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DIRECTORATE OF DISTANCE EDUCATION

MASTER OF SOCIAL WORK

III SEMESTER

34933 D - WOMEN AND CHILD WELFARE

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UNIT I - DEMOGRAPHIC PROFILE OF WOMEN IN INDIA

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1.1 INTRODUCTION

Women have been equal partners with men in the struggle for survival and advancement of human society through the ages. Though they have equal contribution in making history, women have been conspicuously absent in the annals of history and their position in society did not invoke much interest until recently.

Coming to the Indian society, its dynamics are diverse in nature. Interpreting the position of women in such a society is no doubt challenging. Moreover, the task becomes complex due to lack of genuine sources especially in relation to the early ages. Many scholars have expressed such dilemmas in their works on women's status in Indian society (Srinivas 1986, Thapar 1975). According to M.N. Srinivas (1986), the study of status of women in Indian society has many facets. Generalization is quite unattainable because there are variations between regions, between rural and urban areas, among classes, and finally among different religious, ethnic and caste groups. This applies to the study of women's position in both early as well as contemporary Indian society. In this context, this unit attempts to present an overview of women's position in society and then discusses their status in the Indian societies.

1.2 OBJECTIVES

Women constitute half of humanity. Their status in family, kinship and society has

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passed through ups and downs in the course of history. This unit presents an account of the position of women in Indian society. After studying this unit, you would be able to:

- historically trace the overall position of women;
- analyze the status of women in India;
- describe their status; and
- discuss the present demographic profile of women in India.

1.3 DEMOGRAPHIC PROFILE OF WOMEN

As per Census 2011, India's population is 121.06 Cr with 48.5% female population. The average annual exponential growth rate of population has declined from 1.95 in 2001 to 1.63 in 2011. During this period similar pattern is observed for females (1.99 to 1.68) and for males (1.92 to 1.58). In India, Sex ratio is defined as the number of females per 1000 males in the population, whereas in almost all the UN publications/International publications, it is expressed as males to per 100 females. From 2001 to 2011, sex ratio in rural India has increased from 946 to 949 and increased from 900 to 929 in urban India. At all India level sex ratio has decreased from 933 in 2001 to 943 in 2011.

During this period 21 States/UTs have recorded significant increase in sex ratio. Notable increase has been recorded in Delhi (5.72%) followed by Chandigarh (5.23%) and Arunachal Pradesh (5.07%). Contrary to this, 6 States/UTs have recorded significant decrease in Sex ratio. Notable decrease has been recorded in Daman & Diu (12.90%), Dadra & Nagar Haveli (4.69%).

In 2011, in age groups 0-6, 0-19, 15-45 and 60+, sex ratio has been observed as 918, 908, 944 and 1033 respectively. In 2011, religion wise sex ratio for Hindus, Muslims, Christians, Sikhs, Buddhists and Jains was 939, 951, 1023, 903, 965 and 954 respectively.

Sex ratio at birth and age & sex differentials in natural death rates leading to higher life expectancy for females are the two major factors which decides Age and Sex wise distribution of Population. Women's Mean Age at Marriage gives an idea of length of reproductive period. Almost 30 % of population, both males & females, is in the age group of 15-29 which makes India a young country.

Women's mean age at marriage at all India level is in 2016 is at 22.2 years and the same in rural and urban areas are 21.7 years and 23.1 years respectively. The women's mean age at marriage has shown an increasing trend in all the major States and at all India level it has increased from 21.1 to 22.2 years during 2012 to 2016. The same is highest in Jammu & Kashmir (24.8 years) and lowest in West Bengal (21 years). In 2011-12, 11.5%

households in rural areas and 12.4% households in urban areas are female headed. The average households' size is 3.3 and 3.2 for rural and urban area respectively.

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1.4 CHANGING ROLE AND STATUS OF WOMEN IN INDIA

There is the major role of women in India. She is playing a role of four-fold status-role sequences. These were her role is daughter, wife, housewife (homemaker), and mother. The woman, whose status and role traditionally were well defined and almost fixed in the society, is now experiencing far-reaching changes. The woman in modern times is entering into certain new fields that were unknown to the woman's sphere of role-sets. They are activating participating in social, economic, and political activities.

The women of the present generation have received higher education than the women of their preceding generation. There have been far-reaching consequences in the economic status of their families.

Role of women in the society

- The modern women are inclined towards the social issues and trying hard to improve the social status of women at large.
- Increased awareness and education have inspired women to come out of the four walls of the home.
- Many women actively supported and participated in the nationalist movement and secured prominent positions and offices in administration and public life in free India.
- Traditionally Indian women exist because of the family and for the family.
- Just like their man counterpart, women are also fond of attending social functions and value her social life quite a lot.
- Previously, men-folk used to discourage women from leaving their households for attending social functions. Now the spread of education, especially that of women, and with that, the changing social attitudes of educated women have changed the order.
- The modern woman has started caring for her health, figure, cultural needs, and interests, academic pursuits, social intercourse, religious activities recreational needs, etc.

Role of women as a wife

- Woman as a wife enjoyed a status ideally almost equally to that of her husband and performed both social as well as biological functions.
- Even today, the Indian girls are still brought up on models portraying selflessness, self-denial, and sacrifice.
- The desire for mutual affection and love is beginning to appear in their conception of their relationship with their husbands.

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- The husband-wife relationship has become more equalitarian in character and much more companionable. More freedom of choice in marriage is thus an accompaniment to the change in the form of the family.

Role of women in politics

- Education of women has not only helped them to become aware of the political problems, but they are gradually becoming active participants in the political life.
- Some are enrolling themselves as members of political parties, attending party meetings, conventions, and carrying out political programs.
- Some women are attaining the influential political stature of their own and have become instrumental in shaping the public opinion for the betterment of women's conditions in society.

Role of women in socio-economic activities

- The woman in modern times is entering into certain new fields that were unknown to the woman's sphere of role-sets. These are the woman's participation in economic, political, and social life.
- The modern woman keenly desires to enter into a work career because of the pressing economic needs of the family.
- In middle-class families, much emphasis given to the maintenance of high standard of living. To fulfill the economic requirements of the family and to achieve the higher standard of living the woman participates in economic activities.

Role of women in marriage

- Most women, even the educated, regard marriage as a matter of parental choice.
- Many young girls of the middle and upper classes educated to (or "intending to") marriage rather than to careers.
- Many girls enter into careers apparently not because they want them, but because there is nothing else to be done until their parents find them husbands.

Role of women at Universal on their equality

Women's equality regarding education, employment, and power is still an individual rather than a universal achievement. The majority of our women are still content to accept an inferior status. It is by, and largely because, although legally women have equal rights with men, there are not enough jobs for women and working women not adequately protected from exploitation.

Less awareness of their legal status

The women have not aware of the provision related to improvement on their position. There are so many rights for the women provision, and they

know it perfectly their rights of succession, marriage, or family. But they do not involve in this provision just because they do not have any desire.

There are many families who restricts to the women for their rights and enjoyment. The reason is they have rights for the traditional dominance of the authority of the male, husband, and other elder members of the family.

Most of the women have suffering from the traditional dominance and they not raising his voice for against it, rarely women are raising his voice against the traditional dominance.

Status of Women in India

There have been innumerable debates about gender in India over the years. Much of it includes women's positing in society, their education, health, economic position, gender equality etc. While on one hand, India has seen an increased percentage of literacy among women, and women are now entering professional fields, the practices of female infanticide, poor health conditions and lack of education still persisting still continue. Even the patriarchal ideology of the home being a woman's 'real domain' and marriage being her ultimate destiny hasn't changed much. The matrimonial advertisements, demanding girls of the same caste, with fair skin and slim figure, or the much-criticized fair and lovely ads, are indicators of the slow changing social mores. If one looks at the status of women then and now, one has to look at two sides of the coin; one side which is promising, and one side which is bleak.

The sex ratio of women at this time was slightly better than what it is today, standing at 945 females per 1000 males. Yet the condition of women screamed a different reality. The national female literacy rate was an alarmingly low 8.6%. The Gross Enrolment Ratio (GER) for girls was 24.8% at primary level and 4.6% at the upper primary level (in the 11-14 years age group). There existed insoluble social and cultural barriers to education of women and access to organized schooling.

Today, the modern woman is so deft and self-sufficient that she can be easily called a superwoman, juggling many fronts single-handedly. Women are now fiercely ambitious and are proving their metal not only on the home front, but also in their respective professions. Women in Indian are coming up in all spheres of life. They are joining the universities and colleges in large numbers. They are entering into all kinds of professions like engineering, medicine, politics, teaching, etc. A nation's progress and prosperity can be judged by the way it treats its women folk. There is a slow and steady awareness regarding giving the women their dues, and not mistreating them, seeing them as objects of possession. Despite progress, the very fact that women, along with being achievers, also are expected to fulfill their roles as wives or mothers, prioritizing home against anything else.

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1.5 ROLE DIFFERENCES OF WOMEN

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Women are the pioneers of nation. Indian culture attaches great importance to women, comprising half of world's population. According to a report of secretary general of United Nations, women constitute 50% of human resources, the greatest human resource next only to man having great potentiality.

Women are the key to sustainable development and quality of life in the family. The varieties of role the women assume in the family are those of wife, leader, administrator, manager of family income and last but not the least important the mother.

1. As a wife:

Woman is man's helpmate, partner and comrade. She sacrifices her personal pleasure and ambitions, sets standard of morality, relieves stress and strain, tension of husband, maintains peace and order in the household. Thereby she creates necessary environment for her male partner to think more about the economic upliftment of family. She is the source of inspiration to man for high endeavour and worth achievements in life. She stands by him in all the crises as well as she shares with him all successes and attainments. She is the person to whom he turns for love, sympathy, understanding, comfort and recognition. She is the symbol of purity, faithfulness and submission and devotion to her husband.

2. As an Administrator and Leader of the Household:

A well-ordered disciplined household is essential to normal family life. The woman in the family assumes this function. She is the chief executive of an enterprise. She assigns duties among family members according to their interest and abilities and provides resources in-term of equipment and materials to accomplish the job.

She plays a key role in the preparation and serving of meals, selection and care of clothing, laundering, furnishing and maintenance of the house. As an administrator, she organizes various social functions in the family for social development. She also acts as a director of recreation. She plans various recreational activities to meet the needs of young and old members of the family.

3. As a Manager of Family Income:

Woman acts as the humble manager of the family income. It is her responsibility to secure maximum return from every pye spent. She always prefers to prepare a surplus budget instead of a deficit budget. She is very calculating loss and gain while spending money. She distributes judiciously the income on different heads such as necessities, comforts and luxuries. The woman in the family also contributes to the family income through her own earning within or outside the home. She has positive contribution to the family

income by the work. She herself performs in the home and uses waste products for productive purposes.

4. As a Mother:

The whole burden of child bearing and greater part of child rearing task are carried out by the woman in the family. She is primarily responsible for the child's habit of self-control, orderliness, industriousness, theft or honesty. Her contacts with the child during the most formative period of his development sets up his behaviour pattern. She is thus responsible for the maintenance of utmost discipline in the family.

She is the first teacher of the child. She transmits social heritage to the child. It is from mother that the child learns the laws of the race, the manner of men, moral code and ideals. The mother, because of her intimate and sustained contact with the child, she is able to discover and nurture child's special traits aptitudes and attitudes which subsequently play a key role in the shaping of his personality.

As a mother she is the family health officer. She is very much concerned about the physical wellbeing of every member of the family, the helpless infant, the sickly child, the adolescent youth, senescent parent. She organizes the home and its activities in such a way so that each member of the family has proper food, adequate sleep and sufficient recreation. She made the home a place of quite comfortable and appropriate setting for the children through her talent. Besides, she cultivates taste in interior design and arrangement, so that the home becomes an inviting, restful and cheerful place.

The mother is the central personality of the home and the family circle. All the members turn to her for sympathy, understanding and recognition. Woman devotes her time, labour and thought for the welfare of the members of the family. For the unity of interacting personalities, man provides the temple woman provides the ceremonies and the atmosphere.

The woman performs the role of wife, partner, organizer, administrator, director, re-creator, disburser, economist, mother, disciplinarian, teacher, health officer, artist and queen in the family at the same time. Apart from it, woman plays a key role in the socio-economic development of the society.

1.5.1 In Joint Family

The joint family is an ancient Indian institution, but it has undergone some change in the late twentieth century. Although several generations living together is the ideal, actual living arrangements vary widely depending on region, social status, and economic circumstance. Many Indians live in joint families that deviate in various ways from the ideal, and many live in nuclear families--a couple with their unmarried children--as is the most common

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pattern in the West. However, even where the ideal joint family is seldom found (as, for example, in certain regions and among impoverished agricultural laborers and urban squatters), there are often strong networks of kinship ties through which economic assistance and other benefits are obtained. Not infrequently, clusters of relatives live very near each other, easily available to respond to the give and take of kinship obligations. Even when relatives cannot actually live in close proximity, they typically maintain strong bonds of kinship and attempt to provide each other with economic help, emotional support, and other benefits.

As joint families grow ever larger, they inevitably divide into smaller units, passing through a predictable cycle over time. The breakup of a joint family into smaller units does not necessarily represent the rejection of the joint family ideal. Rather, it is usually a response to a variety of conditions, including the need for some members to move from village to city, or from one city to another to take advantage of employment opportunities. Splitting of the family is often blamed on quarrelling women--typically, the wives of co resident brothers. Although women's disputes may, in fact, lead to family division, men's disagreements do so as well. Despite cultural ideals of brotherly harmony, adult brothers frequently quarrel over land and other matters, leading them to decide to live under separate roofs and divide their property. Frequently, a large joint family divides after the demise of elderly parents, when there is no longer a single authority figure to hold the family factions together. After division, each new residential unit, in its turn, usually becomes joint when sons of the family marry and bring their wives to live in the family home.

1.5.2 In Nuclear Family

The young wife is pressed into service as the most subordinate member of her husband's family. New brides often must sit apart from the family in deference to her mother-in-law. If any misfortunes happen to befall her a final family after her arrival, the new wife may be blamed as the bearer of bad luck. Not surprisingly, some young women find adjusting to these new circumstances extremely upsetting. A small percentage experience psychological distress so severe that they seem to be possessed by outspoken ghosts and spirits.

By producing children, especially highly valued sons, and, ultimately, becoming a mother-in-law herself, a woman gradually improves her position within the conjugal household. In motherhood the married woman finds social approval, economic security, and emotional satisfaction.

In a traditional Indian household women are expected to serve their husbands. All a man has to say is "get some water," seeming to speak to no one in particular and one of the veiled women in his household will get it. The water cannot be given directly to the man as this violates Hindu customs about pollution; it must be laid down in a place where he can fetch it. Men cannot ask other men about their wives or enter a courtyard unannounced out of fear of surprising an unveiled woman.

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The worst years for a woman are when she is a new bride. As she gets older and her position in the household is improved, she gains more freedom and privileges and can order the younger people in the household around. It is not surprising that young brides look forward to trips back home. Sometimes they stay away for three or four months.

1.6 POSITION OF WOMEN IN INDIA

The government of India in 1990 established a National Commission to step up the status of women. The commission focused its activities towards acting as a watch dog and not as a blood hound by monitoring the constitutional and legal safeguards provided for women. The commission also probes into complaints made by women and takes suo-moto action to solve them. The commission also is empowered with the powers of a civil court when investigation certain matters like:

- Summarizing and enforcing attendance of any person and examining him on Oath.
- On discovery and production of document for evidence.
- For taking evidence on affidavits.
- Commission for examining witness and records.

But whatever legislations passed and how much ever commission and committees set forth for protection of women rights and women equality, presently women continue to suffer from inequalities on a large scale. Working women harassment in working places has not reduced. Sexual comments and non-violent sexual contacts to violent sexual contacts to violent sexual abuses still prevail. Exploitation in various forms, torture and harassment – both physical and mental continue to take place. Coercions and physical force are used against women. Glass ceiling syndrome is still prevalent among women employees in employment sectors. Only ten percent of women's participation is observed in Assembly and parliament representation and the literacy rate of female is only fifty percent of male literacy but however this trends slowly improving. Death rates are higher in case of female children particularly in villages due to the negligent attitudes of the parents. Abortion rates have enhanced after identifying through scan when the fetus female babies. With all these disparities, the country and the world are still strived hard to eliminate discrimination among men and women.

1.6.1 In Tribal Area

The tribal women, constitute like any other social group, about half of the total population. The tribal women, as women in all social groups, are more illiterate than men. Like others social groups, the tribal women share problems related to reproductive health. When primary and secondary subsistence activities are counted, women work more than men. Status of women varies in different societies. The tribal women work very hard, in some cases even more than the men. All the tribal societies in the study area are patriarchal in which men dominate in public sector. However, in their own world women have a freedom, and a self-expression. With the onset of

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development programmes economic changes are taking place but tribal women remain traditional in their dress, language, tools and resources, because they grow food crops rather than cash crops. Modernisation is bringing changes, which affect men and women differently. India as a whole is characterised by sharp gender disparities, although women's status varies considerably by region.

On virtually all frontiers of human societal pursuits-economic, educational, scientific, legal, political, official, political and religious sphere Indian women suffer profoundly. For all time there are socio-cultural factors, which validate for the status of women in particular society. It is always culture (a set of collective experiences of ideas, norms, values and beliefs associated with a people) with its gender role inequalities and socialisation (the intricate process through which culture is transmitted from one generation to another) determines the position of women in a society. Gender roles are socially constructed. The family structure in India is patriarchal, patrilocal and patrilineal. Patriarchy denotes a culture of power relationship that promotes man's supremacy and women subjugation. It encompasses institutional endorsement of man's ascendancy within the family and other social structures. It justifies the normative process pertaining to the recognition and sustainability of his dominance in society. Consequently, a boy is looked upon as the perpetuator of the family line, and a girl 'a bird of passage'.

The Indian family organisation makes discrimination between the sexes. It promotes a hierarchy of classification in which man centered issues take dominance where as women derive their personalities from their fathers', husbands', brothers' and sons. With a secondary status, women play but a submissive role in social life. Despite several economic, political and social changes, women, are still far behind. One of the most unflattering statistics concerning India's girl child shows that the preference for a son runs across rich as well as poor households, educated as well as illiterate families. Widespread use of modern technology, a joint failure of medical ethics and failure to shed concept of a male heir has pushed female foeticide to high proportions. Female foeticide is just one side of the vast anti-women behavioural range in India. The tragedy is that even women, who have the choice, opt for a male child. They feel that only with a birth of a son, they will achieve higher status.

1.6.2 In Rural Area

Rural women in India are less literate than rural men. There is a negative attitude of the family towards educating the girl child. Moreover, lack of separate toilets for girls in schools, lack of security while travelling from home to school, lack of female teachers in schools, elder 3 sister's responsibility to look after the younger siblings when both the parents have to work to meet both ends, are some of the reasons behind the high drop-out rate of girls from schools. Primary education is free, but parents are not interested to send them to school. Right to Education has been passed by the Parliament, but it is still far when the right will be a reality. Mid-day meal scheme has

been formulated in order to attract the small children to school. However, this scheme received set-backs when many school children died after consuming food from the school kitchen.

Majority of rural Indian women do not have the right to choose their partner. It is always decided by the family elders and the marriage is arranged with an endogamous group, where caste plays a very important role. If the girl wishes to marry someone from other caste or tribe, the traditional leaders of the villages oppose. In states like Haryana, there are Khap Panchayats, or traditional village elders who provide punishments to both the adult girls and boys of the same village and caste, who falls in love and marries. According to the Khap leaders, marrying someone within the village or caste is equal to marrying a sibling. They act as kangaroo courts and punish them even by awarding deaths. In many cases, the brutality of such crimes is not even opposed by the parents. Such is the power of these Khap Panchayats that the elected Members from these constituencies do not oppose them for fear of losing the vote bank in the area.

Majority of rural women suffer not only from economic poverty but also from 'information poverty'. Rural women are vital and productive workers in India's national economy. There is statistical bias in under estimating the role of rural women in development. Women work for longer hours than men and contribute substantially to family income, they are not perceived as productive workers. (Pankajam and Lalitha, 2005) They are silent workers who are struggling to complete her household duties from dawn to dusk. But, still, in the family, many a times, she is criticized for not being sincere in her job. If the family members had to pay for the whole household work and the free labour she provides in the small agricultural land of the rural families, then her real worth could have been realized. She does this day-in and day-out with compromising the family interest, but in very few families, she gets the respect which she should get.

1.6.3 In Urban Area

Status of women in urban areas is higher than that of women in rural areas. Urban women are comparatively more educated and liberal. Against 25.1 per cent literate women in rural areas, there are 54 per cent literate women in urban areas according to the census of 1991. Some of them are working too. (16.5% urban women belonged to the labour force in 1993- 94; Manpower Profile, India, 1998:129). As such, they are not only aware of their economic, social and political rights but they also use these rights to save themselves from being humiliated and exploited. The average age of girls at marriage in cities is also higher than the corresponding age in villages.

However, in the labour market, women are still in a disadvantaged situation. The labour market discriminates against women and is opposed to equality of opportunity understood in a comprehensive sense to include equality of employment, training and promotional opportunities.

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1.7 LET US SUM UP

In this unit we have reviewed the profile of women in Indian society from the past to the near present times. In hunting and gathering societies women had more of an equal role compared to men. With settled agriculture, women's subordination began and they lost all control over their lives.

The Rig Vedic society treated women better than the later period. The modern times are marked by two movements of social reform and the freedom struggle that changed the sphere of women. The social reformers held women's issues central. The legislation on abolition of Sati, widow-remarriage, etc improved their state in society. Due to Gandhi's vision, the freedom struggle witnessed direct participation of women. Women took part in the Civil Disobedience movement in much larger numbers than in the non-cooperation movement. This indicated the beginning of the struggle for their rights.

1.8 UNIT – END EXERCISES

1. What are the changing roles of Women?
2. Describe the position of Women in India.

1.9 ANSWERS TO CHECK YOUR PROGRESS

A woman's status and role traditionally are well defined and almost fixed in the society. A woman performs the role of wife, partner, organizer, administrator, director, re-creator, disburser, economist, mother, disciplinarian, teacher, health officer, artist and queen in the family.

Apart from this, woman plays a key role in the socio-economic development of the society. Education of women has not only helped them to become aware of the political problems, but also has made them gradually active participants in the political life.

Women in India continue to suffer from inequalities on a large scale. Exploitation in various forms, torture and harassment – both physical and mental continue to take place. Only ten percent of women's participation is observed in Assembly and parliament representation.

Rural women are vital and productive workers in India's national economy. But there is statistical bias in under estimating the role of rural women in development.

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UNIT II - STATUS OF WOMEN

Structure

- 2.1 Introduction
 - 2.2 Objectives
 - 2.3 Status of Women
 - 2.3.1 In Health
 - 2.3.2 In Education
 - 2.3.3 In Employment
 - 2.3.4 In Politics
 - 2.4 Let us sum up
 - 2.5 Unit – End Exercises
 - 2.6 Answers to Check Your Progress
 - 2.7 Suggested Readings
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2.1 INTRODUCTION

Women constitute almost half of India's population. Still their status in society remains unequal compared to men. In the domains of education, health, economy and politics women face inequality. The Gender-related Development Index (GDI), introduced in the Human Development Report (HDR) 1995, captures inequalities in achievement between women and men. It is based on indicators like living a long and healthy life (measured by life expectancy); being educated (measured by adult literacy and enrolment at the primary, secondary and tertiary level); and having a decent standard of living (measured by purchasing power parity, PPP, income). India's GDI value is 0.600 and its HDI value is 0.619. Its GDI value is 96.9 percent of its HDI value. Out of the 156 countries with both HDI and GDI values, 137 countries have a better ratio than India. The greater the gender disparity in basic human development, the lower is a country's GDI relative to its HDI. Another measure, the gender empowerment measure (GEM) focuses on agency of women. It evaluates progress in promoting women's participation in economic, political and professional fields. While the GDI focuses on expansion of capabilities, the GEM is concerned with the use of those capabilities to take advantage of the opportunities of life. Among 116 countries, the GEM value for India is 0.226 which is much below countries like Sweden (0.757) and Norway (0.752) who rank at the top (HDR 2007-08).

The deprivation and subordination that women suffer necessitates critical analysis of their situation in India. We have to locate the structural disadvantages that women face and find out the path of redress. The discriminatory practices that are a product of patriarchy and which also perpetuate it have to be examined. Such a review will help in bringing about a change in women's status, only then can we plan interventions. For social work professionals, women are an important segment and social action needs to target them, empowering them, enabling them to assert their rights thus helping them become agents of change.

2.2 OBJECTIVES

This Unit will enable you to assess the status of women in Indian society. After studying this Unit, you should be able to:

- analyze women's position in society using a conceptual framework;
 - discuss the status of women in India with regard to various indicators—demographic, social and economic;
 - describe in brief the recommendations and suggestions to empower women.
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2.3 STATUS OF WOMEN

Women in India slowly started recognizing their true potential. They have started questioning the rules laid down for them by the society. As a result, they have started breaking barriers and earned a respectable position in the world. Today Indian women have excelled in each and every field from social work to visiting space station. There is no arena, which remains unconquered by Indian women. Whether it is politics, sports, entertainment, literature, technology everywhere, its women power all along.

It is important to understand the concept of status with reference to women in India, before we discuss different aspects of their status in society. According to the Committee on the Status of Women in India (CSWI) (1974), status denotes position in a social system or sub-system distinct from or related to other positions through its allotted rights and obligations. It does not suggest rank or hierarchy but position in relation to others with respect to rights and obligations. A status position in a structure connotes superiority and inferiority (that is with regard to power, privileges, advantages and disadvantages). Thus status is linked with comparison and grading. The status position is defined in terms of a role. Role suggests expectation and obligation associated with a status position within a group or social situation.

Each individual in society occupies many statuses and thus plays various roles. Thus, around each status position there is a role-set. It is important to distinguish between ideal role behaviour, expected role behavior and actual role behaviour. With change, these three aspects of roles are also affected. As individuals play multiple roles, the way role is perceived also changes. Changes in actual role behaviour affect expected role behaviour which in turn changes ideal role behaviour. There are expectations of others and conflict between various roles that an individual has to perform. This applies to women in India especially. The institutionalized inequalities need to be seen when comparing women with men since the differences in their status shape inter-personal relations in society.

A scripture status with regard to gender exists universally. There are also differences with regard to the achievement status that women acquire. A woman possesses multiple statuses and plays many roles like in the kinship system, family system and the larger social system. Her status is based on the composite status resulting from the coming together of different statuses. How

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conscious she is of her status is also to be seen. It would be important to analyze the roles that she plays in order to assess the status of a woman (CSWI 1974).

Today names like Arundhati Roy, Anita Desai, Kiran Desai, Shobhaa De, Jhumpa Lahiri can put any other writer to shame. In the field of cinema, women like Rekha, Smita Patil, Shabana Aazmi and Vidya Balan and Konkona Sen are such names who don't play feminised roles, but have asserted themselves over this male-dominated realm. In the field of Politics, from Indira Gandhi to Shiela Dixit, Uma Bharti, Jayalalithaa, Vasundhara Raje and Mamata Banerjee today, women are making their presence felt.

Profile of Indian Women

Education

- Female literacy rate (2001): 54.16 percent

Sex Ratio

- Sex ratio in 2001: 933;
- Sex ratio (0-6) in 2001: 927;
- Mean age at marriage: 19.3 years;
- Marriage before 18 years: 20.3 percent for rural and 7.4 percent for urban and
- 8.3 percent of fertility contributed by mothers below 19 years of age

Life Expectation at Birth

- Life expectation of female population is 63.7 percent (2003), higher than the male life expectancy

Infant Mortality Rate (IMR)

- IMR in 1978 was 131, which has declined to 70 in 2001

Child Mortality Rate (CMR)

- CMR in 1970 was 55.1 which has declined to 24.5 in 1997

Maternal Mortality Rate (MMR)

- MMR has shown an improving trend, from 468 in 1980 to 408 in 2000.

Morbidity: Major diseases of women include Anaemia, Reproductive Tract Infections

(RTI) and Sexually Transmitted Diseases (STDs)

Employment and Work

- Almost 84.7 percent rural women are engaged in agriculture, dairy, animal husbandry, fisheries, social and agro-forestry, cottage industry, sericulture, handlooms and handicrafts;
- About 44.24 percent women are engaged as agricultural labourers, as against 34.57 percent women as cultivators;
- 87 percent of working women are engaged in primary sector, 4 percent in secondary sector and 8 percent in tertiary sector;
- Female Work Participation Rate (FWPR) has increased from 14.2 percent in 1971

- to 22.3 percent in 1991;
- Increasing trend in the casualization of the rural women's workforce from 31.4 percent in 1972 to 40.9 percent in 1997;
- In organized sector, women's participation rate is 15.9 percent in 1997 and;
- In public sector, women constituted 13.8 percent of the total workforce in 1997 and
- 13.9 percent women were employed in Government in 1997.

Political Participation

- Voting pattern indicates increasing trend in women voters, reducing the difference in participation levels of males and females from 15.9 percent in 1952 to 9.0 percent in 2004;
- Almost 31.3 percent women representatives in Panchayati Raj Institutions in 2001;
- About 5.6 percent women representatives in the legislative assemblies in 2000;
- Almost 8.4 percent women representatives in the Parliament in 2000; and
- 10.9 percent women at ministerial level in the Central Council of Ministries in 2000.

Administrative Participation

- Women IAS officers constituted 10.4 percent of the total IAS workforce in 2000 and
- Women IPS officers constituted 3.4 percent of the total IPS workforce in 2000.

(Source: Kaushik, P. D. (2007): pp.7-8, p.22)

2.3.1 In Health

India is one of the largest third world countries where females are considered as disadvantaged sections, demographically, socially, culturally and economically. Women are described as the most vulnerable group exposed to various adversities of life. Females experience more episodes of illness than males and are less likely to receive medical treatment before the illness is well advanced. Disease burden per 1000 population in India is much more on women than men. In India, the problems of health hazards are guided by religious beliefs, dogmas and practices. These practices have pervaded the life of an average Indian. In India, it is found that the poor are the worst affected by epidemics and contagious diseases while the upper classes suffer from heart diseases, blood pressure and other sophisticated diseases.

The average Indian suffers from protein deficiency, caused by insufficient intake of food, particularly by growing children and lactating mothers. The roots of the poor health situation of the population lie in the neglect of women in the society. Women from their early childhood are trained to accept pain and suffering as part of their lives. This has developed a

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culture of silence, which has led to women neglecting their health and not taking any treatment if they have health problems. Indifference of the members of the family as well as of the society to the problems of women aggravates the consequence of the neglect.

It has been suggested that the health and nutritional status of Indian women becoming worse due to the prevailing culture and traditional practices in India. Indian women are generally vulnerable to poor nutrition, especially during pregnancy and lactation. It has been pointed out that the impact of nutritional status of the mother is more pervasive than the impact of other factors on birth weight. It has been observed that the dietary intake of rural pregnant women was lower than the recommended level. Usually low weight infants are born to mothers with under nutrition and poor health. The incidence of anaemia was found to be highest among lactating women followed by pregnant women and adolescent girls. Epidemiological studies pointed out that worldwide 50 percent of all pregnant women are anaemic, and at least 120million women in less developed countries are underweight.

In South Asia, an estimated 60 percent of women are underweight and pregnant adolescents, especially who are underweight, are at greater risk of various complications such as obstructed labour and other obstetric complication. Unawareness on health care during pregnancy thus results in negative outcomes for both the mother and the child. Right and proper education to the mothers had a significant influence on their nutritional status and their health. The definitive steps should be taken to educate women about the importance of health care for ensuring health pregnancies and safe childbirths.

2.3.2 In Education

Women's education in India plays a very important role in the overall development of the country. It not only helps in the development of half of the human resources, but in improving the quality of life at home and outside. Educated women not only tend to promote education of their girl children, but also can provide better guidance to all their children. Moreover educated women can also help in the reduction of infant mortality rate and growth of the population. Even if a woman is employed, she may not have control over the money she earns, though this money often plays an important role in the maintenance of the household. In Indian culture women are expected to devote virtually all of their time, energy, and earnings to their family. Men, on the other hand, are expected to spend time and at least some of their earnings on activities outside the household. Research has shown that women contribute a higher share of their earnings to the family and are less likely to spend it on themselves. Research has suggested that as the share of the family income contributed by woman increases, so does the likelihood that she will manage this income.

In the Vedic period women had access to education in India, they had gradually lost this right. However, in the British period there was revival of

interest in women's education in India. During this period, various socio-religious movements led by eminent persons like Raja Ram Mohan Roy, Iswar Chandra Vidyasagar emphasized on women's education in India. Mahatma Jyotiba Phule, Periyar and Baba Saheb Ambedkar were leaders of the lower castes in India who took various initiatives to make education available to the women of India. However women's education got a fillip after the country got independence in 1947 and the government has taken various measures to provide education to all Indian women. As a result women's literacy rate has grown over the three decades and the growth of female literacy has in fact been higher than that of male literacy rate. While in 1971 only 22 percent of Indian women were literate, by the end of 2001, 54.16 percent female were literate and 65.46 per cent in 2011. The growth of female literacy rate is 14.87 percent as compared to 11.72 percent of that of male literacy rate.

2.3.3 In Employment

India is the first among countries to give women equal franchise and has a highly credible record with regard to the enactment of laws to protect and promote the interests of women, but women continue to be denied economic, social and legal rights and privileges. Though they are considered to be equal partners in progress, yet they remain subjected to repression, marginalization and exploitation. It has been advocated by many researchers that independent earning opportunities reduce the economic dependence of woman on men and increase her bargaining power in the family. This bargaining power depends on the nature of work she is employed in.

But the income earning activities increase the workload of a woman unless the man accepts an increased share in domestic work. Since globalization is introducing technological inputs, women are being marginalized in economic activities, men traditionally being offered new scopes of learning and training. Consequently, female workers are joining the informal sector or casual labor force more than ever before.

Since Indian culture hinders women's access to jobs in stores, factories, and the public sector, the informal sector is particularly important for women. More women may be involved in undocumented or "disguised" wage work than in the formal labor force. There are estimates that over 90 percent of workingwomen are involved in the informal sector and not included in, official statistics.

The informal sector includes jobs such as domestic servant, small trader, artisan, or field laborer on a family farm. Most of these jobs are unskilled and low paying and do not provide benefits to the worker. The Economic Survey 2017-18 mentions an Organization of Economic Cooperation and Development (OECD) analysis that indicates that the proportion of women who work has steadily reduced over time, from 36 percent to 24 percent in a decade, (when examined in 2015-16) signaling a decline of 33.3 percent in Female Labour Force Participation (FLFP) in ten

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years. It also showed that the gender gap in Labour Force Participation Rate (LFPR) is more than 50 percentage points in India. This gender gap is visible in the plot for Median Earnings as well. As the Survey Report notes, women workers often constitute the most vulnerable of the workforce as they are “employed in the least secure, informal, unskilled jobs, engaged in low-productivity and low-paying work”.

These data are reported by local employment offices that register the number of people looking for work. Researchers have estimated that female agricultural laborers were usually paid 40 to 60 percent of the male wage. Even when women occupy similar positions and have similar educational levels, they earn just 80 percent of what men do, though this is better than in most developing countries. The public sector hires a greater share of women than does the private sector, but wages in the public sector are less egalitarian despite laws requiring equal pay for equal work.

There is evidence that suggests that technological progress sometimes has a negative impact on women's employment opportunities. When a new technology is introduced to automate specific manual labor, women may lose their jobs because they are often responsible for the manual duties. For instance, one village irrigated its fields through a bucket system in which women were very active. When the village replaced the manual irrigation system with a tube well irrigation system, women lost their jobs. Many other examples exist where manual tasks such as wheat grinding and weeding are replaced by wheat grinding machines, herbicides, and other modern technologies.

2.3.4 In Politics

Politics, understood as the art or science of governance, has mostly kept women out of its sphere in India. Even within the four walls of the house which is largely referred to as the private realm, women seldom enjoy decision-making power on important matters. As per NFHS-3, at all India level, only 52.5 per cent of currently married women participate in household decisions. It was believed for a long time that politics being in the public domain is out of reach of women and is not in any way related to their lives spent wholly in the private realm. Now this view stands challenged. Politics is just not ‘out there’. It also exists in social relationships concerning power or authority. The New Delhi Document on Women in Development (1985) states that women are increasingly participating in informal political activity by advocating for their rights as citizens. Yet they scarcely participate in formal political activity. 1951 onwards women have taken part in the formal political process in the form of voters, party workers, candidates contesting elections, legislators and ministers making policies (Desai and Thakkar 2003). In 2004, 47.95 per cent of the total electors were females. Since 1952 when they constituted 37.1 per cent of the total voters, this is definitely an increase though not so remarkable.

Another important concern is whether political parties involve women in the political process. Desai and Thakkar (2003) state that after the International Women's Year 1975 and UN Decade for Women 1975-85, a change was noticed in the approach of the political parties whereby they started to at least voice women's concerns. This was visible in the elections of 1989. It is interesting to note that women barely find an existence in the decision-making bodies of political parties.

