHGs) of 15-20 women with saving and credit as an entry point. A sum of Rs. 1 per day to

Rs. 20 per week per woman is collected from group members and forms the basis of funds for rotation for the initial internal loaning that takes place in the group. Village organizations credit a common platform in the village, provide services in the form of capacity building of village groups, monitor the functioning of groups, provide linkages with banks, mobilize community action, and most importantly, act as financial intermediaries. Mandal Mahila Samakhyas are women's organizations, playing the advocacy, link, delivery and monitoring roles that many NGOs play. They are recognized as an apex organization for giving loans to women, and funds/ benefits for various Government programmes such as DPEP, PDS, Indira Awas Yojana, etc. Dairy development is also routed through them. The project has specifically targeted women, as approximately 90% of the members of groups are women. Group functioning, training and capacity building have resulted in a visible increase in self confidence and self esteem of all members, and thrown up an articulate leadership which can interact with various organizations at the village level and also with the official machinery. As far as overall progress of the Project is concerned it can be said that the project has succeeded in dealing with social mobilization, but issues related to empowerment and poverty eradication need to be given more attention. The poor require that investments should be made to build their capacity to demand and access other resources and exercise effective participation in community organizations for the existing groups to reach a stage where many more women cross the poverty line. There is need to further facilitate the groups so that there can be greater focus on higher incomes and value addition. It we accept that poverty alleviation is to lead to well being and we include in this basic nutritional status, access to education and health as among the basic needs, we need not only address these issues more directly in the Project, but also have an evaluation that looks at qualitative changes in income, health status, literacy, etc. While it is clear that there has been a very strong process of institution building at group, village and mandal level, and also that they have evolved as credit delivery mechanisms, further study is needed to empirically determine the impact on poverty, the changes in access and control over resources, and the increase in capabilities. There is a need to focus on building networks of groups in a systematic fashion, and over a period of time, there should be a conscious effort to transfer ownership of the programme and it's monitoring to the men and women who are involved.

Key Words : 1.SOCIAL WELFARE 2.COMMUNITY RESOURCE MOBILIZATION 3.COMMUNITY MOBILIZATION 4.MOBILIZATION COMMUNITY 5.SOCIAL MOBILIZATION 6.POVERTY ALLEVIATION 7.SELF HELP GROUPS 8.VILLAGE BASED ORGANIZATIONS.

44. Sachar, Justice Rajindar. (2006).
Summarized Sachar report on status of Indian muslims. New Delhi : India, Prime Minister's Office. 7 p.

Abstract : The Prime Minister's Office (PMO) had observed that lack of information impeded the planning and implementation of specific interventions to address issues relating to the socio-economic backwardness of the Muslim community. Hence a High Level Committee under the Chairpersonship of Justice Sachar was mandated to obtain relevant information from departments/ agencies of the Central and State Governments, and conduct an intensive literature survey to identify articles and research on status of Muslims in India. The asset base and income levels of Muslims relative to other groups across states and regions had to be assessed, as also their access to education, health services, municipal infrastructure, bank credit and other services provided by the Government and public sector entities. The Committee noted that public opinion in India was divided on reservation. Reservations or a separate quota for Muslims in employment and educational institutions was viewed as a means to achieve parity. Others felt that reservations could become a thorny issue and have negative repercussions. A large cross-section of people were of the conviction that political participation and representation in governance structures are essential to achieve equity. Many alleged that participation is denied to Muslims through a variety of mechanisms. The literacy rate among muslims was far below the national average. About 25% muslim children in the age group 6-14 years have either never attended school or have dropped out. Muslim parents were not averse to mainstream education or to sending their children to affordable Government schools. But the access to Government schools for muslim children was limited. Bidi workers, tailors and mechanics need to be provided with social safety nets and social security. The participation of Muslims in professional and managerial cadres is low due to their low educational status. Muslims have been found to be only 3% in IAS, 1.8% in IFS and 4% in IPS. The share of Muslims in employment in various departments is abysmally low at all levels. There is a clear and significant inverse association between the proportion of Muslims and the availability of educational infrastructure in small villages. There are about 5 lakh registered wakfs with 6 lakh acres of land of Rs.6,000 crore book value. But the gross income from all these properties is only Rs.163 crores, i.e. 2.7%. The Committee recommends that there is a real need for policy initiatives that improve the participation and share of the minorities, particularly Muslims, in the business of regular commercial banks. The community should be represented on interview panels and Boards. The under privileged should be helped to utilize new opportunities in the economy's high growth phase through skill development and education. Financial and other support to various

initiatives should be built around occupations where Muslims are concentrated and have growth potential.