A few women leaders who have become party president or leaders in the legislative parties are Indira Gandhi and Sonia Gandhi (Congress), Mrinal Gore (Janata Party), Gita Mukherjee (CPI), Vrinda Karat (CPI-M), Vijaye Raje Scindia and Sushma Swaraj (BJP), Mamata Banerjee (Trinamool Congress), Mayawati (Bahujan Samaj Party), Jayalalitha (AIADMK), and Jaya Jaitley (Samata Party). Political parties have been promising 33 per cent reservation for women in Parliament and State Legislatures. Yet they have not fielded women candidates in that ratio. In the 13th Lok Sabha, out of 277 women contestants only 47 won. 14 candidates won out of 50 candidates fielded by the Congress, 15 won of the 54 candidates fielded by BJP, from Telugu Desam Party three women won and from Shiv Sena only one (Desai and Thakkar 2003). Presently, women elected members constitute 8.6 per cent of the total in the Lok Sabha and 10 per cent of the total in the Rajya Sabha. As on 9/1/2007, women members constitute only 9.07 percent of the National Parliament.

The 73rd and 74th Constitution Amendment Act 1993 guarantees women 33 per cent reservation in local self-government institutions. Around 12 lakh (1.2 million) women have been elected to the Panchayati Raj institutions constituting 37 per cent of all those elected (Aiyar 2007). This shows large-scale participation of women in the democratic process. The Women's Reservation Bill demanding 33 per cent reservation for women in Parliament and State legislatures is pending.

2.4 LET US SUM UP

By now, you must have got a comprehensive understanding of women's status in our society. Gender bias is pervasive in our society and is not held by men alone but also by women. On a good note, the life expectancy of women is higher than that of men. However, low sex ratio and literacy rates show how underprivileged women are. Media, both print and electronic, downgrades women by portraying them in gender stereotypical roles of wives, daughters, sisters and mothers. Their professional roles get scarce coverage. When it comes to decision-making within the family or outside, men overpower women. In political institutions, women have just started to make an appearance and it is far from fulfillment of their goals. Similarly, in the economic sphere, women's work, monetary or otherwise, goes unrecognized. However, when men work it is treated of worth both in social and economic ways. The structure of patriarchy through its various practices and processes has kept the status of women inferior in society. Women, as you know, are not

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a homogenous group. Caste, class and ethnicity determine their degree of deprivation. You have come to know about their low status vis-à-vis men in education, health, politics and economy. As social health professionals, such a review would help you gauge the status of women and carry out interventions for them.

2.5 UNIT – END EXERCISES

1. What is the status of women at present in terms of Employment?

2.6 ANSWERS TO CHECK YOUR PROGRESS

Women though considered to be equal partners in progress at present, yet they remain subjected to repression, marginalization and exploitation.

It is found that women may be involved in undocumented or "disguised" wage work than in the formal labor force. The informal sector includes jobs such as domestic servant, small trader, artisan, or field laborer on a family farm. Most of these jobs are unskilled and low paying and do not provide benefits to the worker.

The Economic Survey 2017-18 mentions an Organization of Economic Cooperation and Development (OECD) analysis that indicates that the proportion of women who work has steadily reduced over time, from 36 percent to 24 percent in a decade, (when examined in 2015-16) signaling a decline of 33.3 percent in Female Labour Force Participation (FLFP) in ten years

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UNIT III - PROBLEMS OF WOMEN

Structure

- 3.1 Introduction
- 3.2 Objectives
- 3.3 Major Problems of Women
 - 3.3.1 Gender Bias
 - 3.3.2 Child Marriage
 - 3.3.3 Dowry
 - 3.3.4 Widowhood
 - 3.3.5 Desertion
 - 3.3.6 Divorce
 - 3.3.7 Destitution
 - 3.3.8 Educational Backwardness
 - 3.3.9 Discrimination in Employment
- 3.4 Let us sum up
- 3.5 Unit – End Exercises
- 3.6 Answers to Check Your Progress
- 3.7 Suggested Readings

3.1 INTRODUCTION

Certain population groups have traditionally encountered discrimination on the basis of gender, national origin, ethnicity, age or other types of classification. In addition, some of these population groups require special attention to avoid potential exploitation. In virtually all societies, women encounter an array of obstacles in obtaining many of the same rights and benefits as those held by men. For instance, those who hold political and economic power are more likely to be male than female. The male domination of power thus tends to omit a woman's perspective on particular issues, which can often lead to discriminatory results. The realities of age and disabilities create vulnerable groups as well. Certain Governments are aware of the increased likelihood of oppression or exploitation and enact laws that focus on vulnerable groups.

“Although women and children comprise 75 percent of the world's population, they bear the brunt of human rights violation and endure some of the worst atrocities committed by men. In their most horrifying form, the litany of injustice includes various forms of physical, psycho-social, and sexual abuse, exploitation and homelessness as a result of wars precipitated by ill informed decisions and the practices of patriarchy. Perhaps the largest of the vulnerable populations encompasses women and the girl child. Historically, this population has encountered all types of discriminatory abuse.

3.2 OBJECTIVES

- To develop conceptual clarity on the notion of gender, patriarchy and women as a vulnerable group;

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- To explore the major problems of women in India.
- To visualize the subterranean linkages between gender and violence.

3.3 MAJOR PROBLEMS OF WOMEN

3.3.1 Gender Bias

In India, gender inequality exists in the field of nutrition, health and survival. The female-male ratio is low in India. However, it is not uniformly low in all the states of India. There are differences in female-male ratios between various states. It is especially low in North India, particularly North-Western states for instance 0.86 in Haryana, 0.87 in Punjab. While it is relatively high in South India, for example 0.99 in Tamil Nadu, 0.98 in Andhra Pradesh and 0.96 in Karnataka. In Kerala, the female-male ratio is quite above unity, it is 1.06 which is higher than many regions of the World except Eastern Europe. Dreze and Sen (2002) stated that the regional differences in female - male ratios depict the nature of gender relations in various parts of the country.

The North- Western states have unequal gender relations which are visible in practices of female seclusion, low female labour force participation rates, substantial gender gap in literacy rates, discrimination against women in property rights, son preference, and neglect of the girl child and sudden separation of married women from her natal family. In these dimensions, the status of South Indian women is better and this can be said for most of the Eastern region of India also. Kerala has a history of women being more liberated in society. It has a high female literacy rate. Women participate effectively in social and professional arenas and the practice of matrilineal is followed by a large section of the population. In order to counter gender inequality we need to focus on social and cultural factors rather than on economic resources, growth or prosperity.

The female-male ratio varies in different countries of the world. The social and cultural factors influence female-male ratio. Yet medical evidence suggests that if similar care is provided to women they have lower age - specific mortality rates than men (female foetus is less likely to be lost due to miscarriage than the male foetus). In Europe and North America with average ratios of around 1.05 more males rather than females taking birth (even at conception), women still exceed men. Unlike this, many nations in the developing world have female-male ratios below unity for example 0.98 in North Africa, 0.95 in West Asia, 0.95 in Bangladesh and 0.94 in China. In India and Pakistan, the female-male ratios are among the lowest in the world - around 0.93 in both. The relative neglect of health and wellbeing of women especially infant girls reduces their chances of survival compared to boys (Dreze and Sen 2002).

The female-male ratio in Sub-Saharan Africa or in Contemporary Europe as a standard makes us realize that there are many 'missing women' in India. The female - male ratio of Sub-Saharan Africa shows that there are many missing women in countries with low female-male ratio. For instance, in the case of India with female - male ratio of 0.93, there exists an overall

difference of nine percent (of the male population) between that ratio and the standard taken for comparison that is the Sub-Saharan African ratio of 1.022. This suggests that 37 million missing women were there in 1986, depicting a high degree of gender inequality in India and there are 100 million missing women in the world (Dreze and Sen 2002; Sen 2001).

3.3.2 Child Marriage

Child marriage still exists in our society. Women in the age group 18-29 years were asked about their age at marriage in National Family Health Survey (NFHS- 3). Though we have the Child Marriage Restraint Act, 1929 which prohibits marriage of girls below 18 years, yet the majority (53.4 per cent) of rural women (in the age-group 18-29 years) in India were married before they turned 18. In the following states, the percentages are much higher than the national level: Jharkhand 70 per cent, Bihar 69 per cent, Rajasthan 67 per cent, Andhra Pradesh 63 per cent, West Bengal 62 per cent, Madhya Pradesh 60 per cent and Uttar Pradesh 59 per cent. In the BIMARU (the demographically sick states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh) states, the figures are high.

Unlike this, the comparable figure for rural Kerala is 20 per cent and in Himachal Pradesh only 14 per cent. In Manipur it is 16 per cent and in Jammu and Kashmir 19 per cent. With regard to urban areas, the overall figure for women married before they turned 18 is 30 per cent, compared to 38 per cent in Bihar, 36 per cent in Rajasthan, 33 per cent in Jharkhand, 32 per cent in Uttar Pradesh and 33 per cent in West Bengal. In urban Andhra Pradesh, it is 43 per cent. Thus, Andhra Pradesh has a high incidence of child marriages in both rural and urban areas. In the urban areas of Jammu and Kashmir only 9 per cent girls were married before they turned 18, in Kerala 12 per cent, in Himachal Pradesh 14 per cent and in Uttaranchal 17 per cent. This shows that in the hilly states of Jammu and Kashmir, Himachal Pradesh and Uttaranchal, girls are not married off early. However, coastal Kerala has the best performance (Bose 2007).

3.3.3 Dowry

Dowry is the money, valuables, goods, estate or property which the bride party gives to the groom's party in exchange of marriage. Dowry system in India has its own background, initially, dowry was an institute in which gifts and presents were given to the girl at the time of her marriage by her parents. The element of compulsion on the part of bride's parents was absent in it. But over the past two centuries, it has undergone changes in its meaning and has an element of compulsion. Today, dowry means the property demanded by the boy's people according to what they think as the value of the boy, from the bride's people.

Accordingly, the bride's people as per the oral agreement, pays dowry either before marriage or at the time of marriage or after marriage is performed. Dowry, thus, has become the right of a groom and his parents. Dowry variations correspond to social-cultural variations in terms of caste,

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class, family, religion, region, ethnicity and values. Among the lower castes where bride-price system is prevalent or where patriarchal system of family is weak, dowry has not become a social problem. On the contrary, the practice of dowry has become a status symbol especially for the upper castes, agricultural castes and the dominant castes. There are dowry packages among the upper, agricultural and dominant sections of Indian society.

The rapid social changes in terms of industrialization, urbanization, new avenues of education, new employment opportunities, higher standard of living, and sanskritisation and soon have increased the incidence and the dimension and magnitude of dowry. Dowry amounts vary from thousands to crores of rupees. The items to be given and the entire arrangements to be made at the time of marriage are to be carried on in accordance with the wishes of bride-takers, the groom and his parents. Especially, the couple in urban areas demands only those items of dowry which are needed for their newly established household. Thus the dowry variations occur in relation to social structure, social change and changing cultural values. Marriage and family are universal and ubiquitous, Indian social system looks at these two social institutions from a distinct cultural angle compared to other societies. In India, *gruhasthasharam* (the stage of family-holder) is traditionally held as one of the four stages of life (ashramas) a man has to pass through in his lifetime. Among the four *purusharthas* (the cherished earnings of the individual in life) this stage is to be used for gaining material possessions (*artha*) and worldly pleasures (*Kama*) along with committing oneself to dutybound serene life (*Dharma*).

(i) Owing to historical reasons, the Indian linguistic tradition, following the foot prints of religious tradition, often echoes insulting expressions towards girls in the family. The old Tamil saying, for instance pronounces that “**daughters are plants growing in neighbouring courtyard**”. In a similar vein, a Kannada saying puts across that “*Hennu huttidare Honnu Huttidanthe*” (birth of a girl child is the gate way to miseries). In ancient period, the lawmakers of Indian social system- *Smritikaras*- had stipulated strict restriction on the womenfolk. A girl’s birth in the family was not greeted with happy expressions; rather she was received as a source of trouble.

(ii) While *Manu* is not the pioneer of Hindu religion nor is he the sole preacher of ancient Indian cultural values, he, on his part, has contributed to forming a restricted world of woman. *Manu*, being one of the early *smritikaras* of India, is being highlighted as an important representative of the system of Hindu jurisprudence.

It may be appropriate to present the historical position of women in ancient India albeit briefly. This is required because even in the modern times, both the society and the law refer to the ancient regulations and sayings to justify or nullify certain actions concerning social life. In recent years, women’s issues have figured prominently in such debates. The four *Vedas*, as known to us today, form the pioneering and most ancient texts of conduct for the Hindus. They, being the first and possibly the most important unwritten

traditional texts, do not seem to impose any severe restrictions on women in social life. In fact, *Vedas* do not advocate any unequal treatment between the males and the females because both are considered as vital limbs of the social system. There are repeated expressions like “wife is the basic commitment to one’s moral life” or “God, give us three sons and three daughters”, and the like demonstrate *Veda*’s high respect for the female in society.

The next in Hindu classical literary tradition were the Brahmanas, Upanishads, Bouddha literature, Sutras, followed by Smritis and Puranas. All along the path of traditional Hindu Society over the last 5000 years, and in line with traditional Hindu philosophy, the intellectual capacity of a woman in the family and society was recognised and encouraged at the philosophic level. The principles of equality as enshrined in *Saptapadi (seven auspicious steps with the life partner)* to be followed for the solemnization of marriage reflects the cardinal principles of gender equality and is a milestone in the human history. Hindu way of life in its conventional wisdom treated all human beings as equal holder of dignity, dignified personality and it could hardly took down women as mere objects. Recognition of widow re-marriage and women’s rights to involve in scholarly activities spoke of fairly good social position enjoyed by women in early *Vedic* period and even later.

(iii) In concrete practice however, the application of these philosophical moorings were lost on the passageway of history and a highly exploitative system of female mistreatment and abusive adherences grew with deep roots to justify and perpetuate patriarchal system of power, property rights and status.

3.3.4 Widowhood

Though some areas of neglect of women are being highlighted here many remain under cover. One such case is that of the widows. There are around 6.5 percent widows in the total female population. As per Census 2001, at all India level, there are 342.9 lakh widows in India. Of them 72.75 per cent live in rural areas. The widowed/divorced/separated female population constitutes 7.38 per cent in the all India female population. Mari Bhatt (1998) in a demographic study states that mortality rates are high, on an average 86 per cent, among elderly widows than among married women of the same age. Similarly, economic surveys show that loss of husband causes decline in household income. Anthropological studies conclude that widows face social marginalization, economic hardship and psychological problems. The proportion of widows among women rises with age.

This constitutes much over half among women aged 60 and above and more than two-third aged 70 and above. Unlike this, only 1.9 per cent of all Indian men are widowed. For a man it means greater freedom to remarry when compared with his female counterpart. He enjoys property rights, opportunities for gainful employment and also economic support from children. The condition in which widows live varies in different religions, classes, communities and age-groups. Still, the overall pattern of deprivation that

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Indian widows face needs attention. Widows have a few opportunities to enter employment due to gender division of labour. Widows hardly get any support from their in-laws except co-residence. Mostly, they live with their adult sons. This discussion shows a close link between widows' status in society and the patriarchal institutions like patrilineal inheritance, patrilocal residence, remarriage norms and gendered division of labour. Public action and State response have to come together to fight such inequalities and enable widows to exercise their agency to change their present status.

3.3.5 Desertion

Desertion means to abandon, leave or run away. Deserted women are a group of women who have been abandoned or left out by their husbands after marriage without any time limitation. The period of marital life among the deserted women varies from a few days to many years. The reasons for desertion are many. However, the most important reason for desertion of women irrespective of their socioeconomic, religious, and cultural status are the extramarital relationship or bigamy of husbands. Moreover, demand of excess dowry after marriage and ill treatment of wives without any reason also leads to desertion.

Desertion means the intentional permanent forsaking and abandonment of one spouse by the other without the other's consent and without reasonable cause. It is a total repudiation of the obligation of marriage. In view of the large variety of circumstances and modes of life involved, the courts have discouraged attempts at defining desertion, there being no general principle to all cases.

Desertion is not the withdrawal from a place but from a state of things, for what the law seeks to enforce as the recognition and discharge of the common obligations of the married state, the state of things may usually be termed, for short, the home. There can be desertion without previous cohabitation by the parties, or without the marriage having been consummated. The person who actually withdraws from cohabitation is not necessarily the deserting party. The fact that a husband makes an allowance to a wife whom he has abandoned is no answer to a charge of desertion. The offence of desertion is a course of conduct which exists independently of its duration, but as a ground for divorce it must exist for a period of at least two years immediately preceding the presentation of the petition or where the offence appears as a cross-charge of the answer.

Desertion as a ground of divorce differs from the statutory ground of adultery and cruelty in that the offence founding the cause of action of desertion is not complete, but is inchoate, until the suit is instituted. Desertion is a continuing offence.

“For the offence of desertion, so far as the deserting spouse is concerned, two essential conditions must be there, namely: (i) factum of separation, and (ii) the intention to bring cohabitation permanently to an end

(animus deserendi). Similarly two elements are essential so far as the deserted spouse is concerned: (i) the absence of consent, and (ii) absence of conduct giving reasonable cause to the spouse leaving the matrimonial home to form the necessary intention aforesaid.

Desertion is a matter of inference to be drawn from the facts and circumstances of each case. The inference may be drawn from certain facts which may not, in another case, be capable of leading to the same inference; that is to say, the facts have to be viewed as to the purpose which is revealed by those acts or by conduct and expression of intention, both interior and subsequent to the actual acts of separation. If, in fact, there has been a separation, the essential question always is whether that act could be attributable to an animus deserendi. The offence of desertion commences when the fact of separation and the animus deserendi co-exist.

But it is not necessary that they should commence at the same time. The de-facto separation may have commenced without the necessary animus or it may be that the separation and the animus deserendi coincide the point of time; for example, when the separating spouse abandons the matrimonial home with the intention, expressed or implied, of bringing cohabitation permanently to a close”.

Factum of Separation

One of the essential ingredients of desertion is separation of one spouse from another and there can be no desertion while the parties are living together. In certain cases there may be desertion, although husband and wife are living in the same house, if there is such a forsaking and abandonment by one spouse of the other that the court can say that the spouse had ceased to be one household and become two households. Desertion as a ground of divorce differs from the statutory grounds of adultery and remains inchoate, until the presentation of the petition, however long might have been the period of previous desertion. To compute the statutory period of 2 years separation, it is not permissible, if the period is broken, to add the broken periods together so as to make a sum of two years.

Even living together of spouses for a very short period as husband and wife, during two years preceding the presentation of a petition of divorce on the ground of desertion, defeats the petition. The separation of two years should be continuous and uninterrupted. Two years of desertion must be immediately preceding the presentation of the petition. A petition filed before the expiry of this statutory period has to be dismissed as premature. If the wife lives with the husband for one or two nights in pursuance of the order of the court in reconciliation proceedings or in pursuance of warrants under section 97 Code of Criminal Procedure, it does not wipe out the earlier desertion by the husband.

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Intention to bring cohabitation permanently to an end (animus deserendi)

The question of desertion cannot be decided by merely enquiring which party left the matrimonial home. The husband may well live in the place but make it absolutely impossible for the wife to live there and if in that state of things the wife leaves the matrimonial home, it can legitimately be held that it is the husband that has deserted the wife and not the other way round. In case a spouse is forced by the conduct on the other to live separately or to stay away, desertion would not be attributed to the spouse who lives separately or stays away for the simple reason that the said situation has been brought about by the act of the person who was guilty of misconduct.

Desertion must be a voluntary act by the other party. If the husband throws out the wife and closes the door of his house to her, in no way does it imply that wife has deserted her husband. In dealing with human relation one has to keep in view the fact that social position of an abandoned woman is quite inferior in Indian society. Moreover, the wife does not ordinarily abandon the husband. Young girls seldom leave the society of the husband unless forced to do so. All the ingredients of desertion should be proved.

In order to establish desertion, the petitioner must show that the separation of the respondent is against the wishes and without the consent of the petitioner. A separation, however long with consent or acquiescence of the petitioner, cannot constitute desertion for the purpose of a decree for divorce, or judicial separation. The conduct of the parties may be looked at to find out if the opposite party has actually withdrawn from cohabitation and if so, the inference of desertion may be properly drawn. It is necessary for the husband to make offer to his wife to resume marital life. If wife unreasonably refuses to accept offer of husband, court can infer animus deserendi on her part.

If the husband is less educated than wife and is earning less than her, she may have superiority complex and give rise to conditions of cruelty and possibility of deserting him, although it is not true in each and every case. The withdrawal from the society of the husband may be real or physical but without any intention to shun his company, in that case she cannot be held guilty of desertion.

A husband or a wife cannot claim divorce or judicial separation if desertion is by him or her even if a marriage has irretrievably broken down. No relief can be given to such a party as nobody can take the benefit of his or her own wrongs.

Women, compared to men desertees encounter more insult, hatred and humiliation in family, neighbourhood and the public at large. Desertion makes women homeless and houseless. Deserted women are normally looked upon as maladjusted, perverted and delinquent. Socially and religiously they are segregated, isolated and alienated.

3.3.6 Divorce

Divorce was unknown to the Hindu Textual Law but custom and usage recognised it in certain communities and remarriage was also permissible. A decree for divorce puts an end to the status of the parties as married persons and either party after such a divorce is competent to remarry because the prior marriage, having been dissolved, is no impediment to such remarriage.

The Act effected radical changes in the law of marriage of Hindus. It brought about uniformity in the Hindu law of marriage, abrogated the value of customs except in specified cases and conferred on parties' certain rights of divorce, judicial separation etc. which were unknown in the old Hindu Textual Law. The change brought about by the amending Act is revolutionary in character and it has made the law of divorce in India speedier and more liberal but at the same time the basic idea of reconciliation between parties has been kept alive.

Divorce in Hindu Textual Law Changes Made by Hindu Marriage Act, 1955**Change in Law brought about by the Marriage Laws (Amendment) Act, 1976**

The most important changes brought about by Marriage Laws (Amendment) Act, 1976, are introduction of new section 13B, i.e. divorce by mutual consent and 21B, special provision relating to trial and disposal of petitions under the Act. Section 13B provides for divorce by mutual consent of both the parties to marriage. This provision has been given retrospective effect and is applicable to marriages whether solemnised before 27th May, 1976, the date on which the Marriage Laws (Amendment) Act, 1976, became effective or thereafter. Before Marriage Laws (Amendment) Act, 1976, desertion was only a ground for judicial separation under section 10(1)(a), but now it has been made a ground for divorce as well. The language of section (10)(1)(a) as it then existed has been introduced in section 13 of the Act providing for divorce. The desertion for a continuous period of not less than two years immediately preceding the presentation of the petition is now a good ground both for judicial separation and divorce.

Christian Marriage

On the other hand Christian culture intends marriage to be a lifetime commitment between a man and a woman. Marriage is not just a social convenience or an invention for living together. It is ordained by God and patterned to reflect the loving relationship between Christian and its Church. Marriage partners are considered equal but with distinctly different responsibilities.

Marriage to be solemnised according to Act: Every marriage persons, one or both of them is or are a Christian or Christians, shall be solemnized in accordance with the provision of the next following sections and any such marriage solemnized otherwise than in accordance with such provision shall be void.

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Person by whom marriages may be solemnised: Marriage may be solemnised in India:

1. By any person who has received Episcopal ordination, provided that the marriage be solemnised according to the rules, rites, ceremonies and customs of the church of which he is a Minister.
2. By any clergyman of the Church of Scotland provided that such marriage be solemnized according to the rules, rites, ceremonies and customs of the Church of Scotland.
3. By any Minister of Religion licensed under this Act to solemnise marriages.
4. By or in the presence of a Marriage Registrar appointed under the Act.
5. By any person licensed under this act to grant certificates of marriage.

The State Government may grant a license to any Christian, either by name or by holding any office for the time being, authorizing him to grant certificates. Any such license may be revoked by the authority by which it was granted, and every such grant or revocation shall be notified in the official gazette.

Muslim Marriage and Divorce

As in Hindu and in Christian Cultures, in Islam also marriage and husband-wife relationship are given great importance. Islam gives supremacy to the husband. The wife is expected to be the subordinate and she should accept that her husband is superior because he has to spend part of his wealth on her and take care of the financial burden of their children. To ensure harmony in the family she is expected to show not only love and care but also sincerity, obedience to her husbands. Islam permits a man to have more than one wife but the permission is on the condition that he should treat all the wives equally (Suka Joshua, 2001).

Since Muslim women in India are governed by their personal laws, allegedly based on “Shariat” and other laws of the land advocated to be secular in conception and nature, the true legal status of Muslim women can be determined if the combined effect of both is looked into. Law is an important instrument to determine the legal status of women in any society.

Muslim being minority in India, are sensitive and very keen to maintain their religious and cultural freedom and identity. Muslims have the belief that their temporal laws are based on religious doctrines, hence law and religion are interwoven and both cannot be segregated. They feel that faith and other extraneous considerations have preconceived biased notion, and they cannot do justice to any such legislative activity, without taking into confidence the Muslims and that it amounts to interference with Muslim personal laws. Due to this apprehension, Muslim politicians, leaders of

different Muslim organisations and Ulema are opposed to bring any reform and this has resulted in the perpetuation of deviated, distorted and mutilated Muslim personal laws.

Marriage: The Muslim law of marriage is said to be the reformed shape of pre-Islamic law of marriage in Arabia. For a better understanding of the Muslim law of marriage it is useful to have knowledge of the pre-Islamic law and practices of marriage. Islam did not repeal the entire customary law of Arabia. It only repealed such customary laws which were inconsistent with the Quranic injunctions and the commands of the Prophet Mohammad or those which were opposed to the principles of sound reason and good conscience. Muslim law includes many rules of pre-Islamic customary laws which have been approved by the Quran and Hadith in an express or implied manner.

Divorce: In pre-Islamic, era divorce was easy and of frequent occurrence and this tendency has persisted to some extent in Islamic law. The power of divorce possessed by the husband was unlimited and unrestricted. His power in this connection was absolute and he could divorce his wife for any cause which was unacceptable to him. There were no checks to an arbitrary and capricious use of his power as he could do so without assigning any reason or observing any procedure. A husband could discard his wife at a moment's notice. Divorce, of course, was a matter of few words. It is laid down in the renowned commentary Tafsir-e-Ab made that an Arab could pronounce "talaq" ten times and contract fresh alliance of marriage with his wife every time. He could revoke the divorce and resume conjugal relation at any time. In some exceptional cases, both among the Arabs and Jews, wives of noble families would, before marriage, reserve to themselves the power to divorce themselves from the husband and they exercised that power and pronounced separation by merely changing the position of their tent which conveyed sufficient intimation of the fact to the repudiated husband.

Sikh Marriage Ceremony

The Sikh marriage is not merely a physical and legal contract but is a holy union between two souls where physically they appear as two individual bodies but in fact are united as one. The Sikh marriage ceremony is also known as ("blissful union"). Consists of the couple revolving around Shri Guru Granth Sahib four times as the Lavan (Marriage hymns) are being recited. Revolving is the sign of making commitment with the Guru as a witness. In addition, revolving signifies that Guru is the centre of the couple's life and springs life and the understanding of the journey of the soul crossing this world to be one with God. In the marriage ceremony, Shri Guru Granth Sahib represents the core while the congregation (Sadh Sangat) represents the support.

According to Sikhism, when a girl attains maturity, it is incumbent upon her parents to look for a suitable match for her. It is neither desirable nor proper to marry a girl at tender age. The daughter of a Sikh should be given in marriage to a Sikh. If a man is a believer in Sikhism, is humble by nature, and

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earns his bread by honest means, matrimony may be contracted with him without a question and without consideration for wealth and riches.

Sikh marriages are usually arranged. The people from other cultures do not always properly interpret the word 'arranged'. An arranged marriage does not mean forcing a boy or a girl into wedlock of parents' choice only. It is agreeing to marriage proposed by mutual discussion between the boy and the girl on one side and his and her parents and relatives on the other. This is in fact selecting the right partner with the approval of all. Most importantly the boy and girl themselves must get to know each other to convey their consent to their parents.

The Sikh marriage is monogamous. In the case of broken marriage, divorce is not possible according to the Sikh religious tradition. The couple can, however, obtain a divorce under the Civil law of the land. Marriage, in Sikhism, is regarded as a sacred bond in attaining worldly and spiritual joy.

3.3.7 Destitution

Destitution describes lacking the means to meet the basic needs of shelter, warmth, food, water, and health. Destitution has become the term commonly used to refer the poverty experienced by asylum seeker and who without social emotional and financial support.

Destitution has become a serious offshoot of family problems in India. Women seem to be always at the receiving end of broken families. This phenomenon shows up not only in the economically backward families but in the well-off ones as well. The studies indicate that it was mostly against their will that women are resorting to the extreme step of taking shelter in some destitute home.

Destitute woman refers to a female without adequate support who is widowed, abandoned or left alone without care. "Destitute" in relation to a woman and widow means any female who has no independent source of livelihood or is not being looked after by any family member or relative and includes a divorced woman.

Destitution of women is found to be due to several social disadvantages that either reflect pre-existing ones or are the consequence of serious problems with cognition, affect, and behaviour in our society. Pre-existing disadvantages include poor education, living conditions and family relationships, specifically oppression, violence, sexual abuse, subordination and devaluation inherent in patriarchal oppression. As Bachrach (1988) stresses, women typically experience a variety of social disadvantages as a consequence of social oppression that contributes to their social disablement.

Other social disadvantages may be seen as a consequence of the problems themselves: poverty, homelessness, stigmatization, exclusion from many aspects of 'normal life' and disrupted family and social networks all of

which make destitute women marginalized and render them powerless. Personality disorders, sexual dysfunctions, and other types of maladjustment are also seen to be the reasons for destitution. Such psychological problems have been viewed as a product of oppression. The stress imposed by oppression can, and undoubtedly does, precipitate socially disabling disorders of cognition, affect, and behaviour. It was found that stress & depression were positively correlated for homeless women who also suffered from the problems taking place in families.

3.3.8 Educational Backwardness

Educational backwardness is a major reason why women are lagging behind men world-wide. Of the world's one billion illiterate adults, two-thirds are women. Two-thirds of the 150 million children in the world, who are not in school, are girls. And out of 130 million children in India, who do not go to school, 70% are girls. The 2001 census of the country revealed that the female literacy rate was 53.7% as compared to the male literacy rate of 75.3%. This clearly shows that almost 50% of India's female population- five out of every ten females-still remain illiterate. According to the Directive Principles of State Policy of the Indian Constitution, universalization of elementary education was to be attained by 1960, and this goal could not be achieved even by 2010. In the country today, there are 300 million adults who cannot read and write and out of which 200 million are women. Women's access to education in the country is inadequate and discriminating because they are expected to manage both educational and domestic responsibilities.

The World Conference on Education for All held at Jomtein, Thailand in 1990 adopted the World Declaration on Education for All and the Framework for Action to meet Basic Learning Needs, but even today the statistics are far below the expected targets the world over.

3.3.9 Discrimination in Employment

Professional inequality is faced by women and they are on unequal terms compared to men with regard to employment and promotion in occupation. Ownership inequality has continued for years since the UN statistics shows "women do more than 60 percent of the hours of work done in the world, but they get 10 percent of the world's income and own one percent of the world's property". It is generally assumed that men work outside while women can work outside only if they are able to manage household chores alongside. This is seen as division of labour and can be referred to as 'accumulation of labour' for women. This shows not only unequal gender relations in the family but also inequalities in employment outside.

According to an estimate by the National Commission on Self-Employed Women (1988), of the total women workers about 94% are in the informal sector whereas just 6% of them are in the formal sector. Only the women in the formal or organized sector can be considered to be protected by the labour laws while the women in the unorganized sector are marked with high incidence of casual labour doing intermittent jobs at extremely low

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wages, total lack of job security benefits, long hours of work, unsatisfactory working and living conditions. The work of women at home includes collection of firewood, bringing water from long distances and helping in the family or in the fields and this type of work is not recognized because they are not paid for it. The work burden on women is extreme. In India, women work 69 hours a week, while men work 59 hours per week. It is estimated that on an average hours of unpaid work done by women outside their home ranges from 6.1 to 7.5 per day, with some women working for 10 hours and more.

3.4 LET US SUM UP

The socio-economic development of a nation depends upon the development of its human resources. Women, like men, contribute significantly in this process. Statistical information on the status of women and men in all spheres of a society is vitally important as it enables evaluation of gender imbalance and also helps in planning for equitable distribution of resources and opportunities. Human development processes embracing both social and economic development, aim at improving the quality of life of every person, regardless of ability, age, sex, race, class or ethnicity. In all these divisions of social development processes, gender is the relational factor that determines a fundamental quality-dimension of development. Every person has a set of basic Human Rights, which include basic subsistence needs (such as food, clothing, shelter and clean water), health, gainful employment, education, political and religious participation, leisure and the like.

These rights have been recognized by major development agencies, the United Nations and many Governments. These rights, keeping in view the state of the women in various societies, have generated gender responsiveness in differing degrees in the statistical processes too, particularly to reflect the efficacy of development initiatives of the Government agencies.

3.5 UNIT – END EXERCISES

1. Discuss the major problems of that prevail in Indian Society.
2. Comment on the marriage laws practiced by different religions.

3.6 ANSWERS TO CHECK YOUR PROGRESS

Women encounter an array of obstacles in obtaining many of the same rights and benefits as those held by men. Gender inequality exists in the field of nutrition, health and survival. The female-male ratio is low in India. Though we have the Child Marriage Restraint Act, 1929 which prohibits marriage of girls below 18 years, yet the majority (53.4 per cent) of rural women (in the age-group 18-29 years) in India were married before they turned 18. And

Dowry has become the right of a groom and his parents. Dowry variations correspond to social-cultural variations in terms of caste, class, family, religion, region, ethnicity and values.

The widowed/divorced/separated female population constitutes 7.38 per cent in the all India female population. Desertion makes women homeless and houseless. Deserted women are normally looked upon as maladjusted, perverted and delinquent. Socially and religiously they are segregated, isolated and alienated. Similarly, Destitution of women is found to be due to several social disadvantages that either reflect pre-existing ones or are the consequence of serious problems with cognition, affect, and behavior in our society.

Educational Backwardness and Discrimination in Employment is a major reason why women are lagging behind men world-wide.

Hindu Textual Law effected radical changes in the law of marriage of Hindus. The most important changes brought about by Marriage Laws (Amendment) Act, 1976, are introduction of new section 13B, i.e. divorce by mutual consent and 21B, special provision relating to trial and disposal of petitions under the Act.

On the other hand Christian culture intends marriage to be a lifetime commitment between a man and a woman. Marriage is not just a social convenience or an invention for living together. It is ordained by God and patterned to reflect the loving relationship between Christian and its Church.

As in Hindu and in Christian Cultures, in Islam also marriage and husband-wife relationship are given great importance. Islam gives supremacy to the husband. Since Muslim women in India are governed by their personal laws, allegedly based on "Shariat" and other laws of the land advocated to be secular in conception and nature, the true legal status of Muslim women can be determined if the combined effect of both is looked into.

The Sikh marriage is not merely a physical and legal contract but is a holy union between two souls where physically they appear as two individual bodies but in fact are united as one. The Sikh marriage ceremony is also known as ("blissful union").

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UNIT IV - PROBLEMS OF EMPLOYED WOMEN AND MOTHERS

Problems of Employed Women and Mothers

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Structure

- 4.1 Introduction
 - 4.2 Objectives
 - 4.3 Problems of Employed Women and Mothers
 - 4.4 Problems of Unmarried Mothers
 - 4.4.1 Delinquency
 - 4.4.2 Prostitution
 - 4.4.3 Women and Girl Child Trafficking
 - 4.5 Theories on Violence Against Women
 - 4.6 Let us sum up
 - 4.7 Unit – End Exercises
 - 4.8 Answers to Check Your Progress
 - 4.9 Suggested Readings
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4.1 INTRODUCTION

As the human being began to exist on the earth, women have been an equal partner to men in all walks of life. And from time immemorial women have been working everywhere, at home, in fields, factories and many other workplaces. However, women as a distinct segment of workers emerged and got recognition only with the emergence of industrial production. After the industrial revolution, the social situations changed throughout the world and so in India. When the family became no more a centre for production, Indian women have been gradually coming out of their traditional roles and entering into the male dominated areas. In recent years the role and status of the women have been changed tremendously. With education and more liberty for their rights and privileges, women's attitude towards their stereo typed role has changed. Their participation in education and work place has increased their socio-familial roles. Today, women in India have more opportunities to pursue their higher education and started taking up their jobs outside their homes. Since the women are existing under cultural norms and values, the working women are expected to make adjustments with the family which leads them into physical and mental stress.