Key Words : 1.SOCIAL WELFARE 2.MUSLIMS SACHAR COMMITTEE REPORT 3.MINORITIES 4.MUSLIM MINORITY 5.MINORITY REPORT 6.SOCIO ECONOMIC STATUS MUSLIMS.

45. United Nations, New York. (2006).
Tsunami : India two years after : a joint report by the United Nations, World Bank and Asian Development Bank. New Delhi : UN. 74 p.

Abstract : This report was a joint initiative by the World Bank, Asian Development Bank and the United Nations to critically reflect on the pace and extent of progress in Tsunami recovery in India over the last two years. According to reports from Government of India the Tsunami led to the loss of life of 12,405 people, caused injury to 6,913 people, and total of 647,599 people had to move to safer places. 787 women were widowed and 530 children were orphaned. The main objective of the project was to support the efforts of Governments of Tamil Nadu and Kerala to restore economic growth and alleviate poverty in the Tsunami affected areas. Response to the Tsunami from India and from the international community was overwhelming and unique in the history of natural disasters. Under the leadership of the Prime Minister and the Ministry of Home Affairs, a number of committees were established to guide the Tsunami relief and recovery efforts. Substantial funding was given by Government of India (US$ 155.5 million) through Prime Minister's National Relief Fund. Asian Development Bank released US$ 58.84 million for rehabilitation and development of livelihood activities, and Tamil Nadu and Kerala received a grant of US$ 49.99 million and US$ 8.85 million respectively. The World Bank provided technical assistance as well as financial support totaling US$ 465 million to Tamil Nadu and Pondicherry. Over the last 24 months the World Bank Team worked closely with the Government on housing reconstruction. The Team also supported awareness campaigns on coastal regulatory zone issues and provided significant input in the formulation of the demarcation of high tide line. Since reconstruction started, significant progress has been made by NGOs in the housing sector. In the two years since the disaster, 27,845 houses have been completed of the total 98,477 houses required across India. United Nations (UN) supported the implementation plans led by the Union Ministry of Health and Family Welfare for vaccination against measles and other diseases and supply of Vitamin A to 103,629 children immediately after the Tsunami. The UN provided technical assistance and as a result immunization coverage rose from 91% to 96.3%. 23,180 (89%) children received Vitamin A supplementation. The initial focus of psycho-social care expanded from immediate

recovery support to support of children and young people in life skills. The focus of support was to assist the Government and communities to strengthen systems and service delivery for children. The swiftness of assistance brought survivors back on the road of economic recovery fast. Two years after the Tsunami struck coastal regions of the Indian Ocean, Tsunami Recovery work has moved into a crucial phase. Results will have to be demonstrated also in terms of sustainability, equity, and building back better. The road ahead is still long, but is more clearly paved as a result of the successful completion of the relief phase, and the establishment of a strong foundation of partnerships between all actors, as awareness of the importance of disaster risk management and a high level of commitment develops towards coordination and working together.

Key Words : 1.SOCIAL WELFARE 2.TSUNAMI 3.DISASTER RELIEF 4.REHABILITATION DISASTER 5.NATURAL CALAMITY.

WOMEN WELFARE

46. India, Ministry of Women and Child Development, New Delhi. (2006).
Report of the Working Group on empowerment of women for the 11th Plan. New Delhi : I-MWCD. 72 p.

Abstract : Women constitute 48% of the Indian population. The mandate for equal rights for men and women is embedded in India's Constitution. Inequalities between girls and boys in access to schooling or adequate health care are more acute among the poor than those with higher incomes. A Women's Component Plan and a separate sector on 'Gender balance' has been included in the Draft Approach Paper to the 11th Five Year Plan for the first time. This report deals with the different areas of work in which women are engaged. In the agriculture sector, 40% of women are engaged. The Ministry of Agriculture is now moving to a 'women only' approach from a gender mainstreaming approach spread across the entire establishment. There are 370 million unorganized workers in India, of whom substantial numbers are women. This sector contributes 65% of GDP. Women are also engaged in unpaid economic and non-economic work. Non recognition of this fact is a major obstacle to their empowerment, and their access to newly emerging development opportunities. Many programmes are already being run by various departments/ ministries for poverty alleviation like Swarnajayanti Gram Swarozgar Yojana, Sampoorna Grameen Rozgar Yojana, National Food for Work Programme, Indira Awas Yojana, National Rural Employment Guarantee Act/

Scheme, etc. Violence against women is another important issue which affects the empowerment of women. To effectively deal with the problem of violence against women efforts are being made to strength the existing legislation through review and amendments and developing institutional mechanisms. Despite these numerous efforts, crimes against women in the country continue to rise. As per the latest data, there were 1.51 lakh cases of violence against women in 2005. In 2004, 19.7% rape cases were tried in courts, and out of the total 71,620 cases for trial, conviction was made only in 25.2% cases. Women's increased political participation has fielded positive results. Women have shown that they have critical information about community resources, are adept at managing funds, their participation in PRIs has resulted in more inclusive governance, and they learn quickly how to lead effective community centred development. It was recommended that Public investment in agriculture should be 10% of GDP, with a stipulation that 50% of the new investment be made in rural activities directly benefiting women. Women friendly technologies should be designed. Comprehensive legislation for the unorganized sector is needed, with provisions relating to ESI, leaves, pension, housing and child care, and a Complaints Committee should look into sexual harassment, regulation of employment, wages and conditions of work, work records, dispute resolution bodies at district level, and an Appellate Body is required at the State level. A policy of equal opportunity should be formulated to encourage women's increased participation within a time bound frame. The approach of the schemes should be expanded to include an empowerment and right based agenda. Health policies and plans should promote strategies that empower adolescent girls through information about health, community activism roles and increase awareness about how to negotiate power with families, future partners and at the workplace.

Key Words : 1.WOMEN WELFARE 2.WORKING GROUP REPORT WOMEN 11TH PLAN 3.ELEVENTH FIVE YEAR PLAN 4.EMPOWERMENT OF WOMEN 5.GOVERNMENT INITIATIVE 6.CREDIT WOMEN 7.POLICY WOMEN 8.ECONOMIC EMPOWERMENT 9.VIOLENCE AGAINST WOMEN 10.SOCIAL EMPOWERMENT 11.POLITICAL EMPOWERMENT 12.GENDER BUDGETING FOR WOMEN COMPONENT.

47. International Centre for Research on Women, Washington, DC. (2002). Men, masculinity and domestic violence in India : summary report of 4 studies. Washington, DC : ICRW. 84 p.

Abstract : Domestic violence is a pervasive problem in India that cuts across age, education, social class and religion. The study explored variations in masculinities and domestic violence across regions and demographic variables, including caste,

age, socio-economic status, education, employment and even sexual orientation. The study covered 3 states, namely Punjab (n=250 males), Tamil Nadu (n=235 married men), Rajasthan (n=486 married men), and Delhi (n=40 married men) was also added to provide a sample of men who have sex with men (MSM, n=114). Findings indicated that men from all regions surveyed agreed that certain characteristics including physical appearance, conduct, responsibilities and sexuality were markers of masculinity. Around 98% men agreed with their 3 major responsibilities. Key roles that were identified were having children (procreator role), earning money (provider role) and protecting the family (protector role). Men strongly correlated masculinity with being married, being sexually faithful and having the ability to satisfy the wife/ partner. There was no demographic variation in this. Around 85% men reported engaging in at least one violent behaviour (control behaviour, emotional, sexual and physical violence) in the past 12 months. The most common violent behaviours were slapping and hitting, forced sex, shouting, etc., and overall 24.7% men reported all forms of violence. Violence was more prevalent among lower classes, those who had less education, those with irregular employment, and so on. Attitudes of men towards domestic violence showed that 79% men agreed that use of force during physical relationships was okay if the wife was unfaithful. Violence within marriage or intimate relationships seems to be closely associated with endorsement of independence, power, control, privilege of being able to do and to express, and satisfied sexual needs as important characteristics of masculinity. Regarding MSM, community findings showed that there was no single, unified, overreaching conception of masculinity, and some people thought that MSM was an alternate masculinity, and thus notions of masculinity were so divergent that it was almost impossible to use the term in singular case. Also, the essential difference between a man and woman, which was biological and physical, was also not found. The study suggested that men are not naturally violent, but there are complex linkages between masculinity and violence, and in such a context, violence is both, a conflict resolution strategy as well as a resource for augmenting power or status. Intervention and prevention strategies need to employ a dual focus of exploring alternate means of resolving conflicts, achieving a sense of equal power and control and needs satisfaction, as well as under scoring the negative impact of use of violence. Clearly it is important to have negative sanctions for violent behaviour.