Earlier women were mostly engaged in unskilled or semi-skilled occupations, as helpers, nurses, mid wives, water women, cooks, domestic servants, as labourers in construction sites, in agricultural farm and on plantations. But now they are increasingly being employed in services, industries, shops, establishments, offices and professional / technical occupations. This change enhanced the status of women on the one hand and Country prosperity on the other, but it gave rise to many problems and difficulties for them by way of exploitation, discrimination and dismal working conditions. They have to perform dual responsibilities respectively termed “reproductive” and productive. This is not an easy task for women to

Self-Instructional Material

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work at home and working place. The problems and difficulties got multiplied due to their peculiar social, biological and psychological conditions and due to their illiteracy and ignorance.

4.2 OBJECTIVES

This Unit will enable you to assess the problems of working women in India.

After studying this Unit, you should be able to:

- Know about the problems and issues faced by working women in their workplace.
- Find out the possible solutions that could help them to overcome the problems that they face in the workplace.
- Understand the problems faced by unmarried mothers in society.
- To ascertain behavior of family members and social circle of employed women towards their job.

4.3 PROBLEMS OF EMPLOYED WOMEN AND MOTHERS

The problems of working women are multidimensional and differ from women to women. There are different sections of women such as rural and urban women, the educated and uneducated ones, single women and ones with family. Women in joint family, nuclear or extended family, of orthodox and modern family etc. again, have their own problems. Even the atmosphere in the place of work, attitudes of the fellow workers and the authority, age of women, kind of work, timings of works, distance of work-place from the house etc. are important factors in the lives of working women.

a). Problems at Home

At home women perform so many roles, such as: caring children, cooking, mending, sewing, washing and many other odd jobs. If they go for work outside the house then they have to work in double the amount. So, too they also face problems like, physical stress, not able to care their children well, misunderstanding between the partners and the family members, etc.

(i) The Problems of Married Working Women

Today, married women have certainly become an important part of the workplace all over the world. They struggle a lot in child bearing practices. In other word the phenomenon of career couples has its impact on the marriage, sex, children, life style and the dream of home. The double income liberates both husband and wife from financial stringency and self-denial, but it creates more problems for working wives. Such as:

- Dual Responsibility
- Conflict between the Two Roles
- Working Women and Children
- Socio-Economic Life and Habit of Husbands
- Control over Income

- Participation in Decision making process in the Family
- Impact on Marital Relations
- Restrictions on Movement
- One New Way of Development and Modernity and Other Related Problems

(ii) Problems of Single Working Women (Unmarried, Widow, Divorcee etc.)

- Problems of Getting Employment
- Single Women and Status in the Family
- Problems of Parental Responsibility
- Problem for Residence

b) Problems at Work Place

Working women in general are subject to discrimination at various levels. The problems and difficulties of working women are multi-dimensional, varying from woman to woman at personal level, and section to section at general level and hence need to be analyzed in depth. There are very serious problems of wages, employment, income and standard of living and sexual harassment in various types, low wages, adverse working conditions, low rate of employment, insecurity on the basis of race, ethnicity, religion, age and disabilities, exploited and unprotected working hours, conditions of work, wages and types of job, lack of social security, absence of child care facilities, gender discrimination, transportation problem, poor living and working conditions, etc.

Issues of Working Women

- Pregnancy Discrimination
- Sexual Harassment
- Gender Pay Gap
- Race and Ethnicity
- Climbing the Career Ladder
- Setting the Room Temperature
- Appearance
- Work-Life Imbalance
- Ego Clashes
- Fear
- Exclusion from the Boy's Club
- Office Favouritism
- Unsupportive Managers
- 'That Time of the Month'
- Gender Bias, etc.,

4.4 PROBLEMS OF UNMARRIED MOTHERS

4.4.1 Delinquency

It has long been a problem why some children steal and not others, why some play truant, or why some set fires and damage property. Theories have been advanced from time to time to explain these things, but only in the last ten or fifteen years have extensive scientific investigation been carried out on these problems. Officers of the juvenile courts, child welfare associations, educational bodies, and mental hygiene clinics have been instrumental in bringing together a vast amount of data concerning juvenile delinquency, from which certain general conclusions may be drawn.

Delinquency itself is socially inadequate adjustment on the part of the individual to difficult situations. The factors which go to make up these difficult situations, together with the mental and physical conditions which influence an individual's capacity to adjust, constitute the causes of delinquency. Each juvenile offense is the outcome of a complexity of causes, some of whose origins date back years before the committal of the offense and others whose origins are more obviously and immediately connected with the act of delinquency. It has been shown that a different set of causes is involved in each individual case. It is impossible therefore to state the group of causes which will invariably result in any particular offense.

The following outline comprises the factors which have been found to operate in some thousands of cases studied and reported on by various authorities. These factors are classed under six general headings: Physical factors, Mental factors, Home conditions, School conditions, Neighborhood conditions, and Occupational conditions. The first two groups include all factors dependent upon the bodily and mental condition of the delinquent. These are the product of both heredity and environment. The other four groups consist of environmental factors: unfavorable conditions in the home and the family of the child, unfavorable conditions in the school environment, the neighborhood, and occupational environments.

4.4.2 Prostitution

Female prostitution is perhaps the oldest profession all over the world. Alas, it is perhaps the most hated profession. Hated in the sense that people who visit them actually enjoy it, but in society, they pretend otherwise.

As a concept, prostitution has been defined by social scientist in different ways depending on the extent of its prevalence. The most widely accepted definition; however, is the one given in the encyclopedia of social science which defines prostitution "as the practice in which a female offers her body for promiscuous sexual intercourse for hire etc. However, a new

definition has been coined for the word 'Prostitution' in the Government of India's "Prevention of Immoral Traffic Act-1987, which now means "Sexual exploitation or abuse of persons for commercial purposes."

Prostitution is one of the oldest professions of the world practiced since the birth of the organized society. Prostitution is practiced in almost all the countries and every type of society. In India, the Vedas, the earliest of the known Indian literature, abound in references to prostitution as an organized and established institution. In Indian mythology there are many references of highclass prostitution in the form of celestial demigods acting as prostitutes. They are referred to as Menaka, Rambha, Urvashi, and Thilothamma. They are described as perfect embodiments and unsurpassed beauty and feminine charms. They are highly accomplished in music and dance. They entertained divinities and their guests in the court of Lord Indira, the Lord of Hindu Gods. They were also sent to test the real depth of 'tapasya' (penance) and devotion of great saints (Biswanath, 1984).

Types of Prostitutes

Generally prostitutes can be classified on the basis of their 'modus operandi' which is as follows:

- **Brothel Prostitutes:** Their operations are carried out in the brothel which is owned by an ex – prostitutes. The prostitutes work for a commission based on her sexual service.
- **Call Girl Prostitutes:** They generally operate independently from her place. She may be available directly or solicit customers through middlemen.
- **Street Prostitutes:** This type solicits customers on the streets and takes the customer to a place of assignation.
- **Other Types:** Clandestine forms of prostitution are also found in bare, message parlors, amusement centers, dance clubs etc.

Factors Conducive to Prostitution:

It is rather difficult to enumerate as identify all factor conducive to prostitution because it has often been argued that prostitution has it's roots deep in the fabric of society. The social and economic subordination of women by men has often been cited amongst the important causes leading to prostitution.

Some research studies suggested the following factors to be conducive to prostitution:

1. **Abduction:** This is the most common cause. Young girl are abducted from their villages / negative places on some or other pretext, exploiting their innocence. Some of these are going to movies, cities, temples / pilgrims, making them film-stars offering job opportunities and marriage. Contrary to common beliefs, most kidnappers are

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- females or couples. Incidence of prostitution through abduction is estimated to be 35 percent.
2. **Devadasi System:** The inhuman system of prostitution with religious sanction "Devadasi System" still continues to flourish in the so called progressive and democratic country. Every year thousands of girls are dedicated to goddess 'Yellamma; 'Renuka' (mostly in the State of Karnataka and Maharashtra) and after a brief period of concubinage, they become accessible to urban-prostitution. Within these mechanics we find, that three socialized instruments perpetuate the fates of these women, namely economic organization, brute force and the religious rituals. Devadasi System contributes to about 10 per cent of total prostitution in India. The percentage of Devadasi is amongst the Bombay prostitution is 15-20 per cent; in Nagpur, Delhi and Hyderabad 10 per cent in Pune it is 50 per cent and in the urban centres bordering Belgaum Dist. (Kolhapur, Sangli, Satara, Miraj, etc.) it is upto 80 per cent of total prostitution. Devadasi System contributes to 20 per cent of the child prostitution and moreover it legitimizes the practice of putting them to prostitution.
 3. **Rape:** About 6 per cent of the girls entered prostitution after the incidence of rape. Rape on the girls is a great social stigma and in some circumstances, the victims of rape are not even accepted at home. Apart from the delay or even absence of justice, the victims have to face similar incidents every now and then. When they don't find any safe place in society and don't foresee any better future perspective, they find their ways in the brothels. About 8 per cent of the girls came to prostitution following the incidents of incest. The most common incest is between father and daughter, followed by uncle-niece. When the young victim of incest is exploited at home, she doesn't foresee safety anywhere in the society and slowly ends up in prostitution. In certain circumstances, we have come across the cases where the girls were sold by their own fathers, uncles or the brothers-in-law after subjecting them to incest.
 4. **Marriage:** Though the problem of prostitution directly through marriage is not very common in Bombay, a few cases were noticed through this source. In Pune nearly 15 per cent of the women in prostitution came through marriage.
 5. **Children of women in prostitution:** Female children of the women in prostitution invariably end up in prostitution (98 per cent), as there is no safe place for the children and there is no programme for them till date, to get them out of these areas and to provide them alternation livelihood. This contributes to about 10 per cent of prostitution.
 6. **Social Factors in Prostitution:** The view of women as a commodity is pervasive in popular manifestations of Hindustan culture in India. Women who have had sexual experiences are considered to be 'used goods' and are unlikely to ever marry. Without a husband, a woman has no source of income; she also cannot wear the marriage bindi. She is an impoverished cultural outcast. The prevailing line of reasoning is that she at least has a useful place as a prostitute. Women who have

been widowed or divorced are also confronted with this social stigma. If a woman's husband dies, she has essentially outlived her purpose. Since she is no a virgin, she obviously cannot marry again. In rural areas, "birde burnings," in which a woman burns herself to death on her husband's funeral pyre, Sill occur. The social stigma, which leads a woman to believe that her life is worthless after her husband's death, is also attached to a woman whose husband chooses a different woman as his wife.

When strong cultural notions are combined with the potency of religion or poverty, even more people are pressured into prostitution. For example, a girl may become a street child because her mother died and her father's new spouse will not accept her. As a street child, she may be periodically arrested along with her fellow vagabonds for crimes, which they may or may not have committed. While in police custody, instead of simply being beaten as her male cohorts are, she may be sexually abused by the police officers. She may decide to become a prostitute to support herself and to find her place in the brokenworld in which she is fated to reside. Her children will likely be prostitutes as well.

4.4.3 Women and Girl Child Trafficking

Trafficking in human beings is an organized crime violating all basic human rights. India has emerged as a source, transit and destination country. It is estimated that there are three million sex workers in India, of which 40 percent constitute children, as young as 10 years old. Most often these victims are trafficked through means like duping, luring, fake marriages, abducting, kidnapping and manipulating social and economic vulnerabilities and sold to brothels where they are continuously subjected to abuse, violence and exploitation by perpetrators of the crime.

The main legislation "Immoral Traffic (Prevention) Act, 1956" lays down provisions for providing stringent punishment to the perpetrators of such crime. In addition, the Indian Penal Code also provides provisions for crimes related to trafficking. India is also signatory to various International and regional Conventions such as UN Convention against Transnational Organized Crime (with its protocol to prevent, suppress and punish trafficking in persons especially women and children), SAARC Convention on Preventing and Combating Trafficking of Women and Children in Prostitution, Convention on the Elimination of All Forms of Discrimination against Women and Convention on the Rights of the Child.

4.5 THEORIES ON VIOLENCE AGAINST WOMEN

There are five main theoretical streams on intimate partners' violence against women. Three of them, sexism, family violence and dependency theories, identify absolute features pertaining to couples' members or their family units as predictors of violence, while the other two, exchange and status inconsistency theories, concentrate on relational aspects of the couple.

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Whereas sexism is fundamentally a ‘cultural’ approach, family violence is closer to the ‘economic’ pole. Dependency, exchange and status inconsistency theories include both cultural and economic elements. Along with sexism, the three emphasize the role of patriarchy in fostering violence against women, although each conceptualizes it differently. All five theories are probabilistic: the factors identified as being associated with violence are treated as risk factors increasing the *probability* of observing it. Women’s lives are too complex to be completely explained by any theoretical model. The assumption is that any omitted factors would cancel each other, having no systematic effect on violence.

The *sexism* perspective can be traced back to Dobash and Dobash’s (1979) early feminist work on wife beating. Like other feminists, sexism scholars contend that the ultimate reason explaining women’s violence in intimate relations is asymmetric relations of power between men and women within patriarchal societies (Dobash and Dobash, 1979; Yllo, 1993). Violence is the most extreme expression of patriarchy, understood in this approach as a sexist cultural system of domination subjugating women to men: directly, through cultural norms of deference and obedience backed if necessary by the use of force; or indirectly, by shaping women’s opportunities and constraints in basic institutions such as the family and work that reinforce women’s subordination (Kim and Sung, 2000). The key variable is sexism, portrayed as a ‘quasi necessary’, if possibly nonsufficient, condition to observe violence. By quasi-necessary, we mean that sexism is seen as an exogenous causal factor in a predictive and probabilistic model that does not in any sense imply inevitability in social life. By non-sufficient, we mean that there may be other endogenous factors – women’s socio-economic dependence, family’s stressful conditions, partner’s substance abuse, etc. – that specify the conditions leading to an intimate partner’s violence, but that require sexism to operate exogenously.

Dependency theory belongs, with exchange theory, to a wider ‘bargaining power’ perspective that analyses the impact of *women’s* (not couples’, as in the family violence perspective) socio-economic resources on violence. Dependency theory stresses women’s absolute resources. It analyses how low opportunities and multiple constraints stemming from women’s positions in the socio-economic structure affect women’s control over their lives, making them dependent on their male partners, and raising the probability of experiencing violence (Harway and Hansen, 2004; Kim and Gray, 2008). It posits the existence of a patriarchal structure of power that manifests either as a cultural system of sexist domination or – this is theory’s main contribution – as a socioeconomic structure of vulnerabilities, either of which can lead to women’s victimization.

To put it another way, this view takes a bi-dimensional approach to patriarchy, stressing its cultural and socio-economic expressions and the need to consider both for explaining violence against women in intimate relations

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(Raj and Silverman, 2002). By itself, neither expression is necessary to experience violence, but when taken together, they lead to violence.

Exchange theory (Gelles, 1983) is also part of a broader ‘bargaining power’ perspective. It focuses on women’s resources *relative* to men’s. In its radical form, it is indifferent to gender and analyses how resources facilitate the exertion of power by whoever has more. In Gelles’s (1983: 157) words, males exert violence on women ‘because they can’.

Recent views that focus on women’s violence on men belong to this symmetric approach (Straus, 2006). Exchange theory considers women’s inferiority to be ‘quasi-necessary’ for suffering violence from the dominating partner, although perhaps not sufficient, as other factors may specify the conditions that facilitate it. When exchange theory is combined with patriarchy, women’s subordination appears as its most basic element and the main exogenous cause of violence (Johnson, 1995).

Some scholars combine dependency and status inconsistency under a single *resource* theory (Fox et al., 2002; Goode, 1971). Women’s absolute resources deter violence, but when they exceed a partner’s they spark a man’s violent reaction to compensate for his status loss. A recent contribution, *gendered resource* theory, explicitly adds sexism to the predictive model, possibly at the expense of omitting dependency (Atkinson et al., 2005). When combined, explanations built around status inconsistency theory contribute to a vision of patriarchy as a multidimensional power structure that subordinates women through different means. None require resorting to violence, but together they do as the ultimate means to impose subordination. Violence is, firstly, an outcome of a sexist culture that denigrates women; secondly, the result of an opportunity structure that disadvantages women; and, thirdly, a means to restore subordination when it is challenged.

4.6 LET US SUM UP

Women are the most important human resource and an asset in accelerating economic growth and ensuing social change in the desired direction. If we really want to eradicate their problems and issues, then both men and women have to change their mind-sets. Women should be given due respect and status which they rightfully deserve in society. Since, the financial demands on the Indian families are increasing day by day the women accompany men in gaining income for families. Therefore, a fundamental change is required in attitudes of employees, family members and public. Though the central and state governments have formulated certain acts and rules to protect working women in formal and informal sectors, the employers fail in meeting the real issues and problems of the women work force.

4.7 UNIT – END EXERCISES

1. Highlight the problems faced by married working mothers in society.

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2. Name the theories that speak on the violence against women.

4.8 ANSWERS TO CHECK YOUR PROGRESS

The problems of working women are multidimensional and differ from woman to woman. Dual Responsibility, Conflict between the Two Roles, Impact on Marital Relations, Pregnancy Discrimination, Sexual Harassment, Pay Gap, Race and Ethnicity, Climbing the Career Ladder Appearance Work-Life Imbalance, Ego Clashes, Fear, Office Favouritism, Unsupportive Managers are many more.

Women in joint family, nuclear or extended family, of orthodox and modern family etc. again, have their own problems. Even the atmosphere in the place of work, attitudes of the fellow workers and the authority, age of women, kind of work, timings of works, distance of work-place from the house etc. are important factors in the lives of working women.

There are five main theoretical streams on intimate partners' violence against women. Three of them, sexism, family violence and dependency theories, identify absolute features pertaining to couples' members or their family units as predictors of violence, while the other two, exchange and status inconsistency theories, concentrate on relational aspects of the couple.

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UNIT V - WOMEN'S WELFARE AND DEVELOPMENT

Structure

- 5.1 Introduction
- 5.2 Objectives
- 5.3 Historical Development of Women Welfare
- 5.4 Indicators of Women Development
- 5.5 Central and State Government Policy on Women
- 5.6 Let us sum up
- 5.7 Unit – End Exercises
- 5.8 Answers to Check Your Progress
- 5.9 Suggested Readings

5.1 INTRODUCTION

In this Unit, we are going to deliberate on the policies and programmes introduced for empowering women. The transition to the concept of 'empowerment' from the idea of 'welfare' and then to 'development' explains that women's diverse roles are being recognized. To go back to history, it is interesting to note that in pre-independent India, though provisions related to health and education were demanded from the State yet, these social welfare programmes were the concern of voluntary agencies. There was hardly any nation-wide programme to provide such welfare services. After Independence, the State realized its role in strengthening welfare services provided by voluntary agencies. This led to the formulation of Central Social Welfare Board in 1953 which was to provide welfare services to women, children and other deprived sections of society. This Board sought to improve welfare programmes, introduce them in remote areas and assist the voluntary agencies (CSWI 1974). We have moved far ahead from those times when the programmes emphasized acquisition of knowledge and skills to become better mothers and housewives to the present times when the focus is on making women conscious of their own rights.

5.2 OBJECTIVES

After studying this Unit, you should be able to:

- discuss the meaning of women's development including social, economic and political dimensions;
- analyze the status of women vis-à-vis the indicators of women's empowerment;
- analyze the plans and policies introduced for women in India; and
- evaluate the programmes for women in India implemented to fulfill policy commitments.

5.3 HISTORICAL DEVELOPMENT OF WOMEN WELFARE

India was one of the first countries to highlight women's issues in development planning, according to Devaki Jain (2007). She states that women's development received attention from the 1960s onwards, especially in the 1970s, after the first UN International Women's Year 1975 and a UN World Conference on Women in Mexico in 1975. Since then continuous forward movement has led to the inclusion of women in whatever measure it exists today. The history of growth of India's political economy and women's role in the development process are special.

Political economy is preferable to development because "development happens through political negotiations, political restructuring and politically guided institutions, then only economics can grow with justice". The emergence of Gandhi in the freedom struggle added an interesting dimension to the history of India's political economy. His ideas for revival of India like nonviolence and his own simple living caught the attention of women in large numbers.

The notable faces like Dr. Sarojini Naidu, Kamala Devi and the ones not so visible like Chameli Devi along with many other women actively participated in the freedom struggle. Even before this, women of the reformist families had begun to question and challenge the prevailing customs that subordinated women in society.

Swarnakumari Devi started the Sakhi Samaj in Bengal in 1882, Pandita Ramabai the Arya Samaj in 1882 and Bharat Sri Mahamandal 1910, Sarla Devi Chaudharani began the first all India women's organization. Such women initiated the process of women's development much before international organizations began. The social reform movements that began to challenge the divisions in society on the basis of caste, class and religion also had women's participation. This was due to the efforts of reformers like Periyar, E.V. Ramaswamy Naicker, Jyotibai Phule, Babasaheb Ambedkar, Narayan Guru among others. Women questioned the spaces created and dominated by men.

Later on, after independence in 1939 a sub-committee on women called Women's Role in Planned Economy (WRPE) was established as part of the body called the National Planning Committee to decide the future course of planning in India. The sub-committee dealt with issues like the position of women in the planned economy constituting the family, employment, education also analyzing the social customs that inhibit women from contributing to the economy. Rani Lakshmbai Rajwade, the chairperson of the committee and other famous women of that time included civil rights, economic rights, property rights, education, marriage and also other concerns such as widowhood, prostitution etc.

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During the period 1951 to 1975 women remained invisible both as citizens and as leaders since the welfarist strategy towards women continued. With International Women's Year and UN Decade for Women, women in India gained focus. Two important documents were written at this time- 'Towards Equality: Report of the Committee on Status of women In India' and a volume on 'Indian Women' which was discussed at the UN World Conference in Mexico. A bureau was started to deal with women's issues and now it is referred to as Ministry of Women and Development.

Jain (2007) states that the planning process should recognize the presence of women in all ways-be it in the logic behind plan goals; women's status in agriculture and tiny sectors; address basic needs of water, health, food and also the effect of privatization policy etc. Basically, to put together women's experiences of development in the chapters discussing various sectors like defense, science and technology and so on. This kind of linking up between women and development will shift the women out of the basket of women's chapter changing the policy to a large extent giving voices to many women.

5.4 INDICATORS OF WOMEN DEVELOPMENT

Drawing on feminist political activism, gender analysts explicitly saw women as agents of change. The movement also affirmed that giving women greater access to resources would contribute to an equitable and efficient development process.

The end of the 1970s ushered in the concern with gender relations in development.

Micro-level studies drew attention to the differences in entitlements, perceived capabilities, and social expectations of men and women, boys and girls. Reflecting the norms, laws, and social values of society, the differences in the status of men and women have profound implications for how they participate in market or nonmarket work and in community life as a whole. In the 1980s and 1990s, research demonstrated that gender relations mediate the process of development.

Development implies not only more and better schools but also equal access to education for boys and girls. Development requires good governments that give men and women equal voices in decision-making and policy implementation.

Concepts and ideas – such as feminism, gender analysis, diversity, and gender mainstreaming – that have become buzz words in the development circles need to be clarified and demystified. This will foster effective communication among development agents and result in a consistent view of overall development goals and in complementary, rather than contradictory, plans of action.

5.5 CENTRAL AND STATE GOVERNMENT POLICY ON WOMEN

In this section, we will discuss the policies made for development and empowerment of women in India. Policy directions emerge from the Committee on the Status of Women in India 1974, National Policy on Education 1986, National Perspective Plan 1988-2000, Shramshakti Report 1988 and National Policy on Empowerment of Women 2001.

The Report of the Committee on the Status of Women in India 1974 is a radical document considering the times in which it was formulated. The Committee made various recommendations with regard to the socio-cultural aspects. It suggested changes to be brought about in social attitudes and institutions through a planned process and concerted effort. There was a need to mobilize public opinion and create awareness on issues like dowry, polygamy, conspicuous expenditure on weddings, child marriages, and lead a campaign on legal rights of women. For this the Government would need to collaborate with the voluntary organizations working on women's issues.

On Women and Law, the committee recommended such marriage laws that provide equal footing to women. This was to be done by eradicating polygamy in Muslim Law, enforcing provision against bigamy under Hindu Marriage Act, restraint of child marriage which is still prevalent in rural areas and to provide the right to repudiate marriage on attaining majority to be made available to minor girls from all communities whether marriage was consummated or not. It states the importance of registering marriages, establishment of family courts to resolve matrimonial matters in a conciliatory manner, adopting a Uniform Civil Code (Article 44) valuing secularism, science and modernization since the continuity of personal laws causes inequality between women and men, among others.

In the economic sphere The Committee said that women are to be involved in national development. This requires extension of Maternity Benefits Act 1961 to other arenas of the economy, provision of crèches for working women, equalization of wages and its incorporation in the Minimum Wages Act, training programmes for women in industries to avoid their retrenchment, part-time employment for them, national employment service to assist women by providing them requisite information, provision of special leave without pay up to five years to enable women to take care of the family, setting up of women's wings in trade unions to highlight women's problems.

The Committee emphasized equality of educational opportunities. It recommended that co-education should be followed; common curricula should be followed for both girls and boys. It recommended three years of pre-school education for all children through balwadis in rural areas and urban slums; universalization of elementary education for children in the age-group of six to fourteen years; introduction of sex education middle school onwards; free secondary education for girls; gender equality to be woven in the curriculum,

along with others. The gender gap in literacy can be reduced by involving the community in creating awareness among women.

In order to ensure women's participation in the political system of the country, the Committee suggests reservation of seats in municipalities for women as an interim measure, political parties to adopt a definite policy with regard to the percentage of women they would sponsor for elections to Parliament and state assemblies and inclusion of women in all important commissions formed to discuss socio-economic issues. The committee recommends a separate budget for maternity and child health care services, campaigns for family planning to also bring about a change in notions on fertility where women are blamed for the sex of the child, changes in the Medical Termination of Pregnancy Act providing women control over their lives, along with other provisions. It suggests that in place of focusing on curative services, preventive and promotive health care should receive attention (NPP 1988).

The National Policy on Education 1986 emphasizes on the need to equalize educational opportunities by removing disparities that exist in society. Under the section 'Education for Women's Equality' the policy observes that "education will be used as an agent of basic change in the status of woman. The National Education system plays a positive, interventionist role in the empowerment of women" (1986:6). This will be done through curricula, teacher training and active participation of the educational institutions. It also promotes women's studies and also encourages educational institutions to initiate programmes for women's development. Women's literacy will be encouraged and any hurdles in obstructing their access and retention in elementary education will be identified and tackled. Moreover, gender stereotyping in vocational and professional courses will be eliminated giving way to woman's participation in modern occupations.

The National Perspective Plan for Women 1988-2000 perceives women in a holistic manner and assesses the effect of development plans and programmes on women. It aims at economic development and integration of women into the mainstream economy and equity and social justice for all women. The plan suggests measures to be adopted in the fields of agriculture, employment and training, supportive services (fuel, fodder, water, crèche, and housing), education, health and family welfare so that women could reach a level comparable to men by 2000.

In agriculture and allied services, women-related development dimensions need to be discussed and women should be provided productive resources. The plan states that new avenues of employment have to be made available for women, improving their present working environment, employment and productivity potential, enabling them to become an 'articulate and conscious workforce', thus assuming the status and recognition of a worker. The supportive services provided to women would help them focus on work, at the same time reducing the daily drudgery they have to undergo.

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Issues of fuel, fodder and water are directly of concern to women so they should be included in the programmes designed on these aspects. The Plan envisages involving community members in girls' education and making them realize its importance for strengthening women's role in society and for socioeconomic development of the nation. The National Literacy Mission should also involve women's organizations. Health is an important indicator of well-being for women's development. The Plan recommended that the amniocentesis tests be banned. There is a need to encourage parents to have female children. Health services should cater to women's health problems.

The Plan recognizes that the women's movement has struggled to get equal legislation. In spite of the constitution and various laws, equality has not been extended to women in society. Still, there is a greater incidence of violence against women in various forms. Thus, a multi-pronged group is required that monitors drafting of legislation, judicial decisions and such matters at Centre and State level. It is important to generate legal literacy among women so that they are able to exercise their political rights. Media and Communication play an important role in changing attitudes towards women and their support has to be sought in this regard. Voluntary action can also improve the status of women, particularly in rural areas. It can enable women to become self-reliant and act as a catalyst in organizing them for collective action. Such agencies can be involved in the Government-run employment and support services for women.

Shramshakti: Report of the National Commission on Self-Employed Women and Women in the Informal Sector 1988 was set up to study in a comprehensive manner the working and living state of poor women. It includes unprotected labour, those who are self-employed, engaged in wage labour, paid or unpaid, and contract labour. Though women contribute to family and national economy, their work gets no recognition. Thus, "women worker" should be defined in a broad manner to include work, whether paid or unpaid, which she does within the household or outside as a worker or on her own account. It suggests that a multi-pronged approach that is flexible, integrated and area-specific should be adopted by planners. The ongoing exploitation and uneven control of resources cause women to survive in extreme poverty and destitution. Lack of knowledge, skills and resources makes them feel powerless. The existing development schemes do not overtly discriminate against women.

Yet at the same time they do not also empower them. This feeling of powerlessness is the outcome of the subordinate status accorded to women in implementation of the policies which then makes men chief beneficiaries in any development project. Moreover, certain vested interests keep women subordinated to get cheap and docile labour. In such a situation, the commission recommends introduction of new packages and programmes that assist the poor and vulnerable women. The areas of employment need to be enlarged for women. Working conditions have to be improved, drudgery could

be reduced and they be provided with social security. The Commission advocates adoption of a holistic and integrated approach.

The National Policy for Empowerment of Women 2001 states that the judicial legal system will be sensitized towards women's needs. Old laws will be changed and new ones be made stringent to ensure punishment to offenders in accordance with the offence. Personal laws related to marriage, divorce, maintenance and guardianship will be changed to ensure equality for women. Alongside at the political level, women will be made partners in the decision-making and power sharing process.

This policy realizes the need to mainstream gender perspectives in the development process. Women can act as catalysts, participants and recipients. For this, women's issues and concerns need emphasis in all plans, policies, laws and programmes of action. The strengthening of women's role in social, economic spheres and through institutional mechanisms would lead to empowerment.

According to the Policy, **economic empowerment** of women is essential for any change in their status. Since women form a major segment of those below the poverty line, hold low intra-household position and face ongoing inequity, policies and poverty-eradication programmes should cater to their needs. Such measures would help them build requisite capacities. In order to assist them in starting new enterprises, micro-credit would be made available to them from finance institutions. Women's viewpoint has to be included in the macro-economic policies. Their contribution to the formal and informal sector has to be acknowledged and the concept of work in the census records has to be revisited. Studies show that advantages of globalization have been unevenly distributed leading to economic inequalities, feminization of poverty and growing gender inequality. To address this, policy recommends strategies to be designed to empower women. The policy also recognizes the role of women in agriculture, information technology, electronics, food processing, agro-industry and textiles. It recommends provision of crèches at workplaces and educational institutions to enable women to participate fully in the social spheres. It suggests women-favourable personnel policies.

Social Empowerment can be ensured by focusing on education, health, nutrition, housing and shelter, environment, science and technology, combating violence and harnessing and regulating the mass media. In the arena of education, the policy assures equal access to girls/women by removal of discrimination, universalization of elementary education, increase in enrolment and retention of girls, improvement in quality of education, gender-sensitive curriculum and education system, also reduction in gender gap in secondary and higher education and to achieve sectoral time targets for vulnerable women belonging to SC/ST/OBC and minorities. The Policy envisions a holistic health perspective for women with focus on nutrition.

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It aims to achieve the national demographic goals for infant and maternal mortality rates, mentioned in the National Population Policy 2000. Women will also be enabled to exercise their reproductive rights. Registration of births, death and marriages will be made compulsory to strategize and deal with the problems that women face. Moreover, women face malnutrition in infancy/ childhood, adolescence, and reproductive stages and also face intra-household discrimination.

Toilet facilities and safe drinking water has to be made available in urban slums and rural areas. The policy aims to involve women's perspective in designing policies and programmes for conservation and restoration of the environment. Women will also be motivated to take up science and technology in higher education. The policy recognizes the need to pay attention to the women in critical circumstances such as those in destitution, conflict situations, affected by natural calamities, widows, elderly women etc. Moreover, women facing continuous violence, both physical and mental, at home or in society will be able to approach institutions thus created to eliminate such acts. Mass media will be regulated to depict images that portray women in diverse roles and do not hurt their dignity. The Policy realizes the significance of gender budgeting to make the planning process gender conscious.

It discusses the Women's Component Plan and assigns the Department of Women and Child Development, being the "nodal ministry", to monitor and review the progress of the implementation of the Component Plan from time to time, in terms of both quality and quantity in collaboration with the Planning Commission".

Political Empowerment of women is essential to enable them to play an effective role in the political system. Universal Adult Suffrage (Article 326) ensures that all the citizens of India 18 years and above have the right to vote irrespective of caste, class and gender. The 73rd and 74th Constitution Amendment Acts 1993 are inserted in Parts IX and IX-A of the Constitution. Part IX relates to Panchayats containing Articles 243 to 243-O and Part IX-A relates to Municipalities containing Articles 243P to 243 ZG. Article 243 D states that not less than one-third of the total number of seats to be filled by direct elections in every Panchayat shall be reserved for women. Of the total seats reserved for the scheduled caste/ scheduled tribe in proportion to their population, one-third are to be reserved for SC/ST women (Basu 2004:275).

5.6 LET US SUM UP

The National Policy on Education 1986 emphasizes on the need to equalize educational opportunities by removing disparities that exist in society.

5.7 UNIT – END EXERCISES

1. Elaborate the efforts of the state and center towards development.

5.8 ANSWERS TO CHECK YOUR PROGRESS

Few policies are made for development and empowerment of women in India. Policy directions emerge from the Committee on the Status of Women in India 1974, National Policy on Education 1986, National Perspective Plan 1988-2000, Shramshakti Report 1988 and National Policy on Empowerment of Women 2001.

There was a need to mobilize public opinion and create awareness on issues like dowry, polygamy, conspicuous expenditure on weddings, child marriages, and lead a campaign on legal rights of women. For this the Government would need to collaborate with the voluntary organizations working on women's issues.

The National Policy on Education 1986 emphasizes on the need to equalize educational opportunities by removing disparities that exist in society.

The National Perspective Plan for Women 1988-2000 perceives women in a holistic manner and assesses the effect of development plans and programmes on women. It aims at economic development and integration of women into the mainstream economy and equity and social justice for all women.

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UNIT -VI GOVERNMENT OF INDIA SCHEMES FOR WOMEN'S DEVELOPMENT

Structure

- 6.1 Introduction
 - 6.2 Objectives
 - 6.3 Schemes for Women's Development in India
 - 6.4 National Commission for Women
 - 6.5 Institutional and Non-Institutional Services for Women
 - 6.6 Let us sum up
 - 6.7 Unit – End Exercises
 - 6.8 Answers to Check Your Progress
 - 6.9 Suggested Readings
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6.1 INTRODUCTION

“Development cannot be achieved if 50% of the population is excluded from the opportunities it brings” Helen Clarke, UNDP Administrator.

The development process affects women and men in different ways. The after affect of colonialism, and the peripheral position of poor countries of the south and those with economies in transition in today's globalizing world, exacerbate the effects of discrimination on women. Modernization of agriculture has altered the division of labour between the sexes, increasing women's dependent status as well as their workload. Women often lose control of resources such as land and are generally excluded from access to improved agricultural methods. Male mobility is higher than female; both between places and between jobs and more women are left alone to support children. In some countries especially in the Middle East, South Asia and Latin America, women cannot do paid work or travel without their husbands or their father's written permission. Women carry a double or triple burden of work as they cope with house work, childcare and subsistence food production, in addition to an expanding involvement in paid employment. Everywhere women work longer hours than men. The pressure on gender relations of the changing status of women, and of rapid economic restructuring combined with growing impoverishment at the household level is a critical factor in survival.

6.2 OBJECTIVES

After studying this Unit, you should be able to:

- discuss Schemes for Women's Development in India
- explain National Commission for Women
- describe Institutional and Non-Institutional Services for Women

6.3 SCHEMES FOR WOMEN'S DEVELOPMENT IN INDIA

The Ministry of Women and Child Development has launched many programmes for women in the field of education, health, employment so as to enable them to become self-reliant. Some of the major programmes are discussed in this sector.

Mahila Samakhya

Mahila Samakhya has taken the shape of women's movement changing the lives of women in 14000 villages in 60 districts of nine states namely Karnataka, Gujarat, Andhra Pradesh, Kerala, Bihar, Assam, Jharkhand, Uttar Pradesh and Uttaranchal says K.K. Khullar (2007). It started in response to the National Policy on Education 1986 and its Programme of Action in 1992. Now, along with women's non-formal education it centres on health issues, human rights and governance where its objective is to create a gender-just society by empowering women. This scheme has also encourages women in other states to struggle for issues close to their lives e.g. in Haryana women protested alcoholism, in Himachal Pradesh they stood against polygamy and in Tamil Nadu they resisted the practice of devdasis. Dowry, violence against women, infanticide, foetus death, child labour are issues of ongoing struggle. Didi Banks (Sister's Banks), Kishori Sanghas, Jago Behan (Arise, Sister) are auxiliaries of the Mahila Samakhya programme.

This programme has empowered women through education enabling them to assert their rights, becoming visible in family and community and also demanding accountability from the government bodies. Based on Gandhian philosophy, it believes in principles of volunteerism, community participation, decentralization and mass mobilization.

The nodal units of Mahila Samakhya are the Mahila Sanghas which run schools, dispensaries, markets, banks and also participate in Panchayati Raj Institutions. Hers, Sakhis or Sahyoginis work as catalysts facilitating formation and functioning of the Sanghas. They usually work in around ten villages to organize women. The Nari Adalats, started by Gujarat initially have been adopted by all the Mahila Samakhya States to organize collective action against violence. These are also spaces available for discussion to women. Kishori Sanghas engage adolescent girls and create awareness on health issues and natural resources. These Sanghas train girls to play active roles in communities. In Bihar and Jharkhand, the graduates of Mahila Shikshan Kendras mobilize the community to get children back to school, especially girls. They act as role models, also ensuring universalization of elementary education for girls.

Swadhar: A Scheme for Women in Difficult Circumstances

This scheme was launched by the Ministry during the year 2001-2002 for the benefit of women in difficult circumstances with the following objectives: to provide primary need of shelter, food, clothing and care to the

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marginalized women/girls living in difficult circumstances; to provide emotional support and counselling to such women; to rehabilitate them socially and economically through education, awareness, skill up-gradation and personality development through behavioural training etc; to arrange for specific clinical, legal and other support for women/ girls in need of those interventions by linking and networking with other organizations in both Government and Non-Government Sectors on case-to-case basis; to provide help-line or other facilities to such women in distress; and to provide such other services as will be required for support and rehabilitation of such women in distress. The target group comprises of widows deserted by their families, women prisoners released from jail and without family support, women survivors of natural disasters, trafficked women/ girls rescued, women victims of terrorist/ extremist violence, mentally challenged women, women with HIV/AIDS and similarly placed women in difficult circumstances. The implementing agencies are the Social Welfare/Women and Child Welfare Department of State Governments, Women's Development Corporation, Urban Local Bodies and reputed Public/ Private Trusts or Voluntary Organizations. In 2008, a total of 208 Swadhar Shelter Homes and 210 Women Helplines are functional across the country.

Prevention of Trafficking of Women and Children for Commercial Sexual Exploitation

Trafficking in human beings is an organized crime violating all basic human rights. India has emerged as a source, transit and destination country. It is estimated that there are three million sex workers in India, of which 40 percent constitute children, as young as 10 years old. Most often these victims are trafficked through means like duping, luring, fake marriages, abducting, kidnapping and manipulating social and economic vulnerabilities and sold to brothels where they are continuously subjected to abuse, violence and exploitation by perpetrators of the crime.

The main legislation "Immoral Traffic (Prevention) Act, 1956" lays down provisions for providing stringent punishment to the perpetrators of such crime. In addition, the Indian Penal Code also provides provisions for crimes related to trafficking. India is also signatory to various International and regional Conventions such as UN Convention against Transnational Organized Crime (with its protocol to prevent, suppress and punish trafficking in persons especially women and children), SAARC Convention on Preventing and Combating Trafficking of Women and Children in Prostitution, Convention on the Elimination of All Forms of Discrimination against Women and Convention on the Rights of the Child.

Swawlamban

Swawlamban scheme, previously known as NORAD (Norwegian Agency for International Development) / Women's Economic Programme, was started in 1982- 83 with the objective of providing training and skills to the poor and needy women and women from weaker sections of the society such as Scheduled Castes and Scheduled Tribes, etc. to facilitate them in

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obtaining employment or self-employment on a sustained basis. There are 36 traditional and nontraditional trades for which assistance are provided under the scheme. The State Women's Development Corporations (WDCs) are the nodal agencies for implementation of the scheme mostly through voluntary organizations in the States.

Reproductive and Child Health Programme (RCH)

Promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India. The current Reproductive and Child Health Programme (RCH) was launched in October 1997. The RCH Programme incorporates the components covered under the Child Survival and Safe Motherhood Programme and includes an additional component relating to reproductive tract infection and sexually transmitted infections. In order to improve maternal health at the community level a cadre of community level skilled birth attendants who will attend to the pregnant women in the community is being considered. The need for bringing down maternal mortality rate significantly and improving maternal health in general has been strongly stressed in the National Population Policy 2000. This policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grass root level and involving the NGOs, Civil Society, Panchayati Raj Institutions and women's groups in bringing down Maternal Mortality Ratio and Infant Mortality Rate.

6.4 NATIONAL COMMISSION FOR WOMEN

The National Commission for Women was set up as statutory body in January 1992 under the National Commission for Women Act, 1990 (Act No. 20 of 1990 of Govt. of India) to: review the Constitutional and Legal safeguards for women; recommend remedial legislative measures ; facilitate redressal of grievances and advise the Government on all policy matters affecting women.

In its advisory role, the Commission is to participate and advise on the planning process of socioeconomic development of women. The commission is empowered to undertake research and special studies or investigations into specific problems or situations arising out of discrimination and atrocities on women and recommend measures to deal with these. Through its annual and other reports, it can make recommendations for the effective implementation of safeguards provided to women in the Constitution. It has a specific task of recommending amendments to meet any lacunae, inadequacies or shortcoming in the existing legislations. The Commission has so far reviewed about 23 laws and made more than 700 recommendations to the government. The Commission has also brought out many special studies.

6.5 INSTITUTIONAL AND NON-INSTITUTIONAL SERVICES FOR WOMEN

Support to Training and Employment Programme for Women (STEP)

This Programme was launched in 1987 to provide updated skills and new knowledge to poor and asset-less women in the traditional sectors such as

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agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries, sericulture, social forestry and wasteland development for enhancing their productivity and income generation. This would enhance and broaden their employment opportunities, including self-employment and development of entrepreneurial skills. A comprehensive package of services, such as health care, elementary education, crèche facilities, market linkages etc. are provided besides access to credit.

During the Ninth Plan period, about 255635 women beneficiaries were covered under 66 projects implemented in the States of Andhra Pradesh, Assam, Arunachal Pradesh, Bihar, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Kerala, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Nagaland, Orissa, Tamil Nadu, Tripura, Uttar Pradesh, Uttaranchal and West Bengal. The Tenth Plan period has provided training to 215651 women beneficiaries under the scheme.

Hostels for Working Women

The scheme of assistance for construction or expansion of hostel buildings for working women with day care centres for children is in implementation since 1972- 73. Under this scheme, financial assistance is provided to non-governmental organizations, cooperative bodies and other agencies engaged in the field of women's social welfare, women's education, etc., for construction of buildings for Working Women's Hostels. It envisages provision of safe and affordable hostel accommodation to working women (single working women, women working at places away from their home-towns, widows, divorcees, separated women etc.) and women being trained for employment and girl students. Trainees are permitted to stay for a period of one year and girl students for a period of five years, but with the conditions that first preference would be given to working women. It is also stipulated in the scheme that the category of women who are being trained for employment and girl students should not exceed 30% of the capacity of the hostel.

Till now only 876 hostels have been sanctioned throughout the country. Since the demand for Working Women Hostels is on the increase due to increasing number of women in employment, a Committee was set up to revamp the scheme so as to make it more viable.

Scheme for Relief and Rehabilitation of Victims of Rape

The Scheme for Relief and Rehabilitation of Victims of Rape, 2005 provides for constitution of Criminal Injuries Relief and Rehabilitation Board at each and every district to award compensation to rape victims; and District Monitoring Committees to provide shelter, protection, legal and medical aid and other rehabilitative measures for the victims. The Scheme has been included in the Report of the Working Group on Empowerment of Women for the Eleventh Plan. An amount of Rs.1 crore in the year 2007-08 has been allocated for the new scheme.

6.6 LET US SUM UP

Despite the progress that has been made, six out of ten of the world's poorest people are still women and girls. Less than 16 percent of the world's parliamentarians are women, two thirds of all children shut outside the school gates are girls and, both in times of armed conflict and behind closed doors at home, women are still systematically subjected to violence.

Fifty years after the adoption of the Constitution, people are curious about the extent to which the Constitutional commitment to equality and freedom for women has been implemented. India has been one of the foremost leaders in ratifying the UN Conventions and the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action. In the last few years, as an outcome of affirmative policies and programmes, women's position in Indian society has advanced. However, insidious gender-based gaps persist within Indian culture. The status of women falls short of standards put forth by the Indian government and its Constitution. India's diversity is evident especially when examining the variation in health statistics across the country.

6.7 UNIT – END EXERCISES

1. Write a brief note on National Commission of Women.

6.8 ANSWERS TO CHECK YOUR PROGRESS

The National Commission for Women was set up as statutory body in January 1992 under the National Commission for Women Act, 1990 (Act No. 20 of 1990 of Govt. of India) to: review the Constitutional and Legal safeguards for women; recommend remedial legislative measures ; facilitate redressal of grievances and advise the Government on all policy matters affecting women.

The commission is empowered to undertake research and special studies or investigations into specific problems or situations arising out of discrimination and atrocities on women and recommend measures to deal with these. Through its annual and other reports, it can make recommendations for the effective implementation of safeguards provided to women in the Constitution.

The Commission has so far reviewed about 23 laws and made more than 700 recommendations to the government. The Commission has also brought out many special studies.

6.9 SUGGESTED READINGS

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UNIT VII - WOMEN AND LAW

Structure

- 7.1 Introduction
 - 7.2 Objectives
 - 7.3 Legislations Relating to Women
 - 7.3.1 Legal and Constitutional Rights
 - 7.3.2 Marriage Rights
 - 7.3.3 Divorce Rights
 - 7.3.4 Property Rights
 - 7.4 Labour Laws for Women
 - 7.4.1 Family Violence
 - 7.4.2 Family Courts
 - 7.5 Let us sum up
 - 7.6 Unit – End Exercises
 - 7.7 Answers to Check Your Progress
 - 7.8 Suggested Readings
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7.1 INTRODUCTION

Indian women in ancient days used to enjoy a high social status, but that suffered a setback in the medieval period due to the changing social economic and political scenario. Several restrictions and inhibitions against them continued to exist during the enlightened and civilized imperial rule.

The emancipation of status of women was once again called for during the freedom movement in India and hence, their potential and power was acknowledged. Post-independence, the principle and power was acknowledged. Post independence, the principle of gender equality was enshrined in the Indian constitution and it guarantees women equal status. It also empowers the state to adopt measures of positive discrimination in favour of women for neutralizing the cumulative socio economic, education and political disadvantages faced by them.

7.2 OBJECTIVES

After studying this Unit, you should be able to:

- Understand Legislations Relating to Women and their constitutional rights.
 - differentiate women's marriage and divorce rights.
 - analyze labour laws pertaining to women.
 - Evaluate family violence and family courts which functions for women.
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7.3 LEGISLATIONS RELATING TO WOMEN

The Constitution upholding the principles of equality, justice, liberty and social justice for the citizens of India is the basis of formulation for laws.

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The Protection of Women from Domestic Violence Act 2005 was notified on the 26th of October 2006. This law, for the first time, recognizes a woman's right to a violence-free home. In doing so, this law provides a comprehensive definition of domestic violence, recognizes a woman's right to reside in the shared household, provides for reliefs that she is entitled to in cases of violation and lays down a mechanism to facilitate her access to justice and other support services. This law is a first step towards bringing women's human rights into the home (Lawyer's Collective, Women's Rights Initiative 2007).

The Hindu Succession (Amendment) Act, 2005 came into force from 9th September, 2005. This Act removes gender discriminatory provisions in the Hindu Succession Act, 1956 to give equal rights to daughters as provided to sons in ancestral property. The property here includes agricultural land also (Joshi 2008: 8). The National Rural Employment Guarantee Act 2005 came into force on 2nd February 2006 in 200 districts and is due to be extended to the whole of rural India within five years. The objective of the act is to enhance livelihood security in rural areas by providing at least 100 days of guaranteed wage employment in a financial year to every household whose adult members volunteer to do unskilled manual work. It is an important initiative for sustainable development of an agricultural economy.

Through the process of providing employment on works that address causes of chronic poverty such as drought, deforestation and soil erosion, the Act seeks to strengthen the natural resource base of rural livelihood and create durable assets in rural areas. The salient feature of the Act is that at least one-third beneficiaries shall be women who have registered and requested work under the scheme. Work site facilities such as crèches, drinking water, and shade have to be provided (NREGA 2008). The Immoral Traffic Prevention Act is being amended to make the law enforcement machinery strict in punishing the traffickers and save girls likely to be forced into prostitution.

Legislation for Women

- **Equal Remuneration Act of 1976:** provides for equal pay to men and women for equal work.
- **Hindu Marriage Act of 1955:** amended in 1976 provides the right for girls to repudiate a child marriage before attaining maturity whether the marriage has been consummated or not.
- **The Marriage (Amendment) Act, 2001:** amended the Hindu Marriage Act, Special Marriage Act, Parsi Marriage and Divorce Act, the Code of Criminal Procedure providing for speedy disposal of applications for maintenance; the ceiling limit for claiming maintenance has been deleted and a wide discretion has been given to the Magistrate to award appropriate maintenance.
- **The Immoral Traffic (Prevention) Act of 1956:** as amended and renamed in 1986 makes the sexual exploitation of male or female, a

cognizable offence. It is being amended to decriminalize the prostitutes and make the laws more stringent against traffickers.

- An amendment brought in 1984 to the **Dowry Prohibition Act of 1961** made women's subjection to cruelty a cognizable offence. The second amendment brought in 1986 makes the husband or in-laws punishable, if a woman commits suicide within 7 years of her marriage and it has been proved that she has been subjected to cruelty. Also a new criminal offence of 'Dowry Death' has been incorporated in the Indian Penal Code.
- **Child Marriage Restraint Act of 1976:** Raises the age for marriage of a girl to 18 years from 15 years and that of a boy to 21 years and makes offences under this Act cognizable.
- **Medical Termination of Pregnancy Act of 1971:** legalizes abortion by qualified professionals on humanitarian or medical grounds. The maximum punishment for unauthorized abortion may go up to life imprisonment. The Act has further been amended specifying the place and persons authorized to perform abortion and provide for penal actions against the unauthorized persons performing abortions.
- **Indecent Representation of Women (Prohibition) Act of 1986:** and the Commission of Sati (Prevention) Act, 1987 has been enacted to protect the dignity of women and prevent violence against them as well as their exploitation.
- **The Protection of Women from Domestic Violence Act, 2005:** provides for more effective protection of the rights of women guaranteed under the Constitution who are victims of violence of any kind occurring within the family and for matters connected there with or incidental thereto. It provides for immediate and emergent relief to women in situations of violence of any kind in the home.

7.3.1 Legal and Constitutional Rights

- Article 14: Equal rights and opportunities for men and women in political, economic and social spheres.
- Article 15: Prohibits discrimination against any citizen on the ground of sex, religion, caste etc.
- Article 15(3): Empowers the state to make affirmative discrimination in favour of women.
- Article 16: Provides for equality of opportunities in public appointments of all citizens.
- Article 39: Providing equal right to means of livelihood and equal pay for equal work.
- Article 42: Directs the state to ensure just and humane conditions of work and maternity relief.
- Article 51 (A) (e): Mandates every citizen to renounce practices derogatory to the dignity of women.

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7.3.2 Marriage Rights

Under the Hindu marriage laws, there are certain conditions that have to be complied with before a marriage is valid in India: The persons getting married must be unmarried and must not have a living spouse from their previous marriage. The legal age for a woman is 18 years and for a man is 21 years. The Special Marriage Act, 1954 was enacted to provide a special form of marriage in certain cases for the registration of such and certain other marriages and for divorces under this Act. It extends to the whole of India except the State of Jammu and Kashmir, but also applies to the citizens of India domiciled in Jammu and Kashmir. Persons governed by this Act have to specifically register marriage under the Act even though they are of different religious faiths.

- Ability to file joint federal and state tax returns.
- Right to receive “marriage” or “family rate” on health, car and/or liability insurance.
- Right to inherit spouse's property upon death.
- Right to receive spouse's Social Security, pension, worker's compensation, or disability benefits.
- A wife has the legal authority to live with proper dignity and self-respect with her in-laws. She also has the right to have the same lifestyle that her husband's and in-laws have. This legal right provides married woman independence after marriage.

7.3.3 Divorce Rights

A divorce is among the most traumatic occurrences for any couple. To add to this, it can also be a long-winded and costly affair in India if the divorce is contested. Even couples that mutually agree to the divorce, however, must prove that they have been separated for a year before the courts consider their plea.

In India, as with most personal matters, rules for divorce are connected to religion. Divorce among Hindus, Buddhists, Sikhs and Jains is governed by the Hindu Marriage Act, 1955, Muslims by the Dissolution of Muslim Marriages Act, 1939, Parsis by the Parsi Marriage and Divorce Act, 1936 and Christians by the Indian Divorce Act, 1869. All civil and inter-community marriages are governed by the Special Marriage Act, 1956.

The Hindu Marriage Act, 1955 recognizes divorce among Hindu under the provision of section-13. As per Section 13 B of Hindu Marriage Act, 1955 and Section 28 of the Special Marriage Act, 1954, the couple should be living separately for at least one year before divorce proceedings can begin. Section

10A of Divorce Act, 1869, however, requires the couple to be separated for at least two years.

7.3.4 Property Rights

The law that has empowered women most in this respect is the Hindu succession Act, 1955. The Act has revolutionized woman's right over property. A female has equal rights of succession as heirs along with the male heirs being an absolute of testamentary disposition. However, there still continue provisions in the act which perpetuate traditional ethos of male superiority. The most glaring is Section 6 under which membership of coparceners is confined only to males, who have a right in properties by birth. Thus, a woman who has a right of inheritance, whatever her share cannot be totally deprived of her share by the deceased. Under the Christian law, the principle of equality among sexes in the matter of interstate succession has been recognized. A widow gets one-third share in the property of her husband. Rest is shared by sons and daughters equally.

7.4 LABOUR LAWS FOR WOMEN

In both villages and cities there has been a remarkable increase in the number of women going out of the four walls of the household and becoming workers. In the "employment market" they are successfully competition with the men folk, in every field, the number of women employees is steadily increasing since 1991, though in a smaller number, women are getting recruited into the Army force, Air force and Naval force also.

Employment has given women economic independence and the feeling of importance. They now feel that they can stand on their own and look after the entire family by themselves. This has boosted their self-pride and self-confidence. Employment provision has made them to feel that they need not live as parasites on their men folk. In order to give protection to the economic interests and rights of the women folk the government has undertaken various socio-economic legislations, which cover areas such as rights to property or inheritance, equal wages, working conditions, maternity benefit and job security.

Examples:

(i) The Maternity Benefit Act 1961:

It gives maternity benefits such as 3 months leaves with salary to the married women workers during pregnancy stage.

(ii) The Equal Remuneration Act 1976:

It removes wage discrimination between male and female workers.

(iii) The Factories Amendment Act 1976:

It deals with working laws, weekly rest, standards of cleanliness, ventilation, first aid facilities rest rooms etc. The legislation also provides for establishing

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of crèches for children of working women, separate toilets for females and lays down a maximum of 9 hours of work a day for women.

7.4.1 Family Violence

Family violence is destructive behaviour in an intimate relationship where one person tries to dominate and control the other. Family violence is also sometimes referred to as domestic violence and can include a range of behaviours, including those below.

Physical Abuse

- Hitting, punching, pulling by the hair, choking, pinching, pushing, stabbing or restraining you in any way (physical injuries are often directed at parts of the body that other people will not see).
- Using weapons to frighten you or causing damage to property.
- Not letting you sleep, eat or take your medication

Verbal abuse

- Harassing or threatening you.
- Saying things to frighten you, for example, telling you that the children will live with them if you leave.
- Calling you insulting names.
- Undermining you as a parent in front of the children.

Sexual abuse

- Forcing you to have sex when you don't want to or making you engage in sexual practices you are not comfortable with.
- Making you wear clothes you are not comfortable with.

Emotional abuse

- Withdrawing from you and not giving you support.
- Controlling you through anger or not speaking to you.
- Expressing extreme jealousy.
- Not letting you use the phone or transport.
- Not giving you an opportunity to choose for yourself.
- Threatening to harm your pets.

Social abuse

- Putting you down in front of others.
- Lying to others about you.
- Isolating you from those people who do support you.
- Not letting you visit a doctor on your own.
- Controlling your life; not letting you have a life outside the home.

Financial abuse

- Controlling the money so you are dependent on them.
- Forcing you to sign for loans you might not agree with.
- Questioning you about every purchase you make.

Spiritual abuse

- Not letting you practise your own religion.
- Forcing you to follow a religion you don't want to.

Stalking

- Making constant phone calls and sending text messages, emails, faxes, letters or unwanted gifts to you.
- Loitering near your home or workplace.
- Spying on you or following you, including through the use of electronic means.

7.4.2 Family Courts

The Family Courts Act, 1984 was part of the trends of legal reforms concerning women. Because of the building pressure from various institutions lobbying for the welfare of women all over the country, the Act was expected to facilitate satisfactory resolution of disputes concerning the family through a forum expected to work expeditiously in a just manner and with an approach ensuring maximum welfare of society and dignity of women. Prevalence of gender biased laws and oppressive social practices over centuries have denied justice and basic human rights to Indian women. The need to establish the Family Courts was first emphasized by the late Smt. Durgabai Deshmukh. After a tour of China in 1953, where she had occasion to study the working of family courts, Smt. Deshmukh discussed the subject with certain Judges and legal experts and then made a proposal to set up Family Courts in India to Prime Minister Pt. Jawaharlal Nehru. To this background, a significant development has been the recent setting up of the Family Court in Delhi.

Though such courts have been set up and are functioning in other states, the setting up of a family court in the Capital is a significant development and a step which was necessary to be taken. The main purpose behind setting up these Courts was to take the cases dealing with family matters away from the intimidating atmosphere of regular courts and ensure that a congenial environment is set up to deal with matters such as marriage, divorce, alimony, child custody etc. As mentioned earlier, an effective way of tackling the problem of pendency is to improve the efficiency of the system rather than changing the system altogether. A significant step is to make use of the available human resource. These family courts at Delhi are equipped with counsellors and psychologists who ensure that the disputes are handled by experts who do not forget that while there may be core legal issues to be dealt with; there is also a human and psychological dimension to be dealt with in these matters. The role of the counsellors is not limited to counselling but extends to reconciliation and mutual settlement wherever deemed feasible.

7.5 LET US SUM UP

In this Unit, we have discussed various laws, rights, policies and programmes that aim to empower women. There are various constitutional safeguards and legislations that guarantee women's equal status. Policies like CSWI, National Policy on Education, National Perspective Plan for Women and National Policy on Empowerment of Women recognize women's contribution to society and suggest ways to empower them. They consider

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women as participants in the development process and not mere beneficiaries of welfare programmes. In the light of these policies and rights, various programmes were started. These empowered women in developing their potential to lead a dignified life.

7.6 UNIT – END EXERCISES

1. Mention the legislations made for women

7.7 ANSWERS TO CHECK YOUR PROGRESS

Equal Remuneration Act of 1976 provides for equal pay to men and women for equal work. Hindu Marriage Act of 1955 amended in 1976 provides the right for girls to repudiate a child marriage before attaining maturity whether the marriage has been consummated or not.

The Marriage (Amendment) Act, 2001 amended the Hindu Marriage Act, Special Marriage Act, Parsi Marriage and Divorce Act.

An amendment brought in 1984 to the Dowry Prohibition Act of 1961 made women's subjection to cruelty a cognizable offence. The second amendment brought in 1986 makes the husband or in-laws punishable, Child Marriage Restraint Act of 1976.

Medical Termination of Pregnancy Act of 1971. Indecent Representation of Women (Prohibition) Act of 1986: and the Commission of Sati (Prevention) Act, 1987 has been enacted to protect the dignity of women and prevent violence against them as well as their exploitation.

7.8 SUGGESTED READINGS

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UNIT VIII - WOMEN EMPOWERMENT

Structure

8.1 Introduction

8.2 Objectives

8.3 Meaning of Empowerment

8.4 Characteristics of Empowered Women

8.5 Role of Self-Help Groups in Women Empowerment

8.6 Feminism

8.6.1 Women's Movement Abroad and in India

8.6.2 India's Five year Plans – Policies, Strategies and Programmes

8.7 Let us sum up

8.8 Unit – End Exercises

8.9 Answers to Check Your Progress

8.10 Suggested Readings

8.1 INTRODUCTION

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution not only grants equality to women, but also empowers the state to adopt measures of positive discrimination in favour of women. 'Empowerment' may be described as a process which helps people to assert their control over the factors which affect their lives. Empowerment of women means developing them as more aware individuals, who are politically active, economically productive and independent and are able to make intelligent discussion in matters that affect them. Present article discusses about various initiatives taken by Government of India for empowering women by analyzing position of India in Gender Inequality Index and Global Gender Gap Index of United Nations. Article concludes with the note that due recognition must be given to women and society should come forward to ensure equal status for women in all spheres of life.

8.2 OBJECTIVES

After studying this Unit, you should be able to:

- identify gaps in the empowerment of women, development of children and adolescents;
 - understand the ways in which the effects of policies and programmatic interventions to promote women's empowerment have been measured;
 - evaluate role of self-help groups in women empowerment
 - analyze women's movement abroad and in India.
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8.3 MEANING OF EMPOWERMENT

Power is 'the ability to control people or things-right or authority of a person or group to do something', according to the Oxford Dictionary (2000), and empowerment is 'to give somebody the power or authority to do

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something; to authorize; to give somebody more control over their own life or the situation they are in'. It gives a sense of control to women over their own lives whereby they are able to weigh choices, make decisions and act accordingly. However, distinctions of caste/ class/ ethnicity constrain them from getting access to resources. Panda (2007) states that empowerment as a term is being used since the 17th century and it is now being treated as an enabling factor unlike earlier when it meant 'to invest with power and authority'. In the year 1611, women got the right to vote in the American State of Massachusetts.

Another significant event was on March 8, 1857 women workers of garments and tailoring factories of America went on strike demanding fixed hours and equal remuneration. This struggle continued until their voices were heard. That is why we celebrate March 8 as International Women's Day every year. In the 1970s the concept of empowerment grew out of the relationship between feminism and popular education in Latin America. The United Nations declared the year 1975 as the International Women's Year and decade 1975-1985 as Women's Decade (Naqvi 2008: 27). Later, empowerment got linked with Paulo Freire's idea of conscientization and Gramsci's conception of democratic and participatory institutions. In India, in the 1980s empowerment began to be used for women's development and for analysis of women's subjugation in society. Thus, empowerment emphasizes the need to be conscious of one's position in society and to change it by fighting for one's rights. As Albert Camus said "Don't walk behind me, I may not lead. Don't walk in front of me, I may not follow. Just walk beside me and be a friend".

In the Programme of Action 1992, women's empowerment is considered primary for social change. Giving importance to 'collective reflection' and 'decision making', it enlists parameters of empowerment, which are as follows-building a positive self-image and self-confidence; developing ability to think critically; building up group cohesion and fostering decision-making and action; ensuring equal participation in the process of bringing about social change; encouraging group action in order to bring about change in the society; providing the where with all for economic independence.

Empowerment is a concept that has become popular in recent times to describe an enabling process for the socially marginalized persons and groups to gain advantage and opportunities otherwise not available to them. The following discussion focuses on the necessary dimensions to facilitate meaningful women's empowerment. These dimensions ultimately correlate with the key factors in social development.

Economic Empowerment: Women's roles are seen as reproductive and domestic in support of the male breadwinners of the family and this practice has conditioned women to accept a subservient role. Education is one of the important indicators of women's empowerment. Women's economic right is definitely an important indicator for enhancement of her status. So

women's labour needs to be recognized. Education, more employment avenues, political awareness and the like would all lead to women's economic empowerment.

Social Empowerment: A major limitation to the advancement of women is the institutionalized set of social prescriptions limiting their participation in socioeconomic activities and their inputs in decision making. Efforts to increase the potential of women's social participation extend down to the level of the household.

Intra-family dynamics affect use of income and decisions over resource allocation along gender lines (Heyzer, 1992). Even though the realities of restricted social and economic participation at the household level may be recognized, it is equally understood that changing relationships at this level may be the most challenging. While empowering requires fundamental changes at many levels of society, the most complex and elusive to transformation may be in relations within the household and family.

Physical Empowerment: Women's health is intimately linked to the well-being of the household, including the level of food security. As Morna et.al. (1992) note, when women are too exhausted (or ill) to work well, food production suffers, contributing to malnutrition and hunger. Another area of growing concern is the dangerous nature of many activities engaged in by women using traditional production and processing methods. Burns, smoke inhalation, excessive exposure to heat and sun, muscle fatigue and frequent headaches are regular risks to the health of women every day. Physical empowerment, therefore, is indivisible from other forms of empowerment.

Psychological Empowerment: It is common for women in Third World Countries to belittle their own position in society and their contribution to the economy. When asked about their 'occupation', the majority of rural women will say they have none, despite the fact that they may be engaged in three or more income generating and productive activities to help meet the needs of their families. Udegbe (1996) recognizes that empowerment must be seen as a 'psychological process of transformation' and that there is a need to 'reverse the feeling of learned helplessness' among women, leading to an 'increase in knowledge, capacity, self-confidence, high self-esteem, self-reliance and ultimately to the well-being of the empowered.'

8.4 CHARACTERISTICS OF EMPOWERED WOMEN

- (i) Empowered women define their attitude, values and behaviours in relation to their own real interest. They have autonomy because they claim their freedom from existing male hierarchies, whether they live in traditional societies or modern industrial societies.
- (ii) Empowered women maintain equal mindedness. They act out roles that challenge male dominance. They respond as equals and co-operate to work towards the common good.

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- (iii) Empowered women use their talent to live fulfilling lives. They not only survive the harshness of their own subjugation but also transcend their subjugation.
- (iv) Empowered women maintain their strength on the face of pressures from the religion and work and contribute towards the empowerment of all women.
- (v) Empowered women define their values and formulate their beliefs themselves; they do not derive their sense of being from male authorities nor do they live vicariously through men.

8.5 ROLE OF SELF-HELP GROUPS IN WOMEN EMPOWERMENT

Self-Help Group (SHG) is a small voluntary association of poor people, preferably from the same socio-economic background. They come together for the purpose of solving their common problems through self-help and mutual help. The SHG promotes small savings among its members. The savings are kept with a bank. Following are the advantages of SHG's: -

- An economically poor individual gains strength as part of a group.
- Besides, financing through SHGs reduces transaction costs for both lenders and borrowers.
- While lenders have to handle only a single SHG account instead of a large number of small-sized individual accounts, borrowers as part of an SHG cut down expenses on travel (to and from the branch and other places) for completing paper work and on the loss of workdays in canvassing for loans.
- Where successful, SHGs have significantly empowered poor people, especially women, in rural areas.
- SHGs have helped immensely in reducing the influence of informal lenders in rural areas.
- Many big corporate houses are also promoting SHGs at many places in India.
- SHGs help borrowers overcome the problem of lack of collateral.
- After the training, the SHG members started micro-savings and credit activities, as each member was asked to contribute at least Rs. 50 per month.
- Because the amount of money that SHG members of a newly formed group can save each month is very small, it became very clear early on that there was a need for additional funding from external sources to increase the amount of money that would be available for micro-loans.
- Some of the SHG groups utilized their skills and the loan to develop group activities.

Empowerment by way of participation in SHG can develop nations. The underlying principle of SHG is to provide to the poorest of the poor and to achieve empowerment. To reduce poverty by enabling the poor household to access gainful self-employment and skilled wage employment opportunities,

resulting in appreciable improvement in their livelihood on a sustainable basis, through building strong grass-root institutions of the poor (SHGs) is now the main motive of the most of the employment schemes. Thus, SHGs have been showing the way ahead to alleviate the poverty of India along with women empowerment.

8.6 FEMINISM

In societies around the world, “female-gendered” status is viewed as inferior and subordinate to “male-gendered” status (Bunch, 1991). Societies have modeled their gender-role expectations on these assumptions of the “natural order” of humankind. The historic subordination, silencing, and imposing of the inferiority of women is not simply a feature of society but a condition of society (Cook, 1995). Legal precepts traditionally exclude women from centres of male-gendered power, including legislatures, military institutions, religious orders, universities, medicine and law. In the social work profession too, although women constitute the majority of social workers, men hold the vast majority of leadership positions in teaching social work (Bricker-Jenkins, Hooyman, and Gottlieb, 1991).

Women in most of the countries are subjected to discriminatory restrictions, deprived of their fundamental freedom regarding voting, marriage, travel, property ownerships and inheritance, custody of children and citizenship. Besides there is ex-based discrimination in access to education, employment, health care, financial services, etc. Violence against women takes many forms but is universal. The UN Development programs, Annual Human Development Report (1998) commented that “in no society are women secure or treated as equal to men. Personal insecurity shadows them from cradle to grave. From childhood through adulthood they are abused because of their gender. “Despite the productive contributions in the life and wealth of the nation, they are subjected to discrimination in every walk of life; she is relegated to the level of ‘passive’ participants rather than the ‘active’ one in all activities (UN Documents, 1991). Today women comprise 66 per cent of the world’s illiterates and 70 per cent of the world’s poor (Rachana, 2000).

Deep rooted socio-religious traditions have further created bottlenecks in their progress to a great extent. Indrani Mirajkar (1994) has defined human rights for women as “the collective rights of women to be seen and accepted as persons with the capacity to act and dedicate and act on her own behalf and to have equal access to resources and equitable social, economic and political support to develop her full potential, exercise her right as a full human being and to support the development of others.”

Feminism focuses on recognition of discrimination against women and unequal treatment in social, cultural, religious, political and economic institutions. The present day struggle is to achieve equality, equity, dignity and freedom of choice; to be able to control our bodies and lives. It challenges the very notion of femininity and masculinity seen as mutually exclusive and

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biologically determined categories. It is an ideology that envisions not only a change in men- women relations but all relationships of dominance and subordination. Therefore, it sees all issues as women's issues (and men's issues) and refutes ghettoization of women's issues.

8.6.1 Women's Movement Abroad and in India

Feminists have always challenged the way women are excluded from history. Similarly, creative, revolutionary people have paid a price for their challenging thoughts and action. No movement is carried forward without such people who bring in new vision, new practice. The foundation of a participatory democracy and anti-slavery movement in the U.S.A is the beginning in human history of individual rights. However, American history prior to the formation of democracy is about slavery of black people. Till 1950 black Africans had no voting rights, could not ride on buses, enter hotels, and mix socially. The emergence of civil war and ultimate outlying slavery in 1859 was the earliest implementation of human rights. This is the time of international treaties and agreements against slavery. In the present context of trafficking, we are witnessing many elements of the practice of slavery.

Once we find a legal basis to fight discrimination, a legal framework gets established. The history of discrimination has known no limits. Racism, sexism, casteism, continues to be practiced even in this century. Hitler's madness about the purity of Aryan race led him to commit horrendous atrocities against the Jews.

Any group of people who were different were eliminated, tortured and killed, whether Jews, disabled people, homosexuals or communists. The overview of history indicates that the world really experienced a huge guilt to deal with - the guilt that we could do this to ourselves and to each other. Human dignity had to be salvaged. In 1948 when the world was still reeling under the horrors of wars, a Universal Declaration of Human Rights was pronounced. This was a statement of intent; not legally binding. What was significant is that for the first time a universal concept was introduced, clearly stating that for dignified human existence, there has to be freedom from fear and want.

It was only in 1960 that attempts were made to codify and make the declaration legally binding. Subsequent to this a number of conventions and covenants were introduced dealing with issues of racial discrimination, civil and political rights, economic and cultural rights, women's rights (CEDAW), and child rights against torture.

This together forms the International Human Rights law and each has a committee of experts. Once a country ratifies a Convention, the state has the obligation to implement and report regularly to the committee. However, countries have a right to ratify with reservations. In Beijing, women demanded

from their respective nations (not only Islamic nations) to remove reservations related to CEDAW as they affect women's civil rights adversely. As far as the effectiveness of the Convention is concerned, state sovereignty, obligation and accountability continue to remain contentious issues.

It is within this context that the International Criminal Court has been established. The Geneva Convention deals with war crimes, which determines what a country may or may not do in wars. It is an International Humanitarian law. Similarly UNHCR (UN Human Commission on Refugees) and UNCHR (UN Commission on Human Rights) are two significant commissions. Prior to the Human Rights World Conference in Vienna in 1993, a series of Women's World Conferences took place starting with the first one in Mexico in 1975 and the last one in Beijing in 1995. 1975 to 85 was celebrated as the decade of women. During the period, Forward-looking Strategies were formulated. In the Nairobi Conference in 1985, The DAWN (Development Alternative for Women in the New Era) group comprising of economists, sociologists, academicians and activists from the South presented a report on alternative development. This was a scathing critique of the Northern Development Paradigm, militarization and the globalization of national economies.