Key Words : 1.WOMEN WELFARE 2.DOMESTIC VIOLENCE 3.MASCULINITY 4.MEN 5.PATRIARCHY 6.RAJASTHAN 7.PUNJAB 8.TAMIL NADU 9.HOMOSEXUALITY 10.MEN HAVING SEX WITH MEN (MSM).

48. Mohan, Kamlesh. (2005).
Globalization, electronic media and cultural invasion : its implications for Indian women and the girl child. New Delhi : National Commission for Women. 165 p.

Abstract : Globalization involves economic internationalization leading to inter-linkages of independent national economics, and the electronic media also has acquired worldwide access. The objective of the study was to enable Ministry of Women and Child Development and particularly National Commission for Women to evolve strategies to counter the cultural invasion through television and to discourage the mindless westernization of Indian women and girls, men and boys. The study covered 1600 respondents, 1021 females and 579 males, residing in the city of Chandigarh and two satellite towns, Mohali and Panchkula. Data was collected through interview schedules. The study pointed out the role of television in spreading consumerist culture, and we have to recognize the significant challenge from video and cable operators. Bombay had the highest cable market share of the Indian market (22.6%), followed by Madras (7%) and Delhi (6%). In the age group 10-20 years 18.24%, and in 21-40 years age group 17.30% respondents showed more interest in watching advertisements featuring women; 41.11% respondents preferred women models; and 37.15% preferred girls for advertising various products. On the choice of women as models, difference between the opinion of male and female respondents was 18.85% and 22.26% respectively, which was not glaring. 48.68% respondents had developed an incessant craving for buying the latest products due to their regular exposure to commercial slots; 62.23% respondents had desire for more possessions, and exhibitionism was the compelling motive for 24.90% respondents to buy more products. 37.28% respondents in the age group 10-20 years appreciated the importance of friendly and harmonious relationships from watching serials on broken families. About 39.83% females described the role of T.V. as positive, 19.62% viewers picked negative messages, 5.62% females felt that T.V. characters provided models to defiant teenagers. Regarding impact of T.V. viewing on conjugal relations, 65.23% females felt that negative T.V. images of conjugal relations were likely to sharpen tension and clashes. 43.75% respondents blamed T.V. viewing for increase in divorce cases. 57.30% young respondents tended to regard promiscuous sex lives of glamorous pop singers and film stars as their role models. 31.48% regarded the influence of extra marital affairs on the small screen as unhealthy, and 88.80% blamed T.V. for the rising number of divorced couples. Nearly 24.93% respondents attributed increase in juvenile delinquency to exposure to T.V. images of violence. 17.66% mentioned that the world of horror and crime created a sense of insecurity among children. Popular television should be brought into the school curriculum, both to acknowledge children's out of school activities, and to explore their environment in the learning process. The underlying objective is to help children read and interpret the visual

text of advertisements and cartoons, and to train them as discriminating viewers of programmes for children. Integration of new technologies with indigenous models of knowledge is extremely relevant. Guidelines for media owners, makers of advertisements having images of women and children, and producers of TV programmes should be formulated after intensive discussions.

Key Words : 1.WOMEN WELFARE 2.ELECTRONIC MEDIA 3.TELEVISION AND WOMEN 4.PORTRAYAL OF WOMEN IN MEDIA 5.CULTURAL INVASION 6.GIRL CHILD 7.INDIAN WOMEN 8.GLOBALIZATION.

49. National Commission for Women, New Delhi (2004).
Research study on effectiveness of women self help groups in micro enterprises development in Rajasthan and Tamil Nadu. New Delhi : NCW. 202 p.

Abstract : Self help group (SHG) is a self governed peer controlled small informal association of the poor, usually from socio-economically homogenous families, who are organized around savings and credit activities. The study was done to assess the various enterprise models of community financial mediation promoted by Government, banks, and NGOs. Field survey was carried out in four districts of Rajasthan, namely Jodhpur, Alwar, Ajmer and Jaipur, and four districts of Tamil Nadu, namely Kanchipuram, Coimbatore, Thiruvarpur and Kanyakumari. Initially 100 SHGs from each district were selected at random for the study but due to problems encountered during the survey, only 350 SHGs covering around 4195 women in Rajasthan and 189 SHGs covering around 3136 women in Tamil Nadu were covered. Clients reported a marginally higher income but the main reason for this was increase in agricultural output. Clients were aware about insurance and were more than willing to pay the premium for insurance. There was no difference in the expenditure on children's education or other development related work in households. About 58% of the households reported increase in assets. The number of SHGs increased from 75,247 in 2001 to 1,78,571 in 2004; women members increased from 13,01,597 in 2001 to 29,84,132 in 2004; savings by SHGs increased from Rs.81 crore in 2001 to Rs.532 crore in 2004; and loans received by SHGs increased from 22,829 in 2001 to 1,59,164 in 2004. The scheduled caste members covered were 14 (2.73%); OBC women covered were 341 (66.6%); and no scheduled tribes were covered. Around 7 – 8% of the total SHG groups in Tamil Nadu were defunct according to a few evaluation studies. The activities SHGs undertook were provision of drinking water, plantation of flower and fruit trees, cashewnut production, formation of youth clubs, AIDS prevention groups, and co-operatives. Self help group concept should target the holistic development of women. There is a dearth of relevant information on SHGs