Around the same time, in different southern countries (Asia, Africa, Latin America) women's law and development network started emerging. From 1985 to 1993 work around Violence against Women (VAW) grew rapidly as there were worldwide VAW campaigns. Different countries had different issues such as female genital mutilation, dowry murders, civil wars and war crimes against women including rape.

The major conceptual shift took place in the Vienna Human Rights Conference, when women unitedly lobbied for the inclusion of women's rights as human rights especially emphasizing the importance of three core principles of universality, indivisibility and mainstreaming of women's rights. The concept of universality includes freedom from detention, torture and killing as inalienable rights. In the Beijing Conference many countries raised objections to the principle of universality in the name of cultural specificity, to condone violence against women.

The Reproductive Rights discourses and the IPCD declaration, an outcome of the Cairo Conference on Population and Development, has been a landmark for women as it introduced concepts of control of one's fertility and reproduction. However, to be able to choose the rhetoric of Reproductive rights, in the absence of right to life and livelihood, have been of little significance for poor women.

The other significant historical event has been the **International Fourth UN Conference of Women** in Beijing (China) in 1995. The Conference is significant for two reasons, one the preparatory process that involved millions of women world over and the other for the report of the

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Conference - the Platform for Action, which is ratified by a large number of countries although with reservations. The report focuses on 12 critical areas of concern, that include Education, Health, Environment, Economy, Poverty, Media, Women's Political Participation and decision making, Violence against Women, Armed Conflict and Girl Child, Human Rights and Institutional Mechanisms.

8.6.2 India's Five-year Plans – Policies, Strategies and Programmes

The first five-year plan (1951-55) set up the Central Social Welfare Board in 1953 spearheaded by Dura Bai Deshmukh to encourage welfare work through voluntary organizations, charitable trusts etc. The Second Plan promoted the mahila mandals or women's clubs to begin work at the grassroots level. The focus was on intensive agricultural development.

It felt the need to organize women as workers and realized the need to counter the social prejudices they face. This plan stated that women should be protected from hazardous work, be given maternity benefits and crèche facilities for children (National Population Policy 1988). The Third, Fourth and Interim Plans (1961-1974) promoted women's education, pre-natal and child health care services, supplementary feeding for children, nursing and expectant mothers (Jain 2007). The Third plan specifically highlighted female education as a welfare strategy which continued in the Fourth Plan (1969-74). The Report of the National Committee on Women's Education (1959) had a strong effect on the Third Plan. Rural welfare services, condensed courses of education for adult women, Bal Sevika training and child care programmes received foremost attention. Along with these measures, subsequent plans continued incentives like free textbooks and scholarships for girls. In the Fourth plan, the expenditure on family planning was increased to reduce birth rate through mass education (NPP 1988).

The Fifth Plan (1974-78) adopted a development-centred approach rather than a welfarist one for women thus bringing a significant change. This was an outcome of the 'Committee on Status of Women Report 1974' which highlighted the unfavorable impact of the development process on women (Das and Mishra 2006: 25). This plan wanted to achieve equality of educational opportunity to fulfill the aim of social justice and to enhance the quality of education. It encouraged enrolment and retention in schools in backward regions and amongst the deprived sections of community. It also realized that low enrolment of girls was the result of lack of women teachers among other reasons. Therefore, scholarships were given to girls to finish their education and become teachers (NPP 1988). The Integrated Child Development Services Scheme was started at an all India level in 1977. It looked after health and nutrition of pregnant mothers and nursing mothers belonging to socio-economically vulnerable groups, though it was meant for children (NPP 1988:102). Soon, the National Plan of Action (1976) was drawn which identified areas of education, health, employment, nutrition, legislation,

social welfare and family planning to conduct action programmes for women and through this intervention to improve their status (NPP 1988).

The next two decades 1981-2001 and four plans saw gender issues being highlighted in the form of a chapter. The Sixth Plan (1980-85) acknowledged women's development as distinct economic issue. With regard to health care for women, both sixth and seventh plans focused on expanding physical infrastructure, increasing trained health workforce, strengthening control over communicable and other diseases and focusing on maternal and child health care (NPP 1988). Through a multi-disciplinary approach, the sixth plan emphasized health, education and employment for women. Until the sixth five year plan, women's role was understood to be a social and welfare issue. The Seventh Plan (1985-90) tried to get women into the centre of national development. It showed concern for equity and empowerment of women. The emphasis was on 'inculcating confidence among women, generating awareness about their rights and privileges and training them for economic activity and employment' (NPP 1988).

The Women's Component Plan was outlined this time by designing a system to recognize and monitor schemes that benefitted women directly (Das and Mishra 2006: 25). The Eighth Plan (1992- 97) witnessed a shift from development to empowerment. In the sectors of education, health and employment there was a focus on women. The outlay for women arose from Rs. 4 crores in the first plan to Rs 2,000 crore in this plan. The Ninth Plan (1997-2002) focused on attaining empowerment of women. It also brought convergence of the ongoing services in both women-specific and women related sectors. The Centre and the States followed the approach of Women's Component Plan (WCP) to ensure that at least 30 percent of funds/benefits from all development sectors reach women (Chattopadhyay 2006: 30; Jain 2007). The Tenth Plan (2002-2007) consists of definite strategies, policies and programmes for empowering women as agents of social change.

The National Policy on Empowerment of Women 2001 shaped the Tenth Plan. This plan has a sector related three-fold strategy- social empowerment, economic empowerment and gender justice (Chattopadhyay 2006: 30; Jain 2007:75). Incorporating gender conscious planning, this plan envisioned "immediate tying up these two effective concepts of WCP and Gender Budgeting to play a complementary role to each other, and thus ensure both preventive and post facto action in enabling women to receive their rightful share from all women-related general development sectors" (Das and Mishra 2006: 26). Along with the Women's Component Plan, Gender Budgeting which is a much broader approach of making gender responsive budgets and public policies was adopted. Gender budgeting is not about a separate budget for women, but a process whereby budget-related allocations, policies and their implementation are analyzed using a gender lens (Das and Mishra 2006). It was introduced by Finance Ministry in the Union Budget 2005 to ensure equitable allocation of resources (Yojana 2007: 28).

NOTES

In order to realize this in the Eleventh Plan (2007-2012), the government constituted a committee of feminist economists to ascertain gender-sensitive allocation of public resources to achieve the goals of gender equality and inclusive growth. The committee suggested how schemes across sectors need to weave gender into the planning process (GOI 2007).

8.7 LET US SUM UP

Empowerment of women for social development is a complex process. It involves advancement in several important and related spheres to ensure the overall well-being of the empowered. Benefits derived from the empowerment programmes must not only be relevant to the needs of the intended beneficiaries, but efforts must be made to ensure that the target population is also able to retain the benefits.

This is particularly significant for women. Empowerment of women in the Third World Countries is important because the benefits will be felt not only by the women themselves, but by their households as well. It may take a more enlightened approach to ensure the empowerment of women in developing countries, but the returns to their families and even the societies as a whole will be worth it. Feminist social work practice should also be strengthened in the domain of social work profession for the benefit of the women community.

8.8 UNIT – END EXERCISES

1. What are the characteristics of empowered women?
2. Explain the role of self-help group in women empowerment.

8.9 ANSWERS TO CHECK YOUR PROGRESS

Empowered women define their attitude, values and behaviours in relation to their own real interest. They have autonomy because they claim their freedom from existing male hierarchies, whether they live in traditional societies or modern industrial societies.

They maintain equal mindedness and act out roles that challenge male dominance. They respond as equals and co-operate to work towards the common good. Empowered women use their talent to live fulfilling lives

They continue to maintain their strength on the face of pressures from the religion and work and contribute towards the empowerment of all women. An Empowered woman defines her values and formulate her beliefs.

Self-Help Group (SHG) is a small voluntary association of poor people, preferably from the same socio-economic background. They come together for the purpose of solving their common problems through self-help and mutual help. The SHG promotes small savings among its members. SHGs have helped immensely in reducing the influence of informal lenders in rural areas.

To reduce poverty by enabling the poor household to access gainful self-employment and skilled wage employment opportunities, resulting in

appreciable improvement in their livelihood on a sustainable basis, through building strong grass-root institutions of the poor (SHGs) is now the main motive of the most of the employment schemes.

8.10 SUGGESTED READINGS

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UNIT IX - CHILD

Structure

- 9.1 Introduction
- 9.2 Objectives
- 9.3 Meaning of Child
- 9.4 Demographic Profile of Children in India
- 9.5 Socialization
 - 9.5.1 Concept
 - 9.5.2 Factors Influencing Socialization
 - 9.5.3 Role of Family in Socialization
 - 9.5.4 Parental Socialization
 - 9.5.4 a. Childhood
 - 9.5.4 b. Adolescence
 - 9.5.5 Role of Peers in Socialization
 - 9.5.6 Role of School in Socialization
 - 9.5.7 Impact of Television on Children
- 9.6 Let us sum up
- 9.7 Unit – End Exercises
- 9.8 Answers to Check Your Progress
- 9.9 Suggested Readings

9.1 INTRODUCTION

India constitutes 17 per cent of the world's total population in an area which is 2.4 per cent of the world's total area. In 2001, the world population was estimated to be 6.137 billion and has been growing at the rate of 78 million a year, with India adding almost 18 million a year to the world total in the last decade of the twentieth century (GOI 2002). India's population, which was around 238 million in 1901, became 439 million in 1961, 846 million in 1991 and was 1.027 billion in 2001 (Yojana 2006).

Children form a large proportion of this growing population. Their survival and protection are important for a nation's development. The statistics on child population, sex ratio, enrolment rates, dropout rates and retention rates, infant and child mortality, birth weight, immunization etc. provide a lens to gauge their status in Indian society. Children are entitled to a joyful childhood that can come with nutritious diet, learning without burden and a supportive environment that develops their capacities to the fullest.

9.2 OBJECTIVES

Children are a nation's future and the assessment of their status would help in framing policies and programmes for their development.

After studying this unit, you should be able to:

- discuss the demographic profile of the children in India;

- explain the concept of socialization, its influencing factors and various roles involved socialization.

9.3 MEANING OF CHILD

Defining what age a person is or ceases to be a child is a constant debate in the India. The Census of India considers children to be any person below the age of 14, as do most government programmes. Biologically childhood is the stage between infancy and adulthood. According to the UNCRC 'a child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier'. This definition of child allows for individual countries to determine according to the own discretion the age limits of a child in their own laws. But in India various laws related to children define children in different age limits.

The Indian Penal Code (IPC) 1860 finds that no child below the age of seven may be held criminally responsible for an action (Sec 82 IPC). In case of mental disability or inability to understand the consequences of one's actions the criminal responsibility age is raised to twelve years (Sec 83 IPC). A girl must be of at least sixteen years in order to give sexual consent, unless she is married, in which case the prescribed age is no less than fifteen. With regard to protection against kidnapping, abduction and related offenses the given age is sixteen for boys and eighteen for girls.

According to Article 21 (a) of the Indian Constitution all children between the ages of six to fourteen should be provided with free and compulsory education. Article 45 states that the state should provide early childhood care and education to all children below the age of six. Lastly Article 51(k) states the parents/guardians of the children between the ages of six and fourteen should provide them with opportunities for education.

The Child Labour (Prohibition and Regulation) Act, 1986 defines a child as a person who has not completed fourteen years of age. The Factories Act, 1948 and Plantation Labour Act 1951 states that a child is one that has not completed fifteen years of age and an adolescent is one who has completed fifteen years of age but has not completed eighteen years of age. According to the Factories Act adolescents are allowed to work in factories as long as they are deemed medically fit but may not for more than four and half hours a day. The Motor Transport Workers Act 1961, and The Beedi And Cigar Workers (Conditions Of Employment) Act 1966, both define a child as a person who has not completed fourteen years of age. The Merchant Shipping Act 1958 and Apprentices Act 1961 don't define a child, but in provisions of the act state that a child below fourteen is not permitted to work in occupations of the act. The Mines Act, 1952 is the only labour related act that defines adult as person who has completed eighteen years of age (hence a child is a person who has not completed eighteen years of age).

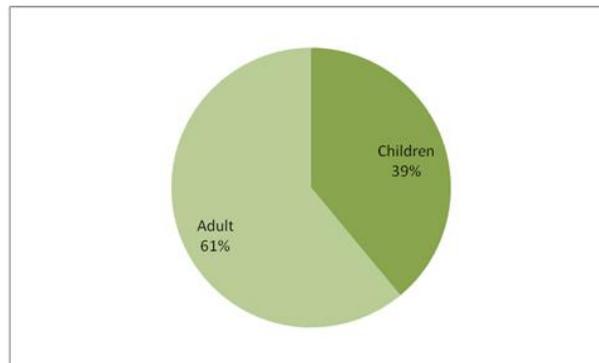
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The Prohibition of Child Marriage Act, 2006 states that a male has not reached majority until he is twenty-one years of age and a female has not reached majority until she is eighteen years of age. The Indian Majority Act, 1875 was enacted to create a blanket definition of a minor for such acts as the Guardians and Wards Act of 1890. Under the Indian Majority Act, 1875 a person has not attained majority until he or she is of eighteen years of age. This definition of a minor also stands for both the Hindu Minority and Guardianship Act, 1956 and the Hindu Adoption and Maintenance Act, 1956. Muslim, Christian and Zoroastrian personal law also upholds eighteen as the age of majority. The first Juvenile Justice Act, 1986 defined a boy child as below sixteen years of age and a girl child as below eighteen years of age. The Juvenile Justice (Care and Protection of Children) Act, 2000 has changed the definition of child to any person who has not completed eighteen years of age.

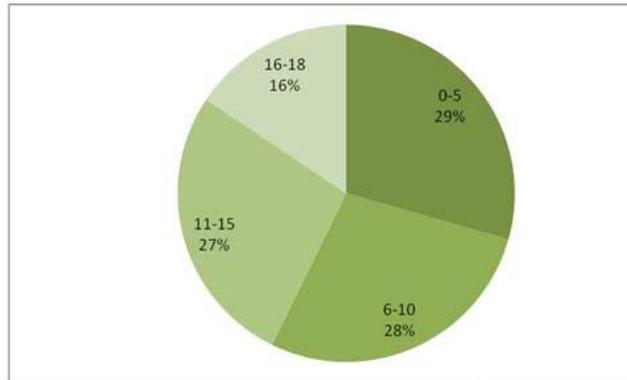
Because of its umbrella clauses and because it is the latest law to be enacted regarding child rights and protection, many are of the opinion that the definition of child found in the Juvenile Justice Act, 2000 should be considered the legal definition for a child in all matters.

9.4 DEMOGRAPHIC PROFILE OF CHILDREN IN INDIA

India with 1.21 billion people constitutes as the second most populous country in the world, while children represents 39% of total population of the country.

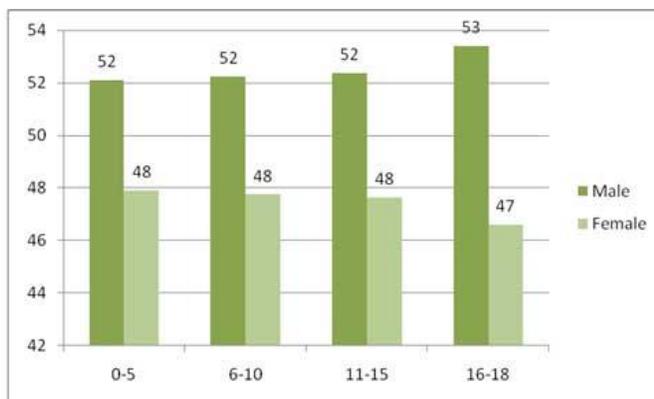


Age group of India's Children *



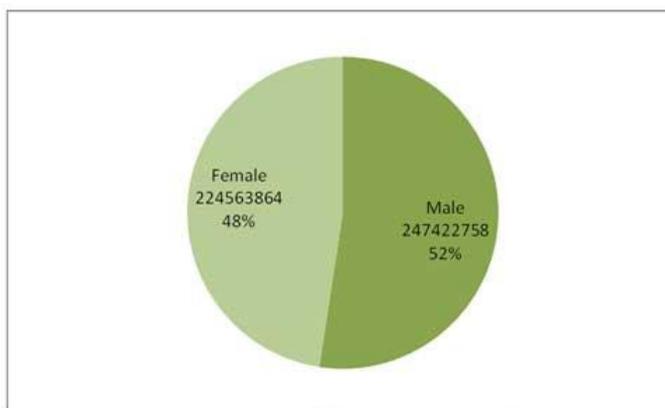
The figures show that the larger number of about 29 percent constitutes Children in the age between 0-5 years. The share of Children (0-6 years) in the total population has showed a decline of 2.8 points in 2011, compared to Census 2001. The children's population (0-18) is 472 million.

Age group VS Gender of India's Children *



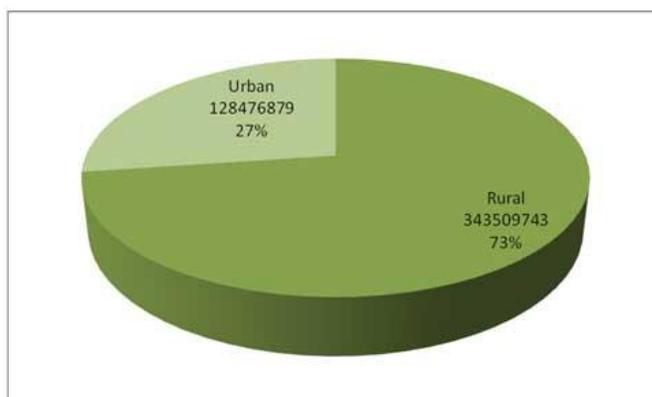
While an absolute increase of 181 million in the country's population has been recorded during the decade 2001-2011, there is a reduction of 5.05 millions in the population of children aged 0-6 years during 2010-11. The decline in male children is 2.06 million and in female children is 2.99 millions. The share of Children (0-6 years) in the total population has showed a decline of 2.8 points in 2011, compared to Census 2001 and the decline was sharper for female children than male children in the age group 0-6 years.

Gender of India's Children *

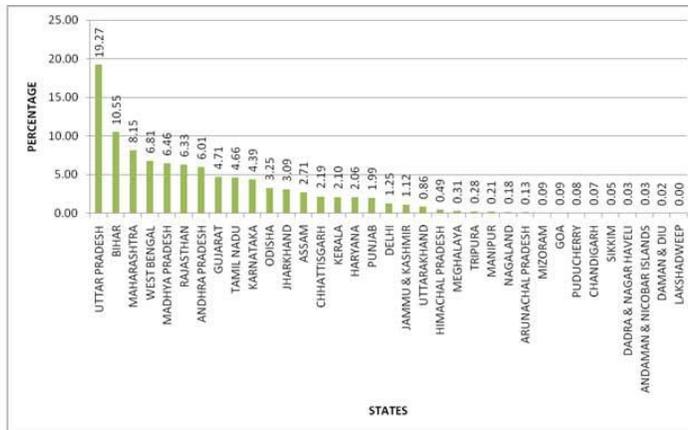


The number of boys has dropped 2.42 per cent and that of girls 3.80 per cent. Population (0-6 years) 2001-2011 registered minus (-) 3.08 percent growth with minus (-)2.42 for males and -3.80 for females. The proportion of Child Population in the age group of 0-6 years to total population is 13.1 percent while the corresponding figure in 2001 was 15.9 percent. The decline has been to the extent of 2.8 points.

Rural - Urban Distribution of Children Population *

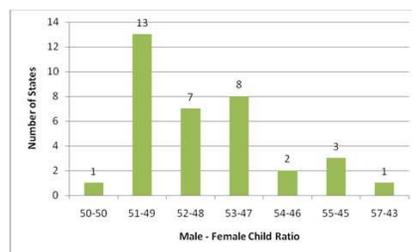


State wise distribution of Children's population *



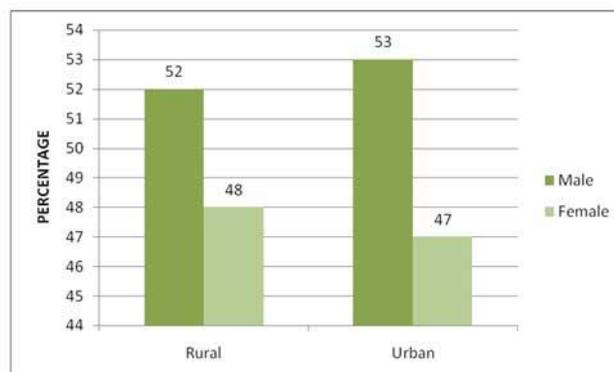
Uttar Pradesh (19.27%) is the state with highest children’s population in the country followed by Bihar (10.55 %), Maharashtra (8.15 %), West Bengal (6.81 %) and Madhya Pradesh (6.46%) constitutes 52% of Children’s population in the country.

Male – Female Children’s Ratio *



The Child gender Ratio in the country has declined.

Gender wise distribution of Rural - Urban Children Population *



9.5 SOCIALIZATION

9.5.1 Concept

Socialization is that process by which a living organism is changed into a person and a social being. It is with the help of this process that a younger generation learns the adult role which it has to play subsequently.

- The process continues from generation to generation.
- It starts with a birth of an individual and continues till death and even after death.
- Through this process of socialization a child learns to behave as per the expectations of the society.
- An individual learns the reciprocal responses of the society so that he can anticipate the behaviour of others towards him as well as his own behaviour towards others.

9.5.2 Factors Influencing Socialization

A number of factors influence the socialization of a human. The factors are:

1. Family: The family plays a very important role in the socialization of the child. In the beginning, the parents are the family for the child, because he depends on them for various things. After the parents' mention may be made of sisters, brothers, uncle, aunt, grandparents, and servants etc. The child learns many things from them relating to social behavior. The adult members of the family must see that their behaviors are within reasonable control in order that children may not learn anything undesirable through imitating them.

The parents owe a special responsibility in this respect, because the child's socialization begins first on the basis of parental behavior. The child learns many of his habits from parents. If the child has become problematic the responsibility is definitely of the parents from whom he has copied certain modes of behavior.

The parents must evince control, stability and appropriateness in their behavior. Parents must see that their behavior in relation to children is according to the situation in hand. Too much pampering will spoil them and they will drift away from realities of life. This situation will affect their socialization adversely.

2. Mutual relation between parents: There is a close link between the development of the child and the parents' mutual relationship which may be of four types:—(1) The mother loves the father, but the father does not-Love her, (2) The father loves the mother but the mother does not love the father, (3) None of them love each other, and (4) There is intense love between them.

All these four situations influence the socialization of the child. The first three situations are unfavorable for socialization, because they impair the child's adjustment. Then, there is no stability and control in the child's behavior, because he does not find the same in parents. When the life of

parents is happy, they are able to take due care of the child and his socialization goes on smoothly.

3. Entry into a new family: Some children have to go from one family to another. This may happen when a child is adopted by some issueless parents. Some women come to new houses with children from previous husbands. This situation, too, is not favorable for good socialization. When the child is of only 2 or 3 years of age, he does not remember anything. Then he does not face much difficulty in his adjustment. But if he becomes of 7 or 8 years he may confront difficult situation. In a new family his socialization will depend upon how others in the family behave with him. Indifference or too much fondling both will obstruct his normal socialization.

4. The relation with other members of the family: After the parents, the child comes into contact with other members of the family. If there are only 2 or 3 small children in the family, the socialization of the child will take a particular shape. If there are old grand-parents and uncles and aunts, the socialization of the child will be of a different type.

The child learns the virtues of co-operation, self-sacrifice, love, sympathy, religiosity, feeling for rendering service to others, competition, bravery and other social traits through contacts with other grown-up members of the family, the socialization of the child proceeds on a very flow pace. Then the child may pick up some un-social traits. These un-social elements may disappear gradually when the child starts going to school.

5. The impact of sisters and brothers: Sisters and brothers influence immensely the socialization of the child. It is from the sisters and brothers that the child learns how to behave with youngsters and elders. If the child happens to be the only child in the family, his socialization takes a particular form. Then the child may develop selfishness and obstinacy in him. Members of the family usually pay special attention on the only child. They try to meet all his demands. Each movement of the child, then, is regarded as something very unique.

As a result, the child becomes very proud of himself and conscious of himself as superior-most. This feeling in him promotes many un-social traits in him. Consequently, he may lack such good social traits as co-operation, self-sacrifice, sympathy and feeling of service for others.

Accordingly, it is not difficult to infer about many other traits of an only child. However, this does not mean that an only child is sure to be spoiled. Many only children have succeeded in placing great ideals of life before others. But in the beginning, it is very likely that they may develop some bad social traits.

Socialization is also affected by the chronological position of the child amongst sisters and brothers. The eldest, the middle and the youngest are closely related with a certain type of socialization. The eldest one becomes

prone to rule over other children. He usually issues commands to younger sisters and brothers.

The middle child nurtures a feeling of rivalry both against the eldest and youngest. Because of this position the socialization of the eldest, middle and youngest child proceeds in different ways. Similarly, the socialization of single brother amongst many sisters and of a single sister amidst many brothers goes on in varying ways which can never be regarded as desirable. Such children usually become spoiled. So, our behavior with each child should be very psychological. Only then their socialization will proceed in a desirable manner.

6. The social and economic status: The social and economic status influences the process of socialization. All like to meet children belonging to good social and economic status. Such children generally get ample opportunities to meet with various types of people.

Hence their socialization goes on in a good speed. Quite contrary to this, people do not welcome meeting children of low or bad economic and social status. Such children do not enjoy occasions to meet with various types of people. So, their socialization takes a different turn. Such children may also develop inferiority complex.

7. Neighbors and companions: Neighbors and companions play an important role in socialization. Before starting going to school, the child spends much of his time with neighbors and companions. Even after his admission to a school, he maintains his contact with his neighbors and companions.

If the neighbors and companions are good the child forms good habits, otherwise he goes astray and picks up undesirable modes of behavior that is why liquor shops and other bad places are regarded as vicious and the children are advised not to frequent them. Bad companions mold the child towards bad habits. Needless to add that we have to see that the child does not associate himself with bad neighbors and depraved companions

8. Social anxiety: All children like to behave in such a manner as to elicit praise from others. From the age of 12 to 22 or 23 years (i.e. during adolescence) he is very much keen to have approval of his conduct from others. It is so because now he has developed greater social consciousness. Adolescents are very much afraid of others' adverse criticism and punishments from his elders in the family. No corporal punishment should be given to adolescents.

In very trying situations, at worst, they may be scolded. If needful, some of the conveniences given to them may be withdrawn. The adolescent undergoes an anxiety for showing desirable behavior. The more one has this

type of social anxiety, the more he tries to seek praise from others. Thus, this type of social anxiety works as a good motivation for desirable socialization.

10. The caste or class level: Socialization of the child is influenced by the caste or class he belongs to. The child from a majority group may consider himself superior to that from a minority community. Similarly, in Hindus a child from a so-called high caste regards himself as superior to that from a caste which in his opinion is lower.

The children from lower castes consider themselves inferior to those from higher strata of society. For example, in U.S.A. the Negro children regard themselves inferior to white ones. In each country there are many children who consider themselves inferior or superior to others because of their caste or class level. This feeling may create an imbalance in their behavior, and accordingly, their socialization is also affected.

11. The school: The school is of vital importance in the socialization of the child for the first four or five years, the child learns various things in his family. Thus, he is already socialized up to some extent before he starts going to school. In the school the child confronts a new society. He comes to know about many things. All of us feel very much surprised to note how a young child of 5 or 6 years of age has picked up so many things in the school within a few weeks.

In a way, his whole personality is revolutionized. In the school the child realizes that he is only one unity of the group and like him there are several other units. This feeling brings in many changes in his behavior. Now in place of his 'self he is diverted to other children of the school. The child begins to feel that other children, too, must be having several needs and aspirations like him. Now he has to learn new methods of adjustment in the environment the teacher plays a very important role through his behavior in an ideal manner.

Thus, within the school environment the child adopts many social elements. As a result, his socialization proceeds further. Now the child appears to be more social than before. He appears to be more tolerant and balanced. The socialization in the school will depend upon the nature of the school and the teachers' and other children's behaviors. So, we all should try to send our children to good schools.

12. Culture: Socialization of the child is deeply related with culture. That is why differences are perceptible in the personalities and forms of socialization in children nurtured in varying cultures. The culture of a high family is likely to be higher than that of a lower-class family. Therefore, differences are found in the nature of socialization in children coming from higher and lower families.

9.5.4 Role of Family in Socialization

Family plays the most important role in socialization

- It is the principle socializer of young children
- It teaches how to behave in socially acceptable ways, to develop emotional ties and internalize values and norms
- Individuals share the patterns of the larger culture, but retain unique values and behavioral traits as learned from their family
- Socialization can be both deliberate (structured) and unconscious (unintended) "do as I say not as I do".

9.5.5 Parental Socialization

Older socialization perspectives focused on a small set of parental socialization strategies (modeling, punishment, reward, and reasoning). A generalization from this view states that parents who had a warm relationship with their children, who were firm but not overly restrictive, and who used reasoning and persuasion more than power assertion are the most effective in enabling their children's internalization of values. Critiques of this literature are that it ignores impact of culture, and of a multitude of child characteristics (temperament, age, mood) on parental actions. It also is not consistent with findings that parents use different methods and adopt different goals depending on the varying demands of situations.

Newer approaches that maintain a focus on socialization strategies of parents include an interest in parental flexible and responsive use of strategies and on an expanded range of socialization strategies. These are strategies that accommodate the agency of the child, attend to the construction, maintenance and repair of the relationship context of parenting interventions, and strategies that prevent or modify the impact of societal influences on children's socialization.

Conscious socialization might occur especially when parental values are not unambiguously supported by the surrounding culture or when parents deliberately prepare their children for a social context that differs substantially from the circumstances of their own socialization. Parents may also cycle through 'automatic' vs. conscious interactive processes during daily interchanges with their children.

9.5.4 a. Childhood

One of the major advances in the field of socialization has been recognized the importance of understanding the determinants of parenting behavior. Belsky (1984) proposed a three-domain model of the determinants of parenting, which included personal resources of the parents, characteristics of the child, and contextual sources of stress and support.

Child characteristics take two forms: universal predispositions that are shared by all children and individual differences in particular characteristics.

Infants are biologically prepared for social, cognitive, and perceptual challenges and these prepared responses play a significant role in facilitating children's adaptation to their environment. Infants with difficult temperaments elicit more arousal and distress from caregivers than less difficult infants. The impact of these individual differences on parental socialization behavior are not independent of environmental conditions. Crockenberg (1981) showed that the impact of a difficult infant temperament on the parent–infant attachment relationship varied as function of the degree of social support available to the mother, which underscores the potential modifiability of temperament-based influences.

9.5.4 b. Adolescence

More is known about adolescent socialization in the family than about socialization in other contexts, although far more is known about the influence of parents than about other family members, such as siblings. The researches indicate that adolescents fare better developmentally when their parents combine firm and consistent discipline with affection and involvement in the adolescent's life. This combination of ‘demandingness’ and ‘responsiveness’ is referred to as *authoritative parenting*. In many studies, adolescents raised by authoritative parents have been compared with their peers who come from homes that are *authoritarian* (demanding but relatively less responsive), *indulgent* (responsive but relatively less demanding), or *neglectful* (neither demanding nor responsive). Generally speaking, adolescents raised in authoritative homes score higher on measures of psychological adjustment and academic achievement and lower on measures of psychological and behavior problems than adolescents from other households. Adolescents from neglectful homes, in contrast, score lowest on measures of adjustment and highest on measures of maladjustment. Adolescents from authoritarian or indulgent homes generally score somewhere between the two extremes.

9.5.5 Role of Peers in Socialization

It is defined as a primary group composed of individuals of roughly equal age and social characteristics (your friends).

- Other peers that you encounter can also influence you
- More influential as children grow older
- To be accepted by our peers we often behave certain ways – we try to be the kind of person we think they want us to be
- Desire to fit in - there’s a focus on group interests and acquiring skills needed to fit into a subculture
- Socialization is not “structured”
- Groups goals can be at odds with larger society/parents/schools

9.5.6 Role of School in Socialization

It is structured - the emphasis is on acquiring skills that will enable us to fit into a larger society

- Plays a major part in our socialization because we're in school for so long
- most socialization is deliberate: activities teach skills whether vocational, academic or social
- extracurricular activities teach us teamwork, practice
- anticipatory socialization for the world of work because of deadlines, schedules and learning how to fit in to the larger society
- transmission of values
- unintentional socialization – some teachers and peers become role models for students
- peer groups are abundant in school

9.5.7 Impact of Television on Children

Television is a major source of entertainment, information and influence. Television viewing is one of the leading leisure activities of children today, and has now reached every nook and corner of India. About 95% of the population of India is within the reach of television relay now. In India television programmes are transmitted on one channel only (except in four metropolitan cities, viz. Bombay, Delhi, Calcutta and Madras). TV programmes are transmitted for only 6-10 hours per day. Television viewing has a great impact on various aspects of a child's life. It is a matter of great concern to educationists, planners, psychologists and pediatricians world over. Television viewing enhances cognitive development, and conveys knowledge, skills and information to the child. It motivates learning and imparts general awareness. It promotes both conceptual and concrete thinking, and helps in bringing change in behaviour and attitudes. However, television viewing has negative impacts too. It may place children in passive roles. It may provide escapism from reading, playing, exercise, study etc. It decreases actual social interaction, and provides antisocial or aggressive and destructive roles for imitation. Television imparts a new morbidity in Pediatrics.

9.6 LET US SUM UP

The child population in India is large emphasizing the need to focus on child-centered policies and programmes. In this unit we have reviewed the profile of Indian children. Sex ratio of the child population is low due to discrimination against the girl child that starts from birth itself. The educational status of children leaves much to be demanded. The enrolment rates are increasing. However, high dropout rates and poor retention of children in schools poses as a major challenge.

9.7 UNIT – END EXERCISES

1. Define the concept of Socialization.
2. List the factors that influence Socialization

9.8 ANSWERS TO CHECK YOUR PROGRESS

Socialization is that process by which a living organism is changed into a person and a social being. It is with the help of this process that a younger generation learns the adult role which it has to play subsequently. An individual learns the reciprocal responses of the society so that he can anticipate the behaviour of others towards him as well as his own behaviour towards others.

A number of factors influence the socialization of a human. The factors are Family, Mutual relation between parents, Entry into a new family, The relation with other members of the family, love, sympathy, religiosity, feeling for rendering service to others, competition, bravery and other social traits through contacts with other grown-up members of the family, the socialization of the child proceeds on a very flow pace, The impact of sisters and brothers. Socialization is also affected by the chronological position of the child amongst sisters and brothers. The social and economic status, Neighbors and companions, and also Social anxiety.

Socialization of the child is influenced by the caste or class he belongs to.

The school is of vital importance in the socialization of the child for the first four or five years. Similarly Socialization of the child is deeply related with culture. That is why differences are perceptible in the personalities and forms of socialization in children nurtured in varying cultures. S

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UNIT -X PROBLEMS OF CHILDREN

Structure

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10.1 INTRODUCTION

Children in India suffer from various health problems also during their early childhood and even before birth leading to short ended and unhealthy lives. Here also the law is not adequate to protect the health of children across India. Female Foeticide is another problematic area it is so many years since the enactment of the pre-natal diagnostic techniques (Regulation and prevention of misuse) Act, 1994. It is also over seven years since the amendment of PNDT Act, 2003 came into existence. Yet enforcing the law has proved to be a major challenge given resistance from the unethical medical practitioners.

Even the law agencies like the police or the courts tend not to view the breaking of law by doctors and medical professionals as serious offences against women and children and against the law of the land. Lack of adequate medical facilities is leading to increasing reach of private health service providers; whose practices are difficult to monitor. Every day man, women and children are trafficked across India and throughout South Asia, with India being the source country as well as a transit and destination point. However, cross-border trafficking is only the tip of iceberg. There is considerable degree of trafficking between state within the country. Many of those trafficked are

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children, sometimes as young as 8 years old, or over younger. Thus, child trafficking is another major problem. The above stated problems are with children whose leg and limbs are still intact but what about the disable children (physically or mentally). It is unfortunate that society continues to treat disability with apathy or at best pity, on the one hand, and revulsion on the other. In spite of recognition of the need to make special efforts for the physically and mentally challenged, the efforts have been inadequate. The problem of child in their respective personal laws is also going grave day-by-day. Further on inter-country adoption we don't have any legislation, it is only CARA under which some guidelines were put to get the adoption done. Our government also taking necessary actions from time to time by passing some schemes, plans, policies and programmes etc. to protect the child in this world full of conflict and economic, social, intellectual and violent confrontations.

10.2 OBJECTIVES

After studying this unit, you should be able to:

- discuss the problems of children in India;
- identify the childhood diseases, immunization and nutritional disorders; and
- explain the status of children in the domain of health and nutrition, using various indicators.

10.3 CHILDHOOD DISEASES AND IMMUNIZATION

The main causes of infant and child deaths are premature birth, acute respiratory infections, diarrhoeal diseases, vaccine preventable diseases where immunization coverage, maternal care and newborn care are inadequate.

There are so many childhood diseases, infectious and noninfectious, that it would be impossible to list them all here. However, we will introduce some of the most common ones, including viral and bacterial infections as well as allergic and immunologic illnesses.

Bronchiolitis: A number of different viruses cause bronchiolitis (inflammation of the small airways), which affects children less than 1 year of age. Most commonly, it is caused by RSV (respiratory syncytial virus), but it can also be caused by influenza and other common viruses associated with upper respiratory symptoms such as fever, runny nose, and cough. A common symptom of bronchiolitis includes all of the above and wheezing (the same symptom observed in children with asthma).

Ear Infections: Ear infections are very common in children and are caused by a dysfunction of the Eustachian tubes, the tubes that connect the inner ears to the throat and serve as a drain for any fluid that may collect there. When fluid collects, it attracts bacteria and other germs, which may multiply and cause a symptomatic infection.

Glue Ear: When fluid in the middle ear builds up and fails to clear up on its own or after treatment, it may need to be surgically drained. This procedure is called tympanocentesis.

Croup: Croup is common in young children. A number of different viruses cause croup, and inflammation of the upper airways, including the larynx (voice box) and trachea (windpipe), cause symptoms. These symptoms include a barking cough and stridor, a wheeze on inspiration.

Hand, Foot, and Mouth Disease: Coxsackievirus causes hand, foot, and mouth disease. It is extremely common during the summer and early fall and resolves on its own after about 10 days. The virus causes fever, sore throat, and blisters inside the mouth, on the palms of the hands, and the soles of the feet.

Pinkeye: Pinkeye is also called conjunctivitis. A virus is the most common cause of pinkeye, but a bacterial infection can cause it on occasion. Pinkeye is very contagious and can spread through schools and day cares quickly.

Fifth Disease: A virus called parvovirus B19 causes fifth disease. This very common infection appears in the majority of children as a cold followed by a rash on the face and body. The typical description of the rash is a "slapped-cheek" appearance, since the rash is usually bright and appears as a reddish patch.

Rotavirus: Rotavirus infection is responsible for significant morbidity and mortality in children in less developed countries where access to the rotavirus vaccine is limited. The infection causes significant fever, vomiting, and diarrhea in children. This can often lead to serious problems with dehydration, especially in very young children and infants.

Kawasaki Disease: Kawasaki disease is a very serious disease that can mimic many infections. When unrecognized and untreated, it can result in severe damage to the coronary arteries of the heart, resulting in heart attack and sudden death in children. These include high prolonged fever (greater than five days), a rash, cracked and dry lips, red eyes, enlarged neck lymph nodes, and swelling of the hands and feet.

Chickenpox: The varicella virus causes chickenpox. Though chickenpox infection is usually a benign (but uncomfortable) event in a child's life, there is a significant risk of severe complications, including bacterial skin infections, pneumonia, and others. That is the reason that vaccination is recommended and routine.

Measles: The rubeola virus causes measles, and it used to be an extremely common childhood infection prior to routine vaccination. Measles is an acute viral illness that can lead to serious complications, even death, and

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generally begins with nonspecific symptoms such as high fever, runny nose, and cough. Following these symptoms, patients develop a rash that spreads from the face to the feet.

Mumps: Mumps is a viral illness that typically starts with flu-like symptoms and then results in acute painful swelling of the salivary glands (parotitis).

Rubella (German Measles): Rubella, also known as German measles, causes mild illness in most individuals. This is not the case for unvaccinated pregnant women. The virus can cause serious and fatal birth defects in the fetus.

Whooping Cough (Pertussis): *Bordetella pertussis* is the bacteria that cause whooping cough. It is highly contagious and is sometimes fatal in young children, especially babies.

Meningitis: Meningitis is an inflammation of the tissue surrounding the brain and spinal cord (meninges). Viruses or bacteria may cause meningitis. Symptoms include headache, stiff neck, fever, and malaise.

Strep Throat: A strain of *Streptococcus*, a common skin bacterium, causes strep throat. Symptoms include a sore throat and fever that lasts more than a few days. Often there may be a white-colored discharge (pus) in the back of the throat and enlarged lymph nodes on the neck.

Scarlet Fever: A strep infection causes scarlet fever, which may appear after the throat infection. It is a common infection and starts with a fever and possibly sore throat, followed by a rash that begins on the chest and spreads to the rest of the body.

Reye's Syndrome: Aspirin and aspirin-containing medications should never be given to children. Reye's syndrome is a potentially fatal illness that is caused by exposure to these medications and results in life-threatening liver failure and subsequent brain swelling. It is luckily an uncommon illness today since the recognition of aspirin exposure as a cause.

MRSA (Staph Infection): MRSA, or methicillin-resistant *Staph aureus*, is an antibiotic-resistant organism that causes skin infections such as boils and abscesses (deep skin infections) or even worse.

Impetigo: Staph or strep, two very common skin bacteria, may cause impetigo. It generally appears as a bunch of small blisters that pop and form honey-colored crust. Impetigo can appear anywhere on the body and is most commonly diagnosed in young children.

Ringworm: A common fungus causes ringworm. This is not a "helminthic" disease (no worms involved). The name was developed due to the "worm-like" ring that is seen during these infections.

Lyme Disease: Lyme disease is a common infection caused by a bacterium carried by a specific deer tick. Once bitten by an infected tick, there is a risk that the individual will develop the symptoms of Lyme disease, including rash, fever, body aches, and sometimes more severe symptoms involving the nervous system and joints.

Flu: The flu typically is seen during the winter months and causes high fever, chills, body aches, and other symptoms. It usually resolves on its own, but in some, it can result in serious complications including pneumonia.

Seasonal Allergies: Seasonal allergies are the bane of many children and adults. Runny noses, sneezing, and puffy eyes are all common symptoms.

Immunization

Universal immunization of children against the six vaccine-preventable diseases (namely, tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles) is crucial to reducing infant and child mortality. Children who received BCG (vaccination against tuberculosis), measles, and three doses each of DPT and polio are considered to be fully vaccinated. Vaccination coverage are far from universal in the case of all vaccines- BCG, polio, DPT and measles. The national immunization coverage has reduced slightly in urban areas from 61 per cent in 1998-99 to 58 per cent in 2015-16. In rural areas, it has increased slightly from 37 per cent to 39 per cent for the same period.

10.4 BEHAVIOR DISORDERS OF CHILDREN

Severe Behaviour disorders are much less common, and true childhood psychosis is most uncommon. Hyperactivity is a behaviour disorder characterized by perpetual over activity. Hyperactive children refuse to concentrate on one task for long, are always on the go, and need relatively little sleep. They are very easily distracted, and, because of the lack of concentration, school problems arise. The incidence of hyperactivity varies enormously from country to country, and it is likely that local fashions and beliefs greatly affect the criteria for diagnosis. Most young children are very active and exhaust their parents, and few concentrate on their schoolwork as much as their parents wish. Thus, parents often see a child as overactive and readily suggest hyperactivity as the problem, though strict measurement of psychological criteria rarely demonstrates its presence. Enthusiasts embark on behaviour-modification therapy and sometimes drug therapy.

Mental health disorders (MHD) are very common in childhood and they include emotional-obsessive-compulsive disorder (OCD), anxiety, depression, disruptive (oppositional defiance disorder (ODD), conduct

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disorder (CD), attention deficit hyperactive disorder (ADHD) or developmental (speech/language delay, intellectual disability) disorders or pervasive (autistic spectrum) disorders. Emotional and behavioural problems (EBP) or disorders (EBD) can also be classified as either “internalizing” (emotional disorders such as depression and anxiety) or “externalizing” (disruptive behaviours such as ADHD and CD). The terminologies of “problems” and “disorders” are interchangeably used throughout this article.

While low-intensity naughty, defiant and impulsive behaviour from time to time, losing one’s temper, destruction of property, and deceitfulness/stealing in the preschool children are regarded as normal, extremely difficult and challenging behaviours outside the norm for the age and level of development, such as unpredictable, prolonged, and/or destructive tantrums and severe outbursts of temper loss are recognized as behaviour disorders. Community studies have identified that more than 80% of preschoolers have mild tantrums sometimes but a smaller proportion, less than 10% will have daily tantrums, regarded as normative misbehaviours at this age. Challenging behaviours and emotional difficulties are more likely to be recognized as “problems” rather than “disorders” during the first 2 years of life. Emotional problems, such as anxiety, depression and post-traumatic stress disorder (PTSD) tend to occur in later childhood.

10.5 MALNUTRITION OF CHILDREN

Malnutrition refers to any disorder brought on by improper diet. In developed countries, the most common form of malnutrition is obesity, the excess accumulation of fat brought on by a diet containing too many calories. Obesity is a major contributor to ill health throughout life. In non-industrialized nations, by contrast, most malnutrition stems from the lack of food or of particular nutrients. Such deficiency diseases remain an enormous problem. In addition, specific nutritional disturbances are encountered regularly in all populations.

One-third of the world's malnourished children are in India. Efforts made to reduce the absolute number of malnourished children have yielded slow and low results. To fulfill the Millennium Development Goals, India had to reduce the percentage of malnourished children to 27 per cent by 2005. However, the number of malnourished children has reduced to only 46 per cent. This goal has to be achieved by 2011 now. The Survey by National Nutrition Monitoring Bureau (NMMB) shows that even today there is a deficit of Children 12-23 months fully immunized over 500 Kcal in the intakes of children one to three years old and about 700 Kcal among those three to six years old. Children lack access to food in both quantitative and qualitative terms (Sinha 2008).

The NFHS-3 data presents data on three much used measures of child malnutrition among children under three years: stunting (deficit in height-for-age), wasting (deficit in weight for height) and the proportion of underweight (weight for age) children. Birth weight is a vital indicator of a child’s

vulnerability to the risk of childhood illness and survival chances. Children whose birth weight is less than 2.5 kg are considered to have a higher than average risk of early childhood death.

In sub-Saharan Africa, the corresponding levels of child malnutrition are much lower where 28 per cent of children below five years are underweight, 37 per cent are stunted and 9 per cent are wasted. In China, only 8 per cent of similar children are underweight and 14 per cent are stunted. In general, undernourishment is higher among rural than urban children. In 2005-06, the proportion of underweight children in urban areas was 36 per cent as against 49 per cent in rural areas. In the same way, the level of stunting and wasting are higher in rural than in urban areas.

10.5.1 Causes

Malnutrition due to inadequate intake of food results in muscle wasting, stunted growth, pallor, increased susceptibility to infection, and fatigue. A special form of malnutrition, in which the intake of calories is adequate but that of protein is not, is referred to as kwashiorkor; it is prevalent in areas of Africa, Asia, and Latin America. Kwashiorkor primarily affects children from six months to five years of age, the onset usually coinciding with the child's being weaned from breast milk (which provides adequate protein) to a diet consisting largely of starchy carbohydrates. The major causes for malnutrition are poverty, migration, emigration, war, drought, natural calamities, lack of parental care, and famine, etc.

10.5.2 Consequences

Malnutrition affects the children in various ways. The affected children are small, have excess fluid in their tissues, and often have enlarged livers. They have unusual pigmentation of the skin and sparse, reddish hair. Permanent aftereffects of kwashiorkor, especially on the intellectual functions, are matters of great concern. Vitamin deficiencies can result in a variety of diseases. Rickets is a disorder secondary to deficiency of vitamin D.

The major consequence is bone disease, with defective growth of the epiphyseal cartilage. (This cartilage, present in several bones, especially near the ends of the long bones of the arms and legs, ossifies as a person matures.) Scurvy occurs as a consequence of a deficiency of vitamin C. Clinical manifestations include bone disease, irritability, and bleeding under the skin and mucous membranes. Pellagra is due to a deficiency of niacin and is manifested clinically by diarrhea, dermatitis, and dementia. Riboflavin deficiency results in lesions of the skin and corners of the mouth, with a peculiar smoothing of the tongue. Beriberi is a consequence of thiamine deficiency. The major clinical features often relate to cardiac impairment. Defects in the functioning of the nervous system also are

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common. Deficiency of vitamin A results in ocular abnormalities, growth retardation, anemia, and dermatitis.

10.5.3 Prevention

The best way to prevent malnutrition is to eat a healthy, balanced diet. You need to eat a variety of foods from the main food groups, including:

- plenty of fruit and vegetables
- plenty of bread, rice, potatoes, pasta and other starchy foods
- some milk and dairy foods
- some meat, fish, eggs, beans and other non-dairy sources of protein
- See the Eatwell Guide for more information about the types of food that should make up your diet and the proportions you should eat them in.
- Speak to your GP or specialist if you have a health problem that means you're at an increased risk of malnutrition. You may have more complex dietary needs or may need to take supplements.

10.5.4 Nutritional Disorders

Certain basic nutrients are required to maintain good health. The energy yielding nutrients are proteins, carbohydrates and fats. Dietary fibbers, vitamins and minerals such as calcium, iron, chloride, magnesium, phosphorus, potassium and sodium are other essential supplements. Apart from these, certain micronutrients such as chromium, copper, fluoride, iodine, manganese, molybdenum, selenium, sulphur, zinc and so on are also required to keep the immune balance, haemopoetic system and maintain optimal health. All these nutritional supplements are essential at an appropriate quantity for maintaining health, enhancing immunity and speed up healing processes. Lack of essential nutrients in the body lead to diseases. Most of nutrients are readily available in the food. During certain phases of life like pregnancy, after major illnesses, the requirement of the nutrients will be different. If there is inadequate supply, it may lead to disorders such as babies with low birth weight, osteoporosis. There are also certain conditions where in the absorption of these nutrients get hampered leading to deficiencies. Thus, the quantitative or qualitative deficiency or inability to absorb the essential nutrients leads to malnutrition.

10.6 PROBLEMS OF CHILDREN

All children due to their age are considered to be at risk for exploitation, abuse, violence and neglect. But vulnerability cannot be defined simply by age. Though age is one component, Vulnerability is also measured by the child's capability for self-protection. The question that arises is, are children capable of protecting themselves. Can children provide for their basic needs, defend against a dangerous situation or even recognize a dangerous situation is developing? These questions call for a redefinition of the concept

of self-protection. A child's vulnerability comes from various factors that hinder a child's ability to function and grow normally. Hence self-protection is more about the ability of the child to lead a healthy life within a child protection system; the ability to protect themselves or get help from people who can provide protection. The term vulnerable children refer to an age group that is considered at risk. But vulnerability of children is further compounded by the following factors:

- Age within age: Younger children, especially those below the age of six, are much more dependent on the protection system.
- Physical disabilities
- Mental disabilities
- Provocative behaviours: due to ignorance or misunderstanding of children's mental health or behavioural problems, some people can become irritated or frustrated and hence lash out against children or neglect them completely.
- Powerlessness: comes of the situations and people that surround the children. If a child is given the power by the state, family or community to participate and fulfil their own rights and responsibilities they are less vulnerable.
- Defencelessness: comes from the lack of protection provided by the state or parents or community. If there is no child abuse law than how is a child suppose to defend himself/herself against abuse.
- Passivity: due to situation or treatment of the child. For example a child who is enslaved or oppressed does not have the ability to seek help or protection.
- Illness
- Invisible: Children who the system doesn't even recognise are highly vulnerable.

Children's Issues

- Abuse and Violence
- Child Sexual Abuse
- Street Children
- Children Living with AIDS
- Child in Armed Conflict
- Girl Child
- Child Marriage
- Children with Disabilities
- Children affected by Substance Abuse
- Birth Registration
- Missing Children
- Children in Conflict with Law
- Child Labour
- Child Trafficking
- Children without Parental care
- Child Health and Nutrition
- Early Childhood (Children below six)
- Children of Schedule Caste and Schedule Tribe Families
- Children in Poverty

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10.6.1 Neglected and Abused Children

Neglected Children: With both parents at work, the children go unattended for hours. In many cases, older siblings have to look after the younger ones. Neglected and deprived, the children feel not only insecure, but also unjustly treated. Thus, in a state of rejection and hurt, they may turn hostile and run away from home in search of other places where they can belong and feel loved.

Abused Children: The spectrum of child abuse is wide. It includes not only children who have suffered physical abuse with fractures and bruises (“the battered child”) but also those who have experienced emotional abuse, sexual abuse, deliberate poisoning, and the infliction of fictitious illness on them by their parents (Munchausen syndrome by proxy).

a) **Physical Abuse:** Physical abuse means violence against children. It is any way of intentionally causing physical harm to a child such as slapping, hitting with an object, punching, kicking, shaking, throwing, biting and burning or scalding. Physical abuse is also when a child is neglected, meaning the caregivers don’t provide for basic needs of the child, like food or safety. It can also include poisoning or attempting to drown a child and causing a child to become unwell.

Children under the age of two are most liable to suffer direct physical abuse at the hands of their parents. Such abuse is more common in families who are poor and are living under stress and in which the parents themselves suffered cruelty as children. Frequently, the child shows other evidence of poor nutrition or neglect. Most developed countries have a well-established system for dealing with suspected cases of abuse, involving child-protection agencies, social workers, and, if necessary, the police.

b) **Sexual abuse:** The World Health Organisation has defined child sexual abuse as the involvement of a child in sexual activity as he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. It includes different sexual activities like fondling, inviting a child to touch or be touched sexually, intercourse, exhibitionism, involving a child in prostitution or pornography, or online child luring by cyber-predators.

Sexual Abuse is the one in which dependent, developmentally immature children are involved in sexual activities that they do not fully comprehend and to which they cannot give informed consent, has become increasingly recognized. Girls are involved mainly, and their fathers are the usual offenders. Sexual abuse frequently does not come to light until the older girl develops a psychosomatic illness, runs away from home, or is truant from school.

10.6.2 Child Workers

Children are employed in many different types of jobs, and the employment relations governing their work vary accordingly. They may be wage labourers in factories or mines or self-employed workers engaged in street traders. Some are out-workers and others are seasonal migrant worker. Many are engaged in work that is the final link in a long chain of subcontracting. Some receive part of their wage in kind and some are paid on a piece-rate basis. Many are unpaid and work for their families in the home or on the land. Even if it is not itself “productive”, children’s work may release others for productive employment. Child employment may also be full time or part time. High proportions of child workers attend school too and are therefore recorded in official statistics as pupils and not as labourers. Most child workers are found in unregistered and undercapitalized enterprises operating in a competitive and often highly volatile or seasonal market.

10.6.3 Child Trafficking

According to UNICEF a child victim of trafficking is any person under 18 who is recruited, transported, transferred, harboured or received for the purpose of exploitation, either within or outside a country. Female children are trafficked for marriage, sex-work, criminal activity, adoption and organ trade whereas male children are trafficked mainly for labour and exploited as beggars. Sometimes, trafficked children are also recruited into armed groups or for criminal activity.

10.6.4 Child Prostitution

Child prostitution is a significant global problem that has yet to receive appropriate medical and public health attention. Worldwide, an estimated 1 million children are forced into prostitution every year and the total number of prostituted children could be as high as 10 million. Inadequate data exist on the health problems faced by prostituted children, who are at high risk of infectious disease, pregnancy, mental illness, substance abuse, and violence. Child prostitution, like other forms of child sexual abuse, is not only a cause of death and high morbidity in millions of children, but also a gross violation of their rights and dignity. In this article we estimate morbidity and mortality among prostituted children, and propose research strategies and interventions to mitigate such health consequences.

Our estimates underscore the need for health professionals to collaborate with individuals and organizations that provide direct services to prostituted children. Health professionals can help efforts to prevent child prostitution through identifying contributing factors, recording the magnitude and health effects of the problem, and assisting children who have escaped prostitution. They can also help governments, UN agencies, and non-governmental organizations (NGOs) to implement policies, laws, and

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programmes to prevent child prostitution and mitigate its effects on children's health.

10.6.5 HIV/AIDS Affected and Infected Children

There is a growing concern for children living with HIV today. Without treatment, thousands die as a result of AIDS. In addition, millions more children who are not infected with HIV are indirectly affected by the epidemic, as a result of the death and suffering that AIDS causes in their families and their communities. Till very recently, attention had centred mainly around two groups of children – infected children (those who are HIV positive), and affected children (those who have a zero-positive family)

Profile of Children and HIV/AIDS in India

In relative terms, the overall HIV prevalence rate in India is still low. There is, however, no cause for complacency. India's socio-cultural environment makes all children vulnerable to the infection. There are numerous risk factors intricately linked to social and cultural aspects of life that directly, and indirectly, facilitate HIV transmission among children. These include migration, increasing urbanization, poverty, illiteracy, displacement of people, the subordinate status of women, changing family patterns, growing consumerism, uncensored media exposure, unsafe sexual practices, irregularities in blood supply services, child abuse and child sexual abuse. Around 90% of all children living with HIV acquired the infection from their mothers during pregnancy, birth or breastfeeding. (Joshi, and Rao, 1999)

Impact of HIV/AIDS on Children

Social: Children may leave school either to earn or to perform household and/or care giving roles if there is no other support. If the community becomes aware of the family's HIV status the children face social prejudice and exclusion. Friends visit less often and children may be harassed at, or denied access to, school.

Children who lose a parent to HIV/AIDS are also at risk of losing their property rights, and their rights to inheritance. The resulting poverty and isolation can create a vicious circle, placing these children, especially the girls, at greater risk of contracting HIV themselves (UNAIDS 1999). Following the passing away of both parents, the extended family usually serves as the social security system. These families may lack the resources to care for them, and hence, such children may be the first to be denied education, adequate nutrition, health care, etc. (UNICEF 1999).

Economic: HIV/ AIDS irrevocably change the world for children. The onset of the symptomatic phase implies a change in family roles and relationships and in the family economy. Household resources dwindle due to medical expenses, and the parents' inability to work. Parents may be laid off due to their HIV status.

Health: HIV infection turns more quickly into full-blown AIDS in children. Moreover, in developing countries like India many common, inexpensive antibiotics and other medications are not available. Health services are difficult to access. Clinical guidelines for pediatric AIDS are less clear than those for adults. Children's nutrition, education, health and other needs are compromised. Discrimination in accessing health care is also common. The fact that all children born to positive mothers do not necessarily contract HIV is often ignored. Thus, children are at greater risk of dying of preventable diseases and infections because every illness is attributed to AIDS, and medical assistance thought to be of no use. Zero-positive children undergo considerable 'physical suffering as the infection plays out its course.

Psychological: The psychological distress HIV causes is compounded by children having to watch their parent(s) suffer over an extended period of time. Parental reluctance to disclose their diagnosis and its fatal nature, add to their child's confusion. Finally, the death of a parent is a very painful event. These various experiences cause emotional turmoil in the child that could leave long-term scars.

If a child in the family is infected, parents may shield healthy siblings from finding out, though the latter witness their sibling growing inexplicably weaker. Children, aware of the illness of a sibling, may be aware that they are also losing one or both parents. Behavioural and emotional disturbances in healthy siblings are possible (King, 1993).

10.6.6 Children with Disabilities

Children with disabilities have commonly been depicted as having types of play similar to their peers without disabilities, but with play repertoires and proficiencies that are often described as less well developed, less organized, and less varied. Their play skills may be limited by features or barriers related to their disabilities.

Barriers to the development of play behaviors in children with disabilities may occur in multiple ways: overdependence on caregiver; physical, psychological, or sensory limitations; environmental restrictions; or decreased social interactions. These obstacles to engagement in play activities may result in secondary disabilities such as increased dependence, decreased imagination, poor social skills, and lack of motivation.

Barriers to play can result in learned helplessness. Learned helplessness is a secondary disability that can affect the functional skills and interactions of children with developmental delays. Learned helplessness is the individual's belief that he or she cannot exert control over outcomes experienced when interacting with the environment. When children perceive that they have little control over outcomes, motivational, cognitive, and emotional deficits result. They may develop low self-esteem, directly affecting

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how they interact and perform in the environment. They usually demonstrate a lack of initiation and an inability to cope with the events around them. In these instances, educational interventions are needed to help children circumvent the aspects of their disabilities and environments that limit meaningful engagement in play, so that they may avoid secondary disabilities resulting from play.

10.6.7 School Dropouts

At the primary stage, 94 per cent of the rural population has a school within a kilometer while at the upper primary level, 84 per cent of the rural population has a school within three kilometers. Although the gross enrollment ratio in classes I-V was 107.8 per cent total, (boys 110.7 per cent, girls 104.7 per cent), the dropout rates were high (total 29 per cent, boys 31.81 per cent, girls 25.42 per cent). Enrollment ratios in classes VI-VIII was only 69.9 per cent total (boys 74.3 per cent, girls 65.1 per cent). The dropout rate from classes' I-VIII was 50.84 per cent (boys 50.49 per cent, girls 51.28).

Preventing school dropout and promoting successful graduation is a national concern that poses a significant challenge for schools and educational communities working with youth at risk for school failure. Although students who are at greatest risk for dropping out of school can be identified, they disengage from school and drop out for a variety of reasons for which there is no one common solution. The most effective intervention programs identify and track youth at risk for school failure, maintain a focus on students' progress toward educational standards across the school years, and are designed to address indicators of student engagement and to impact enrollment status not just the predictors of dropout. To leave no child behind, educators must address issues related to student mobility, alternate routes to school completion, and alternate time lines for school completion, as well as engage in rigorous evaluation of school-completion programs.

The strategies to prevent school dropouts are:

Early Interventions:

- Family Involvement... reach out to all families
- Early Childhood Education... begin positive learning environments early
- Reading and Writing Programs... establish this foundation to all learning

The Basic Core Strategies:

- Mentoring/Tutoring... increase competency with a supportive adult or peer
- Service Learning... implement academic learning connected to service
- Alternative Schooling... provide options beyond the traditional setting
- Out-of-School Enhancement... develop after-care, summer school, and extended hours

Making the Most of Instruction:

- Professional Development... provide resources & training for innovative, research-based techniques

- Learning Styles and Multiple Intelligences... implement proven methods for a diverse student population
- Instructional Technologies... integrate technology into daily curriculum
- Individualized Learning... provide customized work plans for each student

Making the Most of the Wider Community

- Systemic Renewal... change rules, roles, and relationships to effect school improvement
- Community Collaboration... engage businesses and organizations
- Career Education and Workforce Readiness... provide applied training and instruction for today's workplace
- Conflict Resolution and Violence Prevention... teach the strategies of fair engagement and safety

10.7 LET US SUM UP

Behavioral problems need to be addressed early because behaviors are harder to change the longer they exist. Sometimes, parents need only to be reassured that the particular behavior is normal or to hear a few simple suggestions. One simple suggestion is for parents to spend at least 15 to 20 minutes a day in a pleasurable activity with the child or to call attention to desirable behaviors (“catching the child being good”). Parents are also encouraged to regularly spend time away from the child. Children act out for different reasons. The first step to dealing with tantrums, meltdowns and defiance is to understand what’s bothering a child. Children's temperaments vary and thus they are quite different in their ability to cope with stress and daily hassles. Some are easygoing by nature and adjust easily to events and new situations. Others are thrown off balance by changes in their lives.

10.8 UNIT – END EXERCISES

1. What are the ways in which malnutrition in children can be eradicated
2. Illustrate the Impact of HIV/AIDS on Children in India.

10.9 ANSWERS TO CHECK YOUR PROGRESS

The best way to prevent malnutrition is to eat a healthy, balanced diet. You need to eat a variety of foods from the main food groups, including plenty of fruit and vegetables some milk and dairy foods some meat, fish, eggs, beans and other non-dairy sources of protein.

If the community becomes aware of the family’s HIV status the children face social prejudice and exclusion. Children who lose a parent to HIV/AIDS are also at risk of losing their property rights, and their rights to inheritance.

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HIV infection turns more quickly into full-blown AIDS in children. Zero-positive children undergo considerable 'physical suffering as the infection plays out its course. The psychological distress HIV causes is compounded by children having to watch their parent(s) suffer over an extended period of time. Parental reluctance to disclose their diagnosis and its fatal nature, add to their child's confusion

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UNIT XI - SCHOOL OF SOCIAL WORK

Structure

- 11.1 Introduction
- 11.2 Objectives
- 11.3 Social Work
 - 11.3.1 Concept
 - 11.3.2 Need
 - 11.3.3 Objectives
 - 11.3.4 Functions
- 11.4 Let us sum up
- 11.5 Unit – End Exercises
- 11.6 Answers to Check Your Progress
- 11.7 Suggested Readings

11.1 INTRODUCTION

Social work as profession of the most recent times has not developed in isolation. It has developed its body of knowledge by pulling various ideas from different relevant disciplines. ‘The basic concepts of social work’ in the sense we use in this unit, deals with the fundamental knowledge about some of the important concepts which are incorporated/included in the study and practice of social work profession. In this unit, attempt has been made to discuss those concepts in a lucid way.

11.2 OBJECTIVES

The main objective of the Unit is to make the students or readers familiar with the basic concepts which constitute important part of social work knowledge. It is of optimum importance to understand and know about these basic concepts for they are the foundation of social work practice.

After studying this unit, the readers will be able to comprehend and conceptualize the following matters:

- Meaning, concept, scope, objectives, function and methods of social work,

11.3 SOCIAL WORK

11.3.1 Concept

Social work is a profession primarily concerned with the remedy to psycho-social problems and deficiencies which exists in the relationship between the individual and his social environment.

People in distress, destitution and deprivation have been helped in the past by individuals joint families, caste communities, religious institutions motivated by religious philosophy that assumed ‘charity’ as a reward or medium for salvation, humanism, philanthropy, humanitarian feeling, democratic ideology, equality of all citizens; regard for human personality;

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respect for other's rights including the indigents, the handicapped, the unemployed, emotionally challenged and above all, those in need. The charitable work taken up by individuals and some voluntary organizations came to be termed as social work in the due course of time. The most frequently seen misconception about social work is that people mistake charity, alms giving and voluntary activities as social work, but this in reality is not social work, as it does not provide any permanent solution to the person's problems and does not empower a person to face his problems by himself. Social work aims at making a person self-dependent and self-reliant. It attempts to explore the casual factors behind the problem and tries to solve them scientifically.

Therefore, it is visualized that social work is scientific process for helping to the needy suffering from material deficiencies, physical disabilities, mental disorders, emotional disturbances and so on by using knowledge in human relationship and methods and skills in dealing with them.

Friedlander (1951) defined, "Social work is a professional service, based on scientific knowledge and skill in human relations, which assists individuals, alone or in groups, to obtain social and personal satisfaction and independence"

From the deeper analysis of all the definitions cited and discussed both from Indian and foreign perspectives of social work profession, it can be submitted that:

- i) Social work is a professional practice which critically involves professional knowledge, skills, tools and techniques for dealing with human behaviour
- ii) It mainly emphasizes on the analysis and synthesis of human behaviour for establishing a growth-producing relationship
- iii) It is concerned with individual and social problems which are solved by applying different methods and techniques.
- iv) As a practice giving much emphasis on social adjustment.
- v) Its main objective is to help the individuals to become self-dependent.
- vi) It aims at permanent solution of problems and prevention of their occurring through proactive measures.
- vii) It relates the available resources with the needs of individuals, groups and community at large.
- viii) It also integrates and coordinates the means and resources of social development.
- ix) It believes in democratic values.
- x) It is based on humanitarian philosophy

11.3.2 Need

Social work is the one helping profession whose revered code of ethics is clear about its moral mission to empower clients and address both private troubles and public issues, particularly for those who are the least advantaged:

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living. Social workers promote social justice and social change with and on behalf of clients.

11.3.3 Objectives

Friedlander gave three objectives of social work i.e.

- i) To change in painful situation of individuals,
- ii) To develop the constructive forces both within and around the individual and
- iii) To enhance the democratic and humanistic behaviour of the individual.

These are generally and universally accepted objectives of social work which basically try:

- i) To solve psycho-social problems
- ii) To fulfill humanitarian needs like love, affection, care, etc.
- iii) To solve adjustmental problems
- iv) To create self-sufficiency
- v) To make and strengthen harmonious social relations
- vi) To make provision of corrective and recreational services
- vii) To develop democratic values among the people
- viii) To provide opportunities for development and social progress
- ix) To conscientize the community
- x) To change the environment in favour of individual's growth and development
- xi) To bring change in the defective social system for social development and
- xii) To provide socio-legal aid to the needy who cannot afford to meet them.

11.3.4 Functions

Function of social work refers to the natural activity of social work or the statements of how social work operates.

According to Proff. **P.D. Mishra** social work operates to assist individuals in adjusting to the institutional frame work of the society and attempts to modify the institutional frame work itself in appropriate areas. He classified the functions of social work into the following 4 major categories:

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1. Curative Function: The services provided under curative functions are—medical and health services, services relating to psychiatry, child guidance, child welfare services, services for the handicapped or disable in the form of protection and rehabilitation. These kinds of services aim to cure the physical, social, material, psychological sickness of individuals in the society.

2. Correctional Function: The correctional function of social work has three broad areas, such as:

- a) **Individual reform service** which includes prison reform, probation, parole and other related services.
- b) **Services for improving social relationship** which includes family welfare services, school social work, industrial social work etc.
- c) **Services for social reform** that includes employment services, prevention of commercial sex work, beggary prohibition services and removal of untouchability etc.

3. Preventive Function: It includes life insurance services, public assistance, social legislation, adult education and prevention of diseases etc. This type of function basically deals with the services relating to the prevention of problems like insecurity, unlawfulness, ignorance, sickness etc. It is directed towards the elimination of those factors in the social environment or those deficiencies in the development of personality that prevents the individual from achieving a minimum desirable standard of socio-economic life.

4. Developmental Function: Developmental function includes the tasks of socio-economic development activities such as: education, recreational services, urban and rural development programmes and programmes of integration etc which are primarily concerned with the development of individuals, families, groups and communities.

The basic functions of social work can be divided in 3 broad interdependent and interrelated categories, viz;

1. Restoration of social functioning
2. Provision of resources and
3. Prevention of social dysfunction.

1. The restoration of impaired social functioning is the oldest and most commonly known function of social work profession. This function is subdivided into curative and rehabilitative aspects. The curative aspects are to eliminate environmental factors that have caused break down of social functioning of individuals, groups or communities and the role of the rehabilitative aspects is to recognize and rebuild interaction patterns in the society. As mentioned earlier, social work tries to intervene at the point where the individual interacts with his environment. The environmental factors hindering the functioning of a person may be social, economic, political or cultural. This function emphasizes at problem solving through modification in the psycho-social environment of individual and groups and through bringing

about changes in the attitude of recipients of the services. Therefore, if a person becomes dysfunctional due to any of the above-mentioned environmental factors, the first task at hand will be to restore the person's normal functioning. The second task will be to assess the damage caused by the dysfunction and strategies are devised to rehabilitate the person socially and bring him back to the normal mainstream.

2. Provision of Resources is further subdivided into developmental and educational. The developmental aspects are designed to extend effectiveness of existing social, human and material resources or to bring about full utilization personal capacity for more social interaction. The educational functions are designed to make the public aware about specific conditions and needs for new and changing resources and approaches.

3. The prevention of social dysfunction involves early detection, control and elimination of conditions and situations that could obstruct effective social functioning. The main two divisions are preventions of problems in the area of human interaction (individuals and groups) and secondly, prevention of social ills. Although it is a very important function of social work, it is neglected in most situations. Social work has generally concentrated on the curative and rehabilitative function and has worked on the problem-solving model. However, keeping in the mind the rapidly changing social scenario, it has become imperative to adopt the preventive approach to social work. The profession should ensure that problems are neither created nor eliminated at the very beginning. For this function the social workers play a crucial role of conscientization, capacity building and organizing people so that they themselves can prevent social dysfunctions.

In the present-day context, social work has to emphasize on the aspects of change. It is increasingly being realized that the main cause of dysfunction lies not with the people but with the systems within which they operate. Either the people do not get an environment or resources required for proper social functioning or they do not have access to the resources to fulfill their needs. Therefore, there is a need to challenge and change the system so that people get a favourable environment to function. In a nutshell, it can be said that the function of social work should shift from a status quo service oriented approach to change oriented development approach.

11.4 LET US SUM UP

Social work aims at helping people to solve their problems. Mostly social work deals with interpersonal problems, such as marital problems, parent-child problems, rehabilitation of chronic patients etc. It is different from social service. The preset of professional relationship and face-to-face interaction makes social work different from social service. Social work has a knowledge base borrowed from other social and psychological sciences. Social work has methods such as social case work, group work, community organization, social action, social welfare administration, and social work research. Social work has three important functions, restoration of impaired

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social functioning, provision of resources and prevention of social dysfunction. Social work's goal is problem solving.

It deals with psycho-social problems of physical and mental health; corrects the problems of interpersonal relations, and provides social justice the social worker's personal attitudes such as love and hostility should not interfere with her professional work. A social worker like any other professional, is guided by professional ethics. She has her ethical responsibility towards her profession, client, colleagues and the community. The social work history will give an account of different ideologies from charity, Professional Social Work: nature, Scope, Goals and welfare approach, clinical approach, ecological approach, radical approach to Functions progressive social work and feminism.