for members and even social workers who are into promotion of women's SHGs. The study also recommended skill training for income generation activities which could be taken up like bakery; paper products (file pads, bags); agarbathi, candle and chalk piece making; screen printing, spices; foot mats; leather products; catering, etc.

Key Words : 1.WOMEN WELFARE 2.SELF HELP GROUPS 3.MICRO CREDIT 4.MICRO ENTERPRISES 5.CREDIT FOR WOMEN 6.ECONOMIC EMPOWERMENT WOMEN 7.ENTREPRENEURSHIP DEVELOPMENT 8.ECONOMIC EMPOWERMENT 9.RAJASTHAN 10.TRAINING WOMEN 11.TAMIL NADU.

50. Premchander, Smita and Vanguri, Pramila. (2007).
Microfinance and women's empowerment : programme and policy review. . New Delhi : CARE India. 95 p.

Abstract : The Indian Government has paid special attention to women's empowerment, and both the National Policy for Empowerment of Women (NPEW) 2001, as well as the 10th Five Year Plan, illustrate its commitment to women's empowerment and welfare. Given a lack of employment opportunities for women, support for self-employment and women's enterprises came to be recognized as essential for releasing women's economic potential. Many NGOs have subsequently taken on the task of women's empowerment through micro-enterprises in recognition of the impact it can have on women, their families and poverty alleviation. The Tenth Plan document defines different aspects of women's empowerment. Social empowerment aims to provide women easy and equal access to all the basic minimum services to enable them to realize their full potential. Economic empowerment aims to make all women economically independent through training, employment and income generation activities, allow women to enjoy not only the *de-jure* but also the *de-facto* rights and fundamental freedom at par with men in all spheres. Cultural parameters are not mentioned in the Tenth Plan but refer to the concept of empowerment in relation to respect of rights of indigenous people and inclusion of their knowledge and practices. The dimensions of power are not specifically considered but are important in the context of women's empowerment in India. These include women's collectivization and greater participation in the political processes. The NPEW places micro-credit under the over all objectives of economic empowerment of women. The policy demonstrates a supply-dominated view of micro-credit, where priority is given to promoting structures that enhance the supply of credit to women. Women's Self-Help Groups have become effective channels of credit for enterprises. Thus Government banks and wholesale financing organizations now work with NGOs

who promote groups and/or provide finance to them. A landmark decision of the RBI (Reserve Bank of India) has been that banks will consider rotation of women's savings among themselves as a criterion for grading the groups, so women are the primary savers and users of their own savings. It also allows NGOs and women leaders to take more than a proportionate benefit of schemes and even make individual profit in the name of SHGs. This factor results in the fact that policies that are meant to empower women from the bottom upwards actually promotes the leadership and power of elite women and NGOs within the informal micro-finance sector; policies link women's empowerment to micro-credit, but there is no means of measuring if women are empowered as a result of these policies and programmes; and lack of human capital development leads to sub-optimal results, limited support to Self Help Groups (SHGs) and overburdening of staff without accountability. These factors limit the extent to which micro-credit can positively impact empowerment. If empowerment is accepted as a policy goal, the costs of enabling that empowerment must be reflected through direct budgetary commitment. National policies should include appropriate indicators of women's empowerment, which each department and programme can report progress against. Micro-credit programmes must include strategies and funding for building the capacity of SHGs to manage savings and credit, augment vocational skills and promote enterprise, and design a wide range of financial producers and services to meet the needs of poor women. There is a need to help women to own and manage their own institutions of which SHGs are the foundation.

Key Words : 1.WOMEN WELFARE 2.MICRO CREDIT 3.MICRO FINANCE 4.SELF HELP GROUPS 5.SWA-SHAKTI PROJECT 6.ECONOMIC EMPOWERMENT 7.EMPLOYMENT WOMEN 8.INCOME GENERATION.

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