11.5 UNIT – END EXERCISES

1. Explain the concept and objectives of Social Work.
2. What are the functions of Social Work?

11.6 ANSWERS TO CHECK YOUR PROGRESS

Social work is a profession primarily concerned with the remedy to psycho-social problems and deficiencies which exists in the relationship between the individual and his social environment.

Social work is scientific process for helping to the needy suffering from material deficiencies, physical disabilities, mental disorders, emotional disturbances and so on by using knowledge in human relationship and methods and skills in dealing with them.

Friedlander gave three objectives of social work

- i) To change in painful situation of individuals,
- ii) To develop the constructive forces both within and around the individual and
- iii) To enhance the democratic and humanistic behaviour of the individual.

Function of social work refers to the natural activity of social work or the statements of how social work operates. The services provided under curative functions are—medical and health services, services relating to psychiatry, child guidance, child welfare services, services for the handicapped or disable in the form of protection and rehabilitation.

The correctional function of social work has three broad areas, such as: Individual reform Services for improving social relationship, Services for social reform.

Preventive Function includes life insurance services, public assistance, social legislation, adult education and prevention of diseases etc. Developmental function includes the tasks of socio-economic development activities such as: education, recreational services, urban and rural development programmes and programmes of integration etc which are

primarily concerned with the development of individuals, families, groups and communities.

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UNIT - XII UNITED NATIONS CHARTER OF CHILDREN RIGHTS

Structure

- 12.1 Introduction
 - 12.2 Objectives
 - 12.3 Children Rights
 - 12.4 Institutional Services
 - 12.5 Constitutional Safe Guards
 - 12.6 Five Year Plans-Policies
 - 12.7 Let us sum up
 - 12.8 Unit – End Exercises
 - 12.9 Answers to Check Your Progress
 - 12.10 Suggested Readings
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12.1 INTRODUCTION

The state of children is an index of a nation's level of development. Child rights are an integral part of human rights. A safe and secure childhood with provision for education, adequate nutrition and health are integral for survival, protection and development of children. Every child irrespective of caste, class, birth, race or gender should have access to these entitlements. Children also need to participate in decisions that affect their lives. However, the report on 'The State of the World's Children 2018' shows that every day on an average more than 26,000 children under the age of five years die around the world mostly from preventable causes. Recognizing the situation of children, various initiatives have been taken to better their lives.

12.2 OBJECTIVES

The aim of this unit is to introduce you to global initiatives and UN safeguards for children. These international commitments have played a significant role in enhancing the status of children. After studying this unit, you should be able to:

- discuss international declarations, conventions and covenants that focus on child rights;
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12.3 CHILDREN RIGHTS

The U.N conventional charter is a comprehensive set of children's rights. There are four general principles enshrined in the Convention. These are meant to help with the interpretation of the Convention as a whole and thereby guide national programmes of implementation. The four principles are formulated, in particular, in Articles 2, 3, 6 and 12.

- **Non-discrimination (Article 2):** State parties must ensure that all children within their jurisdiction enjoy their rights. No child should suffer discrimination. This applies to every child, "irrespective of the child's or his or her parent's or legal guardian's race, colour, sex,

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language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status”. The essential message is equality of opportunity. Girls should be given the same opportunities as boys. Refugee children, children of foreign origin, children of indigenous or minority groups should have the same rights as all others. Children with disabilities should be given the same opportunity to enjoy an adequate standard of living.

- **Best interests of the child (Article 3):** When the authorities of a State take decisions which affect children, the best interests of children must be a primary consideration. This principle relates to decisions by courts of law, administrative authorities, legislative bodies and both public and private social welfare institutions.
- **The right to life, survival and development (Article 6):** The right-to-life Article includes formulations about the right to survival and to development, which should be ensured “to the maximum extent possible”. The term “development” in this context should be interpreted in a broad sense, adding a qualitative dimension: not only physical health is intended, but also mental, emotional, cognitive, social and cultural development.
- **The views of the child (Article 12):** Children should be free to have opinions in all matters affecting them, and those views should be given due weight “in accordance with the age and maturity of the child”. The underlying idea is that children have the right to be heard and to have their views taken seriously, including in any judicial or administrative proceedings affecting them. The provisions of the Convention have been grouped under different sections according to Fact sheet No 10 (Rev.1) on ‘the Rights of the Child’. Equal importance has been attached to all the rights recognized by the convention:
- **General Measures of Implementation** is in Articles 4, 42 and 44 of the CRC. For this States have to harmonize national law and policy with the provisions of the Convention, plan mechanisms to coordinate policies for children monitoring the implementation of the Convention. States have to ensure that provisions of the convention are known to the public at large that is both adults and children.
- **Definition of the Child:** Article 1 states that a child means every human being below the age of eighteen years.
- **General Principles** include Non-discrimination (Article 2); Best interests of the child (Article 3); the right to life, survival and development (Article 6); and respect for the views of the child (Article 12).
- **Civil Rights and Freedoms** include the right to a name and nationality (Article 7); preservation of identity (Article 8); freedom of expression (Article 13); access to appropriate information (Article 17); freedom of thought, conscience and religion (Article 14); freedom of association and of peaceful assembly (Article 15); protection of privacy (Article 16); the right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment (Article 37 (a)).

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- **Family Environment and Alternative Care** includes Parental guidance (Article 5); parental responsibilities (Article 18, paras. 1 and 2); separation from parents (Article 9); family reunification (Article 10); recovery of maintenance for the child (Article 27, para. 4); children deprived of a family environment (Article 20); adoption (Article 21); illicit transfer of children abroad (Article 11); abuse and neglect (Article 19), including physical and psychological recovery and social reintegration (Article 39); periodic review of treatment provided to children (Article 25).
- **Basic Health and Welfare** comprises survival and development (Article 6, para. 2); disabled children (Article 23); health and health services (Article 24); social security and child care services and facilities (Article 26 and Article 18, para. 3); standard of living (Article 27, paras. 1-3).
- **Education, Leisure and Cultural Activities** include right of the child to education, also higher education and vocational training and guidance (Article 28); aims of education (Article 29); right of the child to rest and leisure and to enable the child to participate fully in cultural and artistic life (Article 31).
- **Special Protection Measures** focus on children in situations of emergency including refugee children (Article 22); children in armed conflicts (Article 38), and ensure their physical and psychological recovery and social reintegration (Article 39); children in conflict with the law which comprises the administration of juvenile justice (Article 40); children deprived of their liberty, facing any form of detention, imprisonment or placement in custodial settings (Article 37 (b), (c) and (d)); the sentencing of juveniles, in particular the prohibition of capital punishment and life imprisonment (Article 37 (a)); children in situations of exploitation, economic exploitation, including child labour (Article 32); drug abuse (Article 33); sexual exploitation and sexual abuse (Article 34); other forms of exploitation (Article 36); sale, trafficking and abduction (Article 35); children belonging to a minority or an indigenous group (Article 30).

The United Nations General Assembly in 2000 adopted two Optional Protocols to the Convention to safeguard children from involvement in armed conflicts and from sexual exploitation. The Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict states that members of armed forces who have not attained the age of 18 years do not take a direct part in hostilities (Article 1) and should not be compulsorily recruited into armed forces (Article 2).

The Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography prohibits such serious violation of children's rights (Article 1). Article 2 states that 'sale of children' means any act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration; 'child prostitution' means the use of a child in sexual activities

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for remuneration or any other form of consideration; ‘child pornography’ means any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes. The protocol emphasizes the significance of international cooperation and public awareness in combating these heinous crimes.

12.4 INSTITUTIONAL SERVICES

A child care institution as defined under the JJ Act,2015, means Children Home, Open Shelter, Observation Home, Special Home, Place of Safety, Specialized Adoption Agency and a Fit Facility recognized under the Act for providing care and protection to children, who are in need of such services. Children in conflict with law are provided residential care and protection in Observation Homes, Special Homes and Places of Safety. They are defined as under:

Does not exceed 4 months. As under section 41, JJ Act 2015.

| | Observation Home | Special Home | Place of Safety |
|-------------------------|--|--|--|
| Purpose | For temporary reception, care & rehabilitation of any child alleged to be in conflict with law, during the pendency of any enquiry under this Act. For every child alleged to be in conflict with law who is not placed under the charge of parent or guardian | For rehabilitation of those children in conflict with law who are found to have committed and offence and who are placed there by an order of the Juvenile Justice Board made under section 18 | To place a person above the age of eighteen years or child in conflict with law, who is between the age of sixteen to eighteen years and is accused of or convicted for committing a heinous offence |
| Duration of care | Does not exceed 4 months | Does not exceed 3 years | During the process of inquiry or person convicted of committing an offence |
| Establishment | The State Government shall establish and maintain in every district or a group of districts, either by itself, or through voluntary or non- | The State Government shall establish and maintain in every district or a group of districts, either by itself, or through voluntary or non- | The State Government shall set up at least one place of safety in a State |

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| | |
|-----------------------------------|---|
| governmental Observation Homes | governmental, Organizations Special Homes |
|-----------------------------------|---|

Observation Homes and Special Homes have a unique objective and purpose for the services provided for children in conflict with law, and hence the approach of each would be different. Place of Safety function as Observation Home or a Special Home for children between the age of 16 - 18 years of age, who are accused or found guilty of having committed heinous offences.

12.5 CONSTITUTIONAL SAFE GUARDS

There are several Constitutional Provisions of Children. These include the following: Article 14: provides that the state shall not deny to any person equality before the law or the equal

protection of the laws within the territory of India.

Article 15 (3): provides that "Nothing in this article shall prevent the state for making any special

provision for women and children

Article 21: provide that no person shall be deprived of his life or personal liberty except

according to procedure established by law

Article 21 (A): directs the state shall provide free and compulsory education to all children of the

age of six to fourteen years in such manner as the state may, by law, determine.

Article 23: prohibits trafficking of human beings and forced labour

Article 24: prohibits employment of children below the age of fourteen years in factories, mines,

or any other hazardous occupation

Article 25 - 28: provides freedom of conscience and free profession, practice and propagation of

religion

Article 45: envisages that the state shall endeavor to provide early childhood care and education

for all children until they complete the age of six years.

12.6 FIVE YEAR PLANS-POLICIES

The first five-year plan (1951-56)

Child development had been a priority subject in the country's developmental planning right from the First Five Year Plan itself. The First Five Year Plan recognized the importance of promoting social services for maintaining and consolidating the gains of economic development, attaining adequate living standards and social justice. Accordingly, a comprehensive Social Welfare Programme that was developed during the First Five Year Plan included welfare of Children, and of the Physically and Mentally Disabled. In

the initial years, the responsibility of child care services had primarily rested with voluntary organizations under the charge of a national apex body, viz., the Central Social Welfare Board which was set up in 1953 to promote voluntary action in the field of child development and disabled welfare. The World Health Organization, with the Indian government, addressed children's health and reduced infant mortality, indirectly contributing to population growth. In September 1955, the Ministry of Education constituted a National Advisory Council for the education of the physically disabled.

The second five-year plan (1956-61)

In the Second Plan, social welfare activities were extended to different sectors. The plan particularly focused in the development of the public sector. States were involved in the sphere of statutory enactment and organization of basic services for education and rehabilitation of the disabled and the extension of welfare services for women and children in rural areas. The Central Bureau of Correctional Services (CBCS) was set up in 1961 for collection and compilation of national statistics and preparation of guide books and model schemes. Social Defence programmes under the Suppression of Immoral Traffic in Women and Girls Act, Probation of Offenders' Act and Children Acts were organized. The Central Institute of Research and Training in Public Cooperation was set up in 1966 for research and training on problems relating to popular participation. About 2,100 maternity and child health centres were set up. These centres were integrated with the primary health unit services. These centres arranged for the regular training of maternal and child health personnel and also give periodic refresher courses. The second five-year plan provides for a larger emphasis on basic education, expansion of elementary education, diversification of secondary education, improvement of standards of college and university education, extension of facilities for technical and vocational education and the implementation of social education and cultural development programmes.

The Third Five Year Plan (1951-66)

In the Third Plan, many primary schools were started in rural areas. States were made responsible for secondary and higher education. The achieved growth rate was 2.84 percent. Holiday homes for children were promised and much social concern was shown towards children. Problem of child beggary was to be isolated and taken care of. Services were developed in the following lines: a. teaching handicapped persons in their homes; b. providing recreational facilities for the handicapped, and the infirm; and c. providing assistance by way of special aids.

The Fourth Five Year Plan (1969-74)

In the Fourth Plan (1969-74), all attempts were made to consolidate the initiatives taken in the previous plans. It was the tenure of Mrs. Indira Gandhi and all the activities of Central Social Welfare Board were further

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strengthened. In addition to the three National Institutes for the Blind, the Deaf and the Mentally Retarded, a National Institute of Orthopedically Handicapped was set up. For the placement of Disabled persons in employment, special employment exchanges were set up. The Scheduled Castes and Scheduled Tribes were also benefitted greatly by this plan. In the health care area the main objective was to control and eradicate communicable diseases, to provide curative and preventive health services in rural areas through the establishment of a primary health centre in each community development block. Among children those who are destitute should receive higher priority. In the Third Plan Rs. 36.9 lakhs were given as grant-in-aid to 14 foundling homes and 270 orphanages. No anti-child labour provisions were formulated during the period.

The Fifth Five Year Plan (1974-78)

The Fifth Plan (1974-78) proved to be the landmark in the field of child development through the adoption of a National Policy for Children (1974), and launching of the Integrated Child Development Services (ICDS) with a shift from welfare to development in the approach towards development of children. The programme of ICDS, launched in 33 experimental blocks in 1975, aimed to reach a package of 6 basic services, viz., health check-up, immunization, referral services, supplementary feeding, non-formal pre-school education and health and nutrition education for children below 6 years and expectant and nursing mothers living in the most backward areas through a single window delivery agency called 'Anganwadi Centre'. The Central and State Governments provided scholarships to the physically disabled. The State Governments extended institutional and non-institutional services for the socially and physically disabled. Very high priority had been given to elementary education programme. Adequate provision has been made for additional enrolment in terms of teaching personnel and construction of classrooms, especially in backward areas. There were scholarships provided with upto 12000 awards given every year since 1975-76. University education was laid emphasis upon under the plan.

The Sixth Five Year Plan (1980-85)

The Sixth Plan, in the early Eighties witnessed an effective consolidation and expansion of programmes started in the earlier Plans. The National Policy of Health adopted in 1983 set certain specific targets like bringing down the high rates of Infant and Child Mortality and take up universalization of immunization etc. by the year 2002 A.D. The National Policy on Education of 1986 emphasized universal enrolment and retention of children in the schools especially the girl children. Non-formal education programmes were also promoted intensively. Vocationalisation of education was given priority. Pre-school education centers were supported in the educationally backward states by extending grants to voluntary organizations.

The social welfare programmes received further momentum in the State Sector. The Children's Acts (the present JJ Act of 2000) were enacted in all the States except Nagaland. The Central Social Welfare Board continued to function as a focal and apex agency in the voluntary sector. The Voluntary Action Bureau was set up in 1982 to meet the challenge of crimes and atrocities against women and children and to create awakening among the masses towards their social responsibility. The objective was to guarantee to all equality of opportunity for education for improving the quality of life and their participation in the tasks of promoting the general well-being of the society. It was proposed that the programme of universalization of elementary education would be given serious consideration, especially in the educationally backward States and for reaching the socially disadvantaged who constitute the bulk of the non-attending children and of the drop-outs. In the comparison below we see the increase in the number of enrolments w.r.t. the planning years.

The Seventh Five Year Plan (1985-90)

The Seventh Plan continued the major strategy of promoting early childhood survival and development through programmes in different sectors, important among these being ICDS, universal immunization, maternal and child care services, nutrition, preschool education, protected drinking water, environmental sanitation and hygiene, and family planning. Under the maternal and child health services of the Ministry of Health and Family Welfare, the universal immunization programme to protect children from six major diseases which affect early childhood mortality and morbidity, viz. diphtheria, whooping cough, tetanus, polio, measles and childhood tuberculosis was strengthened for the development of children as a whole. ICDS continued to be the single nation-wide programme for early childhood survival and development during Seventh Plan. The Juvenile Justice Act (JJA) was enacted in 1986, to deal effectively with the problem of neglected or juvenile delinquents and provide for a standardized framework for dealing with such children. The Government of India enacted the Child Labour Prohibition and Regulation Act, 1986 and in 1987, the National policy on Child Labour was formulated. Projects were sanctioned to voluntary organizations for the welfare of working children to provide non-formal education, supplementary nutrition, health care and skill training.

During the Seventh Plan and Annual Plans 1990-92, a significant expansion of programmes and services for the welfare of the Disabled took place. For education of the Disabled almost all the States implemented programmes to provide stipends and other incentives to the Disabled at the elementary school stage. In addition to four National Institutes for Disabled, two other organizations, viz., the Institute for the Physically Handicapped (Delhi) and the National Institute of Rehabilitation Training and Research (Cuttack) also offered a wide range of services for the rehabilitation of the Disabled and organized manpower training. The medical and health care

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facilities for children were further augmented in the urban areas with not so good results.

The Eighth Five Year Plan (1992-97)

Human Resources Development being the major focus of the Eighth Plan, policies and programmes relating to 'child survival, protection and development' were accorded high priority with emphasis on family and community based preventive services to combat high infant and under-5 child mortality and morbidity. Following the ratification of the 'Convention on the Rights of the Child', in 1992 the Government of India formulated two National Plans of Action (NPA) - one for children and the other exclusively for the Girl-Child. While the NPA for Children sets out quantifiable goals to be achieved by 2000 AD in the priority areas of health, nutrition, education, water, sanitation and environment, the NPA for the Girl Child (1991-2000) aimed at removal of gender bias and enhances the status of girl child in the society, so as to provide them the equal opportunities for their survival, protection and development. Both the Plans of Action adopted an inter-sectoral approach in achieving sectoral goals laid down in the Action Plans in close uniformity with the major goals of 'Health for All', 'Education For All' etc.

The Ninth Five Year Plan (1997-2002)

The Ninth Plan re-affirmed its priority for the development of early childhood as an investment in the country's human resource development through inter-ministerial strategies. The strategy aimed at placing the Young Child at the top of the Country's Developmental Agenda with a Special Focus on the Girl Child; instituting a National Charter for Children ensuring that no Child remains illiterate, hungry or lacks medical care; ensuring 'Survival, Protection and Development' through the effective implementation of the two National Plans of Action - one for the Children and the other for the Girl Child; acknowledging that the first six years as critical for the development of children, therefore, greater stress will be laid on reaching the younger children below 2 years; continuing to lay a special thrust on the 3 major areas of child development viz. health, nutrition and education; universalizing ICDS as the main-stay of the Ninth Plan for promoting the over-all development of the young children, especially the Girl Child and the mothers all over the country; arresting the declining sex ratio and curb its related problems of female foeticide and female infanticide; bringing down the IMR to less than 60 and the CMR to below 10 by 2002 AD through providing easy access to health care services including RCH services and 100% coverage of immunization in respect of all vaccine preventable diseases; In order to achieve these commitments/strategies, efforts were being made during the Ninth Plan through various policy/programmatic interventions, in all child-related sectors through effective coordination and convergence of services and personnel. Efforts were made to strengthen the on-going approach of converging the basic services of health, nutrition and preschool education towards promoting

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the holistic development of the young child through Integrated Child Development Scheme (ICDS).

Though universalization of ICDS was contemplated by the end of 1995-96 through expanding its services in all the 5652 Blocks all over the country, yet only 4200 could become operational at the beginning of Ninth Plan, before the ban on further operationalization of ICDS projects was imposed by the Ministry of Finance w.e.f. 16.5.97. However, the ban was finally lifted and now the Government has decided to universalize ICDS all over the country by the end of the Ninth Plan. The other efforts are enlisted:

- Balika Samridhi Yojana was launched to extend a special package to girl children belonging to families living below the poverty line to ensure that all girl children enter into schools. Special incentives, viz. Rs. 500 to the mother and annual scholarships ranging from Rs. 300 to Rs. 1000 for girl children in classes I to X.
- Kishori Shakti Yojana was introduced as an enriched version of the scheme for Adolescent Girls.
- UDISHA was launched to strengthen the on-going ICDS Training Programme into a dynamic, responsive and comprehensive training-cum-human resource development programme. For the implementation of UDISHA, World Bank extended financial assistance to the extent of Rs.600.55 crore.
- The scheme of Creches and Day Care Centres for children of working/ailing mothers, being a non-expanding scheme, maintained the same level of 12470 creches benefiting 3.12 lakh children.
- The Reproductive and Child Health (RCH) Programme, being operated by the Ministry of Health and Family Welfare since October 1997 aimed at integration and expansion of family welfare services, up-gradation of their quality and making them easily accessible to the people.
- Nutrition: improving the dietary intake and through a change in the feeding practices and intra-family food distribution and preventing the deficiency diseases.
- Mid-Day Meals Programme for school going children implemented by the State Governments.
- A Child Line Foundation was set up to extend child line 77 services in major cities to protect children facing abuse, exploitation and neglect etc.
- A Programme for Juvenile Justice aimed at strengthening the implementation of Juvenile Justice Act 1986 and to bring about a qualitative improvement in the services provided for both neglected as well as delinquent children.

The Tenth Five-year plan

Programmes for children at a glance launched during 10th five-year plan: Rajiv Gandhi National Crèche Scheme- For children of working

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mothers. Eight lakh crèches are required to meet the child care needs of an estimated 22 crore women in the informal sector. Till September 2006, 23834 crèches were sanctioned. Integrated Programme for Street Children- Preventing destitution of children; providing shelter, nutrition, health care, education, recreation, and protection against abuse and exploitation. Reach out- 2 lakh children Welfare of Working Children in Need of Care and Protection Provides non-formal education, vocational training to working children to facilitate their entry/re-entry into mainstream education and prevent their exploitation. Implemented through NGOs. Reach out- 6996 children b/w 2005-07 'Assistance to Homes (Shishu Greh) for Children' – Provides grant-in-aid through Central Adoption Resource Agency to government institutions and NGOs for promoting adoptions within the country.

Reach out - 2650 beneficiaries during plan period Nutrition Programme for Adolescent Girls Launched by the Planning Commission, in 51 districts, on a pilot project basis, in 2002–03 & later transferred to MoWCD. It envisages that all adolescent girls (10–19 years) will be weighed four times a year and families of girls weighing less than 35 kg will be given 6 kg of foodgrains/month for three months. Kishori Shakti Yojana- Provides self-development, nutrition, health care, literacy, numerical skills, and vocational skills to adolescent girls between 11 and 18 years of age. Programme for Juvenile Justice - Provides 50% assistance to State/ UT administrations for establishment/set-up of institutions for juveniles in conflict with law and children in need of care and protection.

The Eleventh Five-year plan

The government took an altogether new stand with regard to children in the last Five-year plan. The stands adopted may be categorically tabulated as follows:

- Child Rights-Apex of the plan: The government accepts Child Rights to constitute Centre of the plan & it pledges to provide child with the rights of survival, participation & development.
- Admittance: Though India signed & morally obliged to abide by many International charters like Discrimination against Women & Child and UNCRC, the government accepted that women & children in India continue to suffer under the jaws of violence, neglect & injustice.
- The children in India can be raised in an environment of development & make them a part of India's economic growth of swelling GDP in accordance with the roadmap laid forward by the National Plan of Action for Children 2005.
- Differential approach: The government accepts that courtesy to the vast diversity of India in terms of several parameters like social, regional and economic the children don't compose a homogeneous class in themselves & hence mapping & addressing of specific deprivations needs to be undertaken to make a systematic penetration.

- In a nutshell, India aims to achieve the following targets relevant to children during the plan period: N.B: All of them are not totally relevant to children in general & considers women as principal beneficiaries with stress lying on girl child.
- **Balanced Sex-Ratio:** Raise the sex ratio for age group 0–6 from 927 in 2001 to 935 by 2011–12 and to 950 by 2016–17, proper implementation & review of Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC&PNDT). Monitoring appropriate authorities for granting, suspending or cancelling registration of Genetic Counselling Centers & review complaints.
- Ensure that at least 33% of the direct and indirect beneficiaries of all government schemes are women and girl children.
- Reduce IMR from 57 to 28 per 1000 live births.
- Reduce malnutrition among children of age group 0–3 to half its present level.
- Reduce anaemia among women and girls by 50%
- Reduce dropout rate for primary and secondary schooling by 10% for both girls as well as boys.

12th five-year plan

The presentation of 12th plan aims at a 9-9.5% growth rate during plan period (present averages at about 8.2). In order to achieve this, the GoI aims at developing on a few major sectors like agriculture, industry, education & disadvantaged groups. The major child relevant targets are laid as follows:

Education-

- Must aim at universalization of secondary education by 2017.
- Must focus on quality of education (11th Plan emphasis was on quantity).
- Must invest in faculty development and teachers' training
- Significant reduction in social, gender and regional gaps in education.
- Education for life- Vocational/skill development to ensure employability in response to changing market needs
- Development and operationalization of PPP models in School and Higher Education in accordance with the needs of a fast-growing economy.

Health-

- Clean drinking water, sanitation and better nutrition, childcare.
- Focus on women and children; ICDS needs to be revamped.
- Resource allocation- Health and Education received less than projected in Eleventh Plan. Allocations for these sectors will have to be increased in 12th Plan
- Health, Education and Skill Development together in the Centre's Plan will have to be increased by at least 1.2 % point of GDP.

NOTES**12.7 LET US SUM UP**

In this unit we have discussed the international declarations, conventions and covenants advocating rights of children. Their ratification binds member States to introduce policies and programmes for children and ensure their implementation. Beginning from 1952 the Geneva Declaration to the Convention related to Persons with Disabilities 2006, various efforts are being made to ensure a safe childhood for children so that they can develop their maximum potential. The Education for All and the Millennium Development Goals establish the importance of education, adequate nutrition and health, water and sanitation etc. for children. Finally, agencies like UNICEF, ICDC and CRIN highlight child rights as a global issue.

12.8 UNIT – END EXERCISES

1. Give the highlights of Child rights practiced in India.
2. What are the major suggestive measures of 12th Five year plan?

12.9 ANSWERS TO CHECK YOUR PROGRESS

The U.N conventional charter is a comprehensive set of children's rights. There are four general principles enshrined in the Convention. The four principles are formulated, in particular, in Articles 2, 3, 6 and 12.

- **Non-discrimination (Article 2):** State parties must ensure that all children within their jurisdiction enjoy their rights. No child should suffer discrimination
- **Best interests of the child (Article 3):** This principle relates to decisions by courts of law, administrative authorities, legislative bodies and both public and private social welfare institutions.
- **The right to life, survival and development (Article 6):** The right-to-life Article includes formulations about the right to survival and to development, which should be ensured "to the maximum extent possible".
- **The views of the child (Article 12):** Children should be free to have opinions in all matters affecting them, and those views should be given due weight "in accordance with the age and maturity of the child".

The presentation of 12th plan aims at a 9-9.5% growth rate during plan period (present averages at about 8.2). The major child relevant targets are laid as follows:

Education-

- Must aim at universalization of secondary education by 2017.
- Must focus on quality of education (11th Plan emphasis was on quantity).
- Must invest in faculty development and teachers' training
- Significant reduction in social, gender and regional gaps in education.
- Education for life- Vocational/skill development to ensure employability in response to changing market needs

- Development and operationalization of PPP models in School and Higher Education in accordance with the needs of a fast-growing economy.

Health-

- Clean drinking water, sanitation and better nutrition, childcare.
- Focus on women and children; ICDS needs to be revamped.
- Resource allocation- Health and Education received less than projected in Eleventh Plan. Allocations for these sectors will have to be increased in 12th Plan
- Health, Education and Skill Development together in the Centre's Plan will have to be increased by at least 1.2 % point of GDP.

12.10 SUGGESTED READINGS

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UNIT - XIII PLACE OF INSTITUTIONAL CARE

Structure

- 13.1 Introduction
- 13.2 Objectives
- 13.3 Institutional Care for Children
 - 13.3.1 Scope and Limitation
 - 13.3.2 National and International Institutions
 - 13.3.3 Institutional Role in Child Welfare
- 13.4 Child Labour Policy
 - 13.4.1 Policies for children
 - 13.4.2 Constitutional and Legislative provisions for children
 - 13.4.3 Programmes for children at National and International Level
- 13.5 Let us sum up
- 13.6 Unit – End Exercises
- 13.7 Answers to Check Your Progress
- 13.8 Suggested Readings

13.1 INTRODUCTION

Child rights are integral for the development of children. In order to ensure these entitlements to children and to fulfill international commitments, the Government of India along with civil society has made efforts by introducing various policies and programmes. These initiatives aim to nurture the childhood of children, providing them basic rights of survival, protection, development and participation. India is a signatory to the Convention on the Rights of the Child and its two Optional Protocols on sale of children, child prostitution and child pornography and on children involved in armed conflict. It strives to protect children from the vagaries of poverty, destitution, exploitation, and any such harm. Since the adoption of our Constitution we have affirmed the importance of child rights through various initiatives.

13.2 OBJECTIVES

Child rights are a component of human rights. Many countries formulated policies and programmes for children responding to the growing concern for the world's children. In India, the commitment to these goals took the shape of policies and programmes for the development of children. After studying this unit, you should be able to:

- discuss the constitutional safeguards and legislation for children;
- explain the policies advocating child rights in India; and
- Describe the programmes for children in India.

13.3 INSTITUTIONAL CARE FOR CHILDREN

To provide shelter and residential care services for vulnerable children, various kinds of institutions have been set up under the Juvenile Justice Act for Children. There are many more NGO-run institutions that are not registered under the Juvenile Justice Act, but are under other acts relating to children's institutions. Hence it is difficult to obtain an accurate picture of the total number children's institutions in India. However, the data on children show that the need surpasses the supply.

13.3.1 Scope and Limitation

Due to the large number of children requiring care vis-à-vis the services available for them, institutionalization is still one of the main forms of substitute care. Several research studies have shown negative impacts of the long-term institutionalization on the child. Some children have shown traits such as low self-esteem, failure to trust etc. which constitute what is known as the *Institutional Child Syndrome*. This is the result of continuous regimentation and impersonalized care given at the Institution (Mehta, 2015).

Foster Care India and Centre for Law and Policy Research (2014) in their document critique that the lack of one-on-one human contact, lack of play facilities, poor nutrition, overcrowding, and lack of access to medical care are commonly observed problems in institutional care. These deficiencies lead to physical, behavioural and cognitive problems of various kinds. The child is separated from the family and often experiences trauma. Children in institutional care do not experience warmth and positive relationships with caregivers or other significant adults.

Children are also vulnerable to abuse from other children and staff which may not get addressed adequately. The feeling of isolation from the outside world, lack of bonding among the children or with the staff impacts the child's sense of belonging, happiness, and emotional security. Institutions also become sites for neglect, abuse and exploitation. Moreover, some children continue to remain for long periods in the Institution due to lack of family tracing.

Often there are very few attempts to achieve family reintegration. There is very little periodic review of the child's stay in the Institution, exploring of other alternatives, and preparation for life after leaving the facility.

13.3.2 National and International Institutions

National Institutions

Below are a few examples of the government's initiatives in the area of child welfare: *India*.

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- **Childline India Foundation (CIF)** is an umbrella organisation link between the government and the NGO National Initiative for Child Protection (NICP), the National Institute for Social Defence (NISD) and CIF India. Childline is a project of the Ministry of Social Justice and Empowerment and is a partnership of all government and NGOs working towards protecting the rights of children. It includes a 24-hour free phone call service for children in distress. The focus is on protection and referral services for children;
- **Street Children & Juvenile Justice Work Plan** – 2000 is a joint effort by the Ministry and UNICEF;
- The **Central Adoption Resource Agency (CARA)** is an autonomous bureau that deals with matters relating to adoptions;
- Financial assistance to the that a new data collection strategy (VCA) working for intercountry adoptions;
- **Integrated Child Development Services (ICDS)** launched on 2nd October 1975. ICDS is a non-institutional service for children. The main target group of ICDS programmes are children in the age group 0-6 years, pregnant women and nursing mothers. The main focus is on children's pre-school education, health and nutrition.
- **SOS Children's Villages of India:** is a non-political welfare organisation. It is part of the worldwide SOS Children's Villages. Since its inception in 1964, SOS gives the children the next best thing to a natural family; here the children find a mother substitute and brothers and sisters to grow up with. There are 32 SOS children's villages in India and 122 allied projects. The organisation provides direct care to 15,000 children through the children's village programme and indirect care to nearly 2,00,000 children through its various community projects (kindergartens, school, social projects, medical assistance, vocational training centres and family helper programmes.) This programme has also begun to address the needs of children affected by disasters.

International Institutions

Various global agencies such as United Nations Children's Fund, International Child Development Centre and Children's Rights Information Network emphasize the rights of children so that they become a part of policy and planning. We will discuss, in brief, the role and functions of these agencies that strive to improve children's lives.

United Nations Children's Fund (UNICEF)

UNICEF, created by the United Nations in 1946, was formerly known as United Nations International Children's Emergency Fund. It came into existence to provide aid to children in countries, particularly in Europe and Asia, ravaged by the Second World War. In 1953, this agency became United Nations Children's Fund (UNICEF) with the aim of improving the state of the world's children. UNICEF advocates for the protection of children's rights,

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helps meet their basic needs and expands opportunities for them to reach their full potential. It is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children. UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress. It mobilizes political will and material resources to help countries, particularly developing countries, ensure a "first call for children" and to build their capacity to form appropriate policies and deliver services for children and their families. UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities. It responds in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children. In everything it does, the most disadvantaged children and the countries in greatest need have priority.

UNICEF aims to promote the equal rights of women and girls and to support their full participation in the political, social, and economic development of their communities. UNICEF works towards the attainment of the sustainable human development goals adopted by the world community and the realization of the vision of peace and social progress enshrined in the Charter of the United Nations.

UNICEF was created to overcome the obstacles that poverty, violence, disease and discrimination place in a child's path. Advocating measures to give children the best start in life, it believes that proper care at the youngest age forms the strongest foundation for a person's future.

International Child Development Centre (ICDC)

ICDC or the UNICEF Innocenti Research Centre in Florence, Italy, was established in 1988 to strengthen the research capability of the United Nations Children's Fund and to support its advocacy for children worldwide. The Centre helps to identify and research current and future areas of UNICEF's work. Its prime objectives are to improve international understanding of issues relating to children's rights and to help facilitate the full implementation of the United Nations Convention on the Rights of the Child in developing and industrialized countries.

Children's Rights Information Network (CRIN)

CRIN is a global network coordinating and promoting information and action on child rights. It strives to make it a global agenda by addressing root causes and promoting systematic change. The UN Convention on the Rights of the Child (CRC) is its guiding framework. CRIN's activities are based on the belief that information is a powerful tool for realizing children's rights. It

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distributes news, events and reports, lobbies, enables advocacy and promotes knowledge sharing and coordination. CRIN participates in international child rights coalitions and advocacy

groups, supports campaigns and makes the UN and regional mechanisms more accessible to those lobbying for social change. The network is supported, and receives funding from Swedish International Development Cooperation Agency (SIDA), Save the Children Sweden, UNICEF, Save the Children UK, among others.

13.4 CHILD LABOUR POLICY

The policy on child labour focuses on rehabilitation of children working in hazardous occupations and processes. The Action Plan outlined in the Policy for tackling this problem is as follows: legislative action plan for strict enforcement of Child Labour Act and other labour laws to ensure that children are not employed in hazardous employments, and that the working conditions of children working in non-hazardous areas are regulated in accordance with the provisions of the Child Labour Act. It also entails further identification of additional occupations and processes, which are detrimental to the health and safety of the children; *focusing of general*

developmental programmes for benefiting child labour. Since poverty is the main cause of child labour, the action plan emphasizes the need to cover these children and their families also under various poverty alleviation and employment generation schemes of the Government; project-based plan of action envisages starting of projects in areas of high concentration of child labour. As a result, in 1988, the National Child Labour Project (NCLP) Scheme was launched in nine districts of high child labour endemicity in the country. The Scheme envisions running of special schools for child labour withdrawn from work. In the special schools, these children are provided formal/non-formal education along with vocational training, a stipend of Rs.100 per month, supplementary nutrition and regular health check-ups so as to prepare them to join regular mainstream schools. Under the Scheme, funds are given to the District administration for running special schools for child labour. Most of these schools are run by the NGOs in the district. The coverage of the NCLP Scheme has increased from 12 districts in 1988 to 100 districts in the Ninth Plan.

13.4.1 Policies for children

The development of children determines the level of a nation's advancement. Many policy initiatives have been undertaken in India to guide programmes to ameliorate the condition of children in India. Some significant policies for children are as follows:

National Policy on Children 1974: This policy considers the nation's children as a supremely important asset and observes that children's programmes should find a prominent place in national plans for the development of human resources, so that children grow up to become robust

citizens. The objectives of this policy are to provide adequate services to children, both before and after birth and through the period of growth; to ensure their full physical, mental and social development; and to progressively increase the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth. In order to achieve these objectives, certain measures are suggested which includes a comprehensive health programme for children, free and compulsory education for children till the age of fourteen years, equality of opportunity for all children, protecting children from exploitation, cruelty and neglect, constituting National Children's Board, among others.

National Policy on Education (NPE) 1986 and its Programme of Action (POA) 1992: Education is the birth right of each child. NPE 1986 and its POA 1992 is an important policy intervention highlighting early childhood care and education (ECCE) and elementary education with a child-centred approach. Part five on 'Reorganization of Education at Different Stages' includes ECCE that states recognizing the holistic nature of child development, viz. nutrition, health and social, mental, physical, moral and emotional development. ECCE will receive high priority and be suitably integrated with the Integrated Child Development Services (ICDS). Elementary education focuses on universal enrollment and universal retention of children upto fourteen years of age and a substantial improvement in the quality of education. This policy led to the launch of the National Elementary Education Mission 'Education for All' in 1993 and the District Primary Education Programme in 1994. Now, Sarva Shiksha Abhiyan seeks to achieve the goal of Universalization of Elementary Education of satisfactory quality by 2010.

National Policy on Child Labour 1987: The policy focuses on rehabilitation of children working in hazardous occupations and processes.

National Plan for SAARC Decade of the Girl Child 1991-2000: The member-states of the SAARC Region met at Male in 1990 and declared 1991-2000 as the 'SAARC Decade for the Girl Child'. In response, the Government of India launched a National Plan of Action with the central theme 'Survival, Protection, and Development'. The purpose was to provide equal opportunities to the girl child acknowledging her low status in society. The main goals of the Plan were: survival and protection of the girl child and safe motherhood, overall development of the girl child, and special protection for vulnerable girl children in difficult circumstances and belonging to special groups.

National Nutrition Policy 1993: The Policy states that widespread poverty resulting in chronic and persistent hunger is the single biggest bane of the developing world. The physical expression of this continuously re-enacted tragedy is the condition of under-nutrition which manifests itself among large sections of the poor, particularly amongst the women and children. 'Undernutrition' is a condition resulting from inadequate intake of food or more essential nutrient(s) resulting in deterioration of physical growth and health.

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Nutrition is a multi-sectoral issue and needs to be dealt with at various levels. Nutrition affects development as much as development affects nutrition. The nutrition policy instrument in its strategy states that the problem of nutrition has to be tackled both through direct nutrition intervention for especially vulnerable groups as well as through various development policy instruments which will create conditions for improved nutrition.

National Population Policy 2000: The objectives of the policy are to meet the reproductive and child health needs, to bring the Total Fertility Rate (TFR) to replacement levels by 2010, to achieve a stable population by 2045 at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection and to simultaneously address issues of child survival, maternal health, and contraception. In order to achieve these objectives, the policy formulated National Socio- Demographic Goals to be achieved in each case by 2010.

National Health Policy 2002: The National Health Policy was last formulated in 1983. The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach would be to increase access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. It seeks to ensure a more equitable access to health services across the social and geographical expanse of the country. The National Health Policy, 2002 endeavours to achieve the time-bound goals like reducing infant mortality rate to 30 per 1000 live births and maternal mortality rate to 100 per lakh live births by 2010, increasing health expenditure by Government as a per cent of GDP from the existing 0.9 per cent to 2.0 per cent by 2010, etc.

National Charter for Children 2003: The Charter, adopted on 9th February 2004, emphasizes Government's commitment to children's rights. It intends to secure for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation. The policy sets forth goals to ensure and protect the survival, life and liberty of all children, promote high standards of health and nutrition, assure basic minimum needs and security, give importance to play and leisure, early childhood care, free and compulsory primary education, protection from economic exploitation and all forms of abuse, protection of the girl child, empowering adolescents, equality, freedom of expression, freedom to seek and receive information, freedom of association and peaceful assembly, strengthening family, responsibilities of both parents, protection of children with disabilities, care, protection, welfare of children of marginalized and disadvantaged communities, ensuring child friendly procedures.

National Plan of Action 2005: The plan commits itself to ensure all rights to all children upto the age of 18 years. It emphasizes survival, protection, development and participation of children. The guiding principles of the Plan of Action are:

- To regard the child as an asset and a person with human rights;
- To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality;
- To accord utmost priority to the most disadvantaged, poorest of the poor and least served child in all policy and programmatic interventions; and
- To recognize the diverse stages and settings of childhood, and address the needs of each, providing to all children the entitlements that fulfill their rights and meet their needs in each situation.

The Plan has identified twelve key areas keeping in mind priorities and the intensity of the challenges that require utmost and sustained attention. These are to reduce maternal mortality rate, reduce malnutrition among children, achieve 100 per cent civil registration of births, universalization of early childhood care and development and quality education for all children, achieving 100 per cent access and retention in schools, (including pre-schools), complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child, improving water and sanitation coverage both in rural and urban areas, addressing and upholding the rights of children in difficult circumstances, securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect, complete abolition of child labour with the aim of progressively eliminating all forms of economic exploitation of children, monitoring, review and reform of policies, programmes and laws to ensure protection of children's interests and rights, and ensuring child participation and choice in matters and decisions affecting their lives.

The Government shall ensure all measures and an enabling environment for survival, growth, development and protection of all children, so that each child can realize his or her inherent potential and grow up to be healthy and productive citizens. This calls for collective commitment and action by all sectors and levels of governments and partnership with families, communities, voluntary sector, civil society and children themselves. The Plan will be implemented throughout the country through national measures and through State Plans of Action for Children.

13.4.2 Constitutional and Legislative provisions for Children

The Constitution of India which came into force on 26th January 1950, protects the rights of children. The Fundamental Rights incorporated in Part III of the Indian Constitution, Directive Principles in Part IV and Fundamental Duties in Part IVA play a significant role in affirming child rights. The

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Fundamental Rights being enforceable in court create justiciable rights in favour of the individuals whereas as the Directive Principles require legislation for implementation and are basically important guidelines for the governance of the country. The Fundamental rights related to children are as follows- the right to equality including equality before law and the equal protection of laws (Article 14), prohibition of discrimination on grounds of religion, race, caste, sex or place of birth (Article 15) and its subsection that states 'Nothing in this Article shall prevent the state from making any special provision for women and children', and abolition of untouchability (Article 17); the right to freedom including the right to freedom of speech and expression (Article 19 (1)(a)), the right to protection of life and personal liberty (Article 21) and that right to education flows from right to life (Article 21 A), the right against exploitation, prohibiting all forms of forced labour, child labour and traffic in human beings (Articles 23 and 24), the right to freedom of conscience and free profession, practice and propagation of religion (Article 25 to 28), the rights of minorities to conserve their culture, language and script and to establish and administer educational institutions of their choice (Articles 29 and 30), and the right to constitutional remedies for the enforcement of all fundamental rights (Article 32). These rights have either direct or indirect bearing for children.

The Directive Principles ensure care for children. Some Articles relate directly to children such as Article 39 'The State shall, in particular, direct its policy towards securing (e) that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength; (f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment'. Article 243G with Schedule 11 - provides for institutionalization of child care by seeking to entrust programmes of Women and Child Development to Panchayat (Item 25 of Schedule 11), apart from education (Item 17), family welfare (Item 25), health and sanitation (Item 23) and other items with a bearing on the welfare of children.

The Constitution (86th Amendment) Act was notified on 13th December 2002, making free and compulsory education a Fundamental Right for all children in the age group of 6-14 years. By this, Article 21 A reads as follows- 'The State shall provide free and compulsory education to all children of the age of six to fourteen years in such a manner as the State may, by law, determine'. Article 45 'The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years' and Article 51 A (k) who is a parent or guardian to provide opportunities for education to his child or, as the case may be, ward between the age of six to fourteen years'. It introduced amendments in fundamental rights, directive principles and fundamental duties. The Right to Education Bill seeks to give effect to this Amendment.

Legislation is an important instrument to empower children. It shows the commitment of the State to child rights in acting for the well-being of

children. According to Bajpai (2003), some chief legislations that relate to children are as follows:

The Guardian and Wards Act 1890 elaborates the qualifications, appointment, and removal of guardians of children by the courts and is applicable to all children irrespective of their religion.

The Child Marriage Restraint Act 1929 (Sarda Act) amended in 1979 restrains the solemnization of child marriages by laying down the minimum age of marriage for both boys and girls. This law is applicable to all communities irrespective of their religion.

Hindu Adoption and Maintenance Act 1956 codifies the law relating to adoption and Maintenance among Hindus.

The Hindu Minority and Guardianship Act 1956 provides for the appointment of guardians of minors among Hindus.

Young Persons Harmful Publications Act 1956 checks the dissemination of certain publications that are harmful for young persons.

Probation of Offenders Act 1958 restricts imprisonment of offenders under twenty-one years of age.

The Orphanages and Other Charitable Homes (Supervision and Control) Act 1960 provides for the supervision and control of orphanages and homes for children.

Apprentice Act 1961 states qualifications for persons above fourteen years of age to undergo apprenticeship training in any designated trade.

The Medical Termination of Pregnancy Act 1971 stipulates when pregnancies may be terminated by registered medical practitioners.

The Child Labour (Prohibition and Regulation Act 1986 prohibits employment of children in 13 occupations and 57 processes contained in Part A & B of the Schedule to the Act (Section 3). It regulates the condition of employment in all occupations and processes not prohibited under the Act (Part III). According to this Act, 'child' means a person who has not completed fourteen years of age.

The Child Labour Prohibition Act, 2006 is imposed under the Child Labour (Prohibition and Regulation) Act, 1986 and is effective from 10th October, 2006. It bans domestic child labour. This Act prohibits employment of children as domestic servants or servants or in dhabas (roadside eateries), restaurants, hotels, motels, teashops, resorts, spas or in other recreational centres. The Ministry of Labour warns that anyone employing children in

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these categories would be liable to prosecution and other panel action under the Act, that is, fine up to Rs. 20,000/- or imprisonment up to two years.

The Children (Pledging of Labour) Act 1933 prohibits pledging the labour of children.

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 regulates the production, supply, and distribution of infant milk substitutes, feeding bottles, and infant feeds with a view to the protection and promotion of breastfeeding and ensuring the proper use of infant feeds and other incidental matters.

The Pre-Natal Diagnostic Technique (Regulation and Prevention of Misuse) Act 1994 regulates the use of pre-natal diagnostic techniques in order to detect genetic or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and prevents the misuse of such technique for pre-natal sex determination leading to female foeticide.

The Juvenile Justice (Care and Protection of Children) Act 2000 deals with juveniles in conflict with law and children in need of care and protection, by providing for proper care, protection, and treatment fulfilling their developmental needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children, and for the ultimate rehabilitation through various institutions established under the Act.

In many general statutes also there are many provisions related to children. The areas of criminal law, family law, employment law have child-specific references. Criminal law plays an important role in protecting the rights of children. The Indian Penal Code (IPC) 1860 categorizes various offences and the punishment for these offences. It also has special provisions that deal with causes of miscarriages and injuries caused to the unborn child (IPC Secs.312-318). In the event of child rape, consent cannot be a defense where a child is below sixteen years of age. Marital rape is recognized only if the wife is below fifteen years of age (IPC Secs. 375, 376). Punishment becomes much harsher in the case of rape by public servants and custodial rape [IPC Secs. 376 (a), (b), (c), (d)], this includes rape of children in institutions. There are provisions related to kidnapping, abduction and buying of minors for prostitution, slavery and forced labour (IPC 358-374). The Immoral Traffic Prevention Act 1956, amended in 1987 curbs trafficking of both boys and girls. Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substance Act 1988 and Cable Television Network Regulation Act 1995 also have provisions related to children.

Family law has personal laws that differ according to the religion of the child. The rights of children born to Hindus are governed by the Hindu Marriage Act 1955 and the Hindu Succession Act 1956. Christian children are

governed by the Indian Divorce Act 1860 and the Indian Succession Act 1925. Muslim personal law governs Muslim children in issues of marriage, maintenance, custody, guardianship, adoption, succession and inheritance. Parsi children are governed by the Parsi Marriage and Divorce Act 1936 and the Indian Succession Act 1925. Section 125 of the Criminal Procedure Code (CrPC) is for the maintenance of children avoiding destitution.

13.4.3 Programmes for children at National and International Level

The policies discussed earlier led to the formulation of programmes to achieve the goals declared for the well-being of children. There is also emphasis on child budgeting to analyze the allocations made by the government for the programmes related to children and to examine the relevance of these programmes for children's needs. Some important schemes for children are as follows:

Mid-Day Meal Scheme

In 1956, the erstwhile Madras State launched the mid-day meal programme of providing free meals to elementary school children. In 1995, with a view to enhance enrollment, retention and attendance and simultaneously improve nutritional levels among children, the National Programme of Nutritional Support for Primary Education (i.e. the national “mid-day meal scheme”) was initiated. By 2001, a few states were providing cooked meals, but most were only giving monthly “dry rations” of food grain to school children. The number of states providing cooked meals rose sharply from early 2002 onwards, after a Supreme Court order (dated 28 November 2001) directed all State Governments to introduce cooked mid-day meals in primary schools. The scheme has been further revised to cover children in upper primary (classes VI to VIII) also.

Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers

This scheme provides day-care services to children along with facilities of food, shelter etc. It was revamped in 2006. The present scheme provides assistance to non-governmental organizations for running crèches for infants (0-6 years) and ensuring sleeping facilities, healthcare, supplementary nutrition, immunization, etc. for running a crèche for 25 infants for eight hours.

The Shishu Greh Scheme

This scheme is implemented by the Ministry of Women and Child Development and seeks to fulfill child development goals. The objectives of this scheme are to promote adoptions within the country, ensure minimum standards in care of children and provide institutional support within the country for care and protection of infants and children up to 6 years of age

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who are either abandoned or orphaned/destitute and for their rehabilitation through in-country adoption.

Integrated Child Development Services

The Government of India launched the Integrated Child Development Services - ICDS Scheme on 2nd October 1975, to commemorate the birth anniversary of the Father of the Nation, Mahatma Gandhi. The objectives are: (i) to improve the nutritional and health status of children below the age of six years and pregnant and lactating mothers; (ii) to lay the foundation for the proper psychological, physical and social development of the child; (iii) to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs; to achieve effective coordination of policy and implementation among various departments to promote child development; (v) to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper health and nutrition education.

The Scheme provides a package of the following services to children below 6 years and pregnant and lactating mothers from disadvantaged sections: (i) supplementary nutrition; (ii) immunization; (iii) health check-up; (iv) referral services; (v) pre-school non-formal education; and (vi) nutrition and health education.

Sarva Shiksha Abhiyan (SSA)

SSA is an effort to universalize elementary education by community-ownership of the school system. It is a response to the demand for quality basic education all over the country. This programme is also an attempt to provide an opportunity for improving human capabilities to all children, through provision of community owned quality education in a mission mode. The programme aim is to provide useful and relevant elementary education for all children in the 6 to 14 age group by 2010. Another goal is to bridge social, regional and gender gaps, with the active participation of the community in the management of schools.

Scheme on Community Based Production of Nutritious Food

The scheme provides supplementary food of high quality to vulnerable groups particularly pre-school children, pregnant and lactating mothers attending ICDS or creches/ balwadis run by the NGOs. The food prepared at these units is the 'Ready to Eat' (RTE) type prepared with roasted cereals and pulses or freshly cooked food.

Scheme for Working Children in Need of Care and Protection

This scheme is for children working as domestic helps, at roadside dhabas, mechanic shops, etc. The scheme provides for bridging education and vocational training, medicine, food, recreation/sports equipments, etc.

Pilot Project to Combat the Trafficking of Women and Children for Commercial Sexual Exploitation

This scheme is for providing care and protection to trafficked and sexually abused women and children in source and destination areas. It includes networking with law enforcement agencies, rescue operations, temporary shelters for the victims, repatriation to hometown and legal services, etc.

Commission for Protection of Child Rights Act 2005

As envisaged in the Commissions for Protection of Child Rights Act 2005 notified in the Gazette of India on 20th January, 2006 as Act No. 4 of 2006, the Government has set up a National Commission for Protection of Child Rights (NCPCR) with effect from 5th March, 2007. The Commission deals with all matters relating to children, for proper enforcement of children's rights and for effective implementation of laws and programmes relating to children.

Integrated Programme for Street Children

The scheme is for full and wholesome development of children without homes and family ties. It aims to prevent destitution and withdrawal of children from a life on the street and their placement into the national mainstream. The objectives are provision for shelter, nutrition, health care, sanitation and hygiene, safe drinking water, education and recreational facilities and protection against abuse and exploitation to destitute and neglected street children. The strategy is to develop awareness and providing support to build capacity of the Government (Central, State and Local), non-governmental organizations and the community at large to realize the rights of the child enshrined in the Convention on the Rights of the Child and in the Juvenile Justice Act, 1986. The programme endeavours to provide the support necessary for the wholesome development of street children particularly those without homes and family ties and children especially vulnerable to abuse and exploitation such as children of sex workers and children of pavement dwellers.

Central Adoption Resource Authority (CARA)

It is an autonomous Body under the Ministry of Women and Child Development. Its mandate is to find a loving and caring family for every orphan/destitute/surrendered child in the country. CARA was initially set up in 1990 under the aegis of the Ministry of Welfare.

Integrated Child Protection Scheme (ICPS)

This scheme is based on the cardinal principles of "protection of child rights" and "best interests of the child". The ICPS aims to promote the best

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interests of the child and prevent violations of child rights through appropriate punitive measures against perpetrators of abuse and crimes against children and to ensure rehabilitation of all children in need of care and protection. The Ministry of Women and Child Development seeks to combine its existing child protection schemes under one centrally sponsored scheme of ICPS. This scheme aims to work with government and civil society partnership. The target group constitutes children in need of care and protection, vulnerable children, and children in conflict with law.

13.5 LET US SUM UP

In this unit we have discussed the policies and programmes for children in India. Children are an asset of a country and all steps have to be taken in their best interest. India is committed to the rights of child and it ratified the Convention on the Rights of the Child in 1992. Various policies like National Policy on Children 1974, NPE 1986, National Nutrition Policy 1993, National Population Policy 2002 etc. highlight the importance of achieving targets to ensure development of children. In response, the programmes focus on critical areas of education, survival, health, safety and well-being of children.

13.6 UNIT – END EXERCISES

1. Name the various national and international organizations that work towards child welfare.

13.7 ANSWERS TO CHECK YOUR PROGRESS

There are numerous National and International Institutions that are run for the upliftment of children community

Childline India Foundation (CIF)
Street Children & Juvenile Justice Work Plan
The Central Adoption Resource Agency (CARA)
Integrated Child Development Services
SOS Children's Villages of India

To name few International Institutions

United Nations Children's Fund (UNICEF)
International Child Development Centre (ICDC)
Children's Rights Information Network (CRIN)

13.8 SUGGESTED READINGS

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UNIT - XIV CHILD WELFARE PROGRAMMES

Structure

- 14.1 Introduction
- 14.2 Objectives
- 14.3 Non-Institutional Care
 - 14.3.1 Organization and Functions of Creches
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14.1 INTRODUCTION

All children can be vulnerable by virtue of their young age and evolving capacities. They can be ‘open to’ harm, injury, violence, and abuse. Due to different circumstances and/or factors children can also be vulnerable to adverse influences and ‘at risk’ behavior. Marginalization further exacerbates vulnerability. In development settings like India, the burden of risk and vulnerability falls disproportionately on children. Risks include family separation, displacement, attack, sexual exploitation and abuse, trafficking, disability, HIV and AIDS, and child labour, among many others. Children’s exposure to multiple, accumulating risks, shatters children’s rights, impedes children’s healthy development and well-being, and causes enormous suffering. Children are also vulnerable due to chronic poverty and inability to meet basic needs together with structures of social exclusion and poor governance. Across contexts, children face systemic protection threats that arise at family, community, and societal levels.

Impact of child vulnerability and marginalization can be short term or long term depending on the extent, nature and severity, and other factors. The damage can also be permanent. The impact can be on the physical, emotional, social, psychological and mental health and well-being of the child. The State and society have the crucial responsibility and legal obligation to reach out to children to ensure that every child is able to access resources, grow up in safety, and amidst caring and nurturing adults.

14.2 OBJECTIVES

After studying this unit, you will be able to:

- identify various child care settings;
 - describe the need of child care; and
 - analyze the child welfare services different settings.
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14.3 NON-INSTITUTIONAL CARE

Non-Institutional Care or Alternative Care can largely be practiced in four ways: adoption, sponsorship, kinship care, and foster care. This could include:

1. Permanent family for the child through adoption
2. Financial assistance and other support to single parents or relatives through Kinship support to manage a crisis situation. This prevents the child from being institutionalized.
3. Family-based and Community-based intervention programmes as preventive action that strengthen families and enables them to take care of their children.
4. Monetary support through sponsorship programmes in the arenas of health, education, and vocational guidance to support the family in meeting expenses. This also encourages families to take primary responsibility for their child along with supplementary assistance.

There are two distinct kinds of alternative care. They are:

- **Informal Care**-Kinship care, community-based care, and other family-based care arrangements wherein the caregivers (relatives, guardian, neighbours, volunteers, persons close to the family, etc.) have informally reached out to take care of the child. They could be related or non-related adults and have no official mandate or sanction to offer care. While this informal arrangement may work out for some children, Roby (2011) in his discussion paper, *Children in Informal Alternative Care* cautions that specific attention needs to be given to children in informal care to ensure that they too are adequately benefitting from State measures of child rights and protection.
- **Formal Care**-Formal care includes all placements with a recognized care giver. This second group includes all foster care and residential care arranged by a third party, whether government or a private agency. They include foster care (kin/non kin), group care, residential or institutional Care which have been ordered or authorized by an administrative or judicial authority or a duly accredited body (Better Care Network & UNICEF, 2009:7). Such arrangements come under the purview of the relevant laws and procedures.

14.3.1 Organization and Functions of Creches

The Government's sustained initiative on education and employment of women has resulted in increased opportunities for their employment, and

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more and more women are now in gainful employment, working within or outside their homes. The growing industrialization and urban development have led to increased migration into the cities. The past few decades have shown a rapid increase in nuclear families and breaking up of the joint family system. Thus, the children of these women, who were earlier getting support from relatives and friends while their mothers were at work, are now in need of day care services which provide quality care and protection for the children. Children who used to grow up in the secure and warm laps of their grandmothers and aunts are now confronted with an insecure and neglected environment; therefore, women need a safe place for their children in their absence. It has become necessary to provide support to the young children in terms of quality, substitute care and other services while the mothers are at work. Effective day care for young children is essential and a cost-effective investment as it provides support to both mothers and young children. Lack of proper day-care services is, often, a deterrent for women to go out and work. Hence, there is an urgent need for improved quality and reach of day care services/crèches for working women amongst all socio-economic groups both in the organized and unorganized sectors.

Women working in the organized sector can avail day care facilities for their children which their employers are obliged to provide under various legislations, (Factories Act 1948, Mines Act 1952, Plantation Act, 1951, Inter-State Migrant Workers Act, 1980 and NREGA 2005 make provision of day care mandatory). On the other hand, the need of the children of the women working in the un-organised sector still remains largely unaddressed.

There is a worldwide consensus among psychologists, educationists, paediatricians and sociologists regarding the significance of early years of life for the optimum development of child. Early childhood is a time of remarkable brain development that lays the foundation for later learning and any damage or impoverishment suffered at this stage is likely to be irreparable. These are years of extreme vulnerability and tremendous potential during which adequate protection, care and stimulation are essential to provide the foundation for the child's well-being and development. Thus, there is a need to adequately address the developmental needs of the children in the crèches through Early Childhood Education and Development. Early Childhood Education and Development entails that young children be provided opportunities and experiences that lead to their all-round development – physical, social, emotional, language and cognitive abilities.

A lack of adequate nutrition and proper care has irreversible consequences. Poor nutrition has a negative impact on school enrollment and readiness. Undernourished children are less likely to enroll in school and would drop out, if enrolled. A severe or chronic lack of essential nutrients in childhood impairs language, motor and socio-emotional development. In addition, extending the provision of safe drinking water and proper sanitation would reduce infant and child mortality drastically. It is more cost effective to institute preventive measures and support for children early on than to

compensate for disadvantage as they grow older. The need for child care services has been emphasized in the National Policy for Children, 1974, National Policy for Education, 1986, National Policy for Empowerment of Women, 2001 and the National Plan of Action for Children, 2005.

The Steering Committee on Women's Agency and Child Rights for the Twelfth Five Year Plan (2012-17) under the aegis of the Planning Commission has, in its report, stated that the Rajiv Gandhi National Creche Scheme (RGNCS) has so far fallen short of its target of providing quality day-care services for children. Further, with the universalization of ICDS, which aims to cater to a similar target group of children, and provides a larger gamut of services, the design of RGNCS needs a relook, to effectively reap the demographic dividend in the context of increasing needs of younger working women, patterns of migration and urbanization, changing family support structures etc. The Committee has recommended that upgrading AWCs to AWC-cum-creches and/or revision of norms, option of different flexible models, and procedures of RGNCS would therefore be the options that may be examined and taken forward in the next Plan period so that children can be provided community based safe and nurturing spaces for their growth and development.

In the above background and based on the experience gained/feed-back received from the implementation of the Rajiv Gandhi National Crèche scheme and recommendations of evaluation study conducted by National Institute of Public Co-operation and Child Development (NIPCCD), the present scheme has been revised for strengthening the existing programme components and thus making the services more effective in achieving the envisaged objectives. The revised scheme aims to make a significant impact on the Early Childhood Care Services for children up to 6 years of age in the country.

Definition

A crèche is a facility which enables parents to leave their children while they are at work and where children are provided stimulating environment for their holistic development. Crèches are designed to provide group care to children, usually up to 6 years of age, who need care, guidance and supervision away from their home during the day.

Objectives

- (i) To provide day-care facilities for children (6 months to 6 years) of working mothers in the community.
- (ii) To improve nutrition and health status of children.
- (iii) To promote physical, cognitive, social and emotional development (Holistic Development) of children.
- (iv) To educate and empower parents /caregivers for better childcare.

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Services

The scheme will provide an integrated package of the following services:

- (i) Daycare Facilities including Sleeping Facilities.
- (ii) Early Stimulation for children below 3 years and Pre-school Education for 3 to 6 years old children.
- (iii) Supplementary Nutrition (to be locally sourced)
- (iv) Growth Monitoring.
- (v) Health Check-up and Immunization.

Target Group

The scheme focuses on children of 6 months to 6 years, of working women in rural and urban areas who are employed for a minimum period of 15 days in a month, or six months in a year.

Coverage

The Scheme has a pan India coverage. Preference would be given to poor children and children with special nutritional needs. As on January 2015, there are 23,293 functional crèches. This Scheme will continue as a Central Sector Scheme in rural and urban areas.

In the first year of implementation of the revised Scheme, the agencies will undertake an exercise to upgrade the infrastructure in the crèches to meet the requirements of the revised Scheme. In this period the agencies will also undertake intensive inspections and weed out non-functional and non-performing crèches in these areas.

Number of Beneficiaries and Functionaries

Ideally the number of children in the crèche should not be more than 25. Of these, at least 40 percent of children should, preferably, be below 3 years of age. It is important that adequate trained worker and helper are available to provide day care facilities and to supervise the functioning of the crèche. In addition to crèche worker, there should be one crèche helper looking after children.

The minimum qualification of Crèche Workers should be Class XII (intermediate) and that of the Helper, Class X (Matriculation). In case any suitable person with these qualifications is not available relaxation may be given by the State Government/District Administration. However, in any case, the qualification may not be less than Class X and VII respectively. The age limit for both the categories should be 18-35 years at the time of appointment.

To maintain the standards of care, the worker and helper should have minimum qualifications and requisite training at the time of appointment itself,

so as to enable them to understand and cater to the children's individual needs and developmental capabilities. Thus, the NGO should engage only such staff in the crèches who have been trained in the last three years from approved training centres. The training will also be provided by the implementing agencies/ mother NGOs, from their own resources.

Physical Infrastructure

Location/Environment: The crèche should be located in a safe and secure place which is welcoming and child friendly. It is ideal to have the crèche near the homes of children or near the place of work of the mothers (at a walkable distance i.e. ½ - 1 km) for the following reasons:

- Mothers breastfeeding their babies can conveniently come to feed their babies.
- Parents can be contacted in case of emergencies
- It is easier to pick up, bring or send the child from home
- If a child is absent for a long period of time, the crèche worker can go herself to enquire about the child from his/her home.

As far as possible the crèche environment should be akin to the child's home atmosphere and should also reflect the life style of the community.

Crèche Building / Space Specifications: *The crèche should not function from the crèche worker's/helper's home.* The crèche should be preferably on the ground floor. Physical environment should be reasonably suitable for children with special needs. A crèche must have a minimum space of 6-8 sq. ft. per child (total 150-200 sq ft) to ensure that they can play, rest, and learn without any hindrance and to ensure a safe and protective environment for children especially for those under 3 years. Care should be taken that there is sufficient space both indoors and outdoors (preferably of equal size) at the crèche. The space in the centre may be utilized in a multi-purpose manner, for example, playing area can be converted into a make-shift sleeping place for children by spreading out some durries and mats. This will facilitate organizing activities for the children to promote their development. In summers, the space outdoors should have a shaded area which is clean and safe.

In an ideal centre, the kitchen should be 25% of the covered area and toilet should be 5% of the covered area. The centre should have at least two rooms/a large hall with a roof of at least 10 ft. height for children to rest and sleep, and a playing area. The rooms should have well plastered walls having enough space for display of pictorial material in each room of the centre. There should be at least two windows placed at a height of not more than 3 ft above the ground with an area which is 1/5th of the floor area. Doors and windows combined should have 2/5th the floor area. The doors and gates should be constructed appropriately to ensure safety of children and also of material/equipments.

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Whereas the State Government should make efforts to provide space for crèches through the local bodies, in case such space is not available, the crèche may be housed/located in a hired building.

Light and Ventilation Arrangements: The Centre should be clean, well-lighted with adequate ventilation. A fan should also be installed in crèches where electricity supply is available. In case there is irregular/no electricity supply; provision of installing an inverter may be made by the organization.

Other Facilities

Drinking water and Sanitary Facilities: The centre must have safe and regular drinking water facility. For this, centre should install a water filter/purifier which should be cleaned regularly. In places where there is shortage of water, adequate arrangements for storage of water may be done. At least one tank of 300 liters capacity may be installed.

Child friendly toilets including for children with special needs should be available keeping in view the safety and security of children at the centre. A clean, Indian type child-friendly toilet with water facilities, soap, clean cloth/towel, garbage bin, wash basin/sink at low level and an exhaust fan should be part of the centre. The water tap should be placed at a height that can be used independently by children. The crèche should have a regular supply of cleaning material such as phenyl, disinfectants, brooms and swabs, dustbins, garbage bins etc. Regular supervision may be done for improving the services and maintaining hygienic conditions in crèche.

Food and Cooking Facilities: Food provided to the children must have adequate nutritional value. As the Child stays for 7 1/2 hours in the crèche, three meals i.e. one morning snack/breakfast, one noon meal (hot cooked) and one afternoon snack may be provided. Small children may be provided milk, if required. There should be variety in the food that is given to the children every day. The food should be acceptable to both babies and children. For this, the worker should know what are the nutritious preparations suitable for children below 6 years, and they must cook them with due care and cleanliness.

The centre must have adequate cooking facilities, cooking utensils, utensils to feed the children – which should be cleaned regularly before and after use. The cooking area must be located at the place which is away from the activity area of the children to avoid accidents. Basic cooking equipment like stove, gas cylinder or traditional chullhas; feeding equipment; storage bins and boxes must be available and safely placed.

Growth Monitoring: Assessment of nutritional status of children using new WHO child growth standards is recognized as an important tool. The growth of children should be regularly monitored and recorded in separate

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growth charts for boys and girls, which should be maintained by the worker as per the new WHO child growth standards. Children in the age group 6 months to 3 years may be weighed on a monthly basis and children in the age-group 3 to 6 years may be weighed once in a quarter. For this, the Implementing Agency/NGO may tie-up with the nearest Anganwadi centre.

Health Check-up, Medicine & First Aid Kit: The health check-up of all children registered in the crèche should be done at least once per quarter by a registered medical practitioner/doctors from Government Hospitals. The centre must at all times be equipped with basic First Aid & Medicine Kit containing pediatric medicines for common ailments like fever, body ache, vomiting, cough and cold, diarrhea, ear-ache, eye infection, stomach ache, worm infestation etc. and band-aids/ bandages, cotton wool and disinfectants for minor injuries. ORS packets, scissors, thermometer and antiseptic ointment should also be part of the medicine kit.

The crèche should also have a tie-up with the nearby Anganwadi centre/Public Health Centre and its workers for other health care inputs like immunization, polio drops etc. Further, in case of serious illness, children may be taken to private hospital.

Equipment and Play Material: Within the centre, there should be sleeping facilities for children. Essential play material and teaching/ learning material which can be directly manipulated by children must be made available to meet the needs of pre-school children. Equipment, furniture and toys should be available which are age appropriate and help to create an accessible and stimulating environment.

Community Participation: The local Mahila Mandals, SHGs, members of local bodies etc. may be encouraged to participate actively in the activities of the crèche. They may also be closely involved in the selection of Crèche Workers and helpers as also in the selection of beneficiaries.

Creche Timings

The crèche timings need to be flexible. Crèches shall be open for 26 days in a month and for seven and half (7-1/2) hours per day as per the work schedule of majority of the mothers in the area, which may be from 7.00 a.m. to 2.30 p.m., 8.00 a.m. to 3.30 p.m or 9.00 a.m. to 4.30 p.m. If required, arrangements may be made for mothers who have longer working hours with extra payment for additional time at reasonable rates and on mutually agreed basis.

User Charges

User charges are necessary to bring in an element of community ownership and may be collected as under:

- BPL families - Rs 20/- per child per month.
- Families with Income (Both Parents) of upto Rs. 12,000/- per month - Rs 100/- per child per month

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- Families with Income (Both Parents) of above Rs. 12,000/- per month - Rs 200/- per child per month

The collection of user charges will ensure better participation of the community and also increase the resources of the centre. The user charges so collected may be placed in a revolving fund with the implementing agency which, in consultation with local bodies, may be used for welfare of children and upgradation of facilities of the creches.

Records and Registers

The enrolment forms of children duly filled in by the parents should be available with the worker/helper after the child is registered at the crèche. In addition, the crèche worker and helper are required to maintain the following basic records and registers, which should be available for inspection at any time during the working hours of the crèche centres: -

- Admission/ Enrolment register for recording profile of children and their parents including profession/income of both parents.
- Attendance register of children
- Attendance registers of functionaries.
- Health checkups records including immunization of the child
- Register for consumable and non-consumable items
- Supplementary nutrition register for recording the food provided to the children.
- The medical record of children to be shared with doctor.
- Mother's meeting register
- Visitors register
- Register for User fee.

All records and registers should have specific entry for severely underweight children.

Training of Functionaries

The crèches should not only provide custodial care to children but also contribute to the overall development of the child. It needs to be fully recognized that running of a crèche is not an unskilled job but requires proper and appropriate training. It is therefore imperative that all crèche worker and helper be specially trained in child care before the crèche is functional. Thus, trained crèche worker and helper are a pre-requisite for opening a crèche. The training should have preferably been done within the last three years prior to their appointment. The training will also be provided by implementing agencies /Mother NGOs from their own resources. A certificate of training of crèche worker and helper may be furnished by the organization. Training of Trainers (TOT) may be conducted by NIPCCD on request from Implementing Agency/Mother NGO.

A training module prepared by NIPCCD shall be used for providing training to every crèche worker and helper after their appointment to orient them to provide better day care services and to build up child friendly

environment in the Crèche Centre. The training module focuses on practical experiences in general hygiene, health and nutrition and specifically emphasizes the development and use of innovative teaching methods for pre-school children. Regular refresher training once in every two years is mandatory for both worker and helper which the implementing agency/mother NGO will undertake from its own resources.

The training would enable crèche worker/helper to:

- Develop better understanding of critical issues of child survival, growth and development with special reference to children below three years and to orient them to integrated approach to child development.
- Emphasize on areas such as childcare, health care including first -aid.
- Inculcate basic personal hygienic habits in children
- Coordinate with AWWs/ASHA/ANM for immunization, health related services.
- Develop skills for monitoring growth of children.
- Develop basic understanding of nutritional needs of children and methods of cooking healthy, tasty and nutritious food.
- Develop basic understanding among the crèche workers/helpers about the need and importance of day care for children.
- Develop skills for organizing various activities to promote all-round development of children with adequate teaching/learning material.
- Develop skills in addressing the psycho-social care of young infants and toddlers.
- Develop an appreciation about the need of parent's participation and community involvement in the crèche programme and skills to work with parent and community

After training the Crèche worker/helper will be expected to perform following functions: -

- Organize stimulation activities for children below 3 years.
- Organize pre-school education activities for children between 3 to 6 years of age.
- Prepare low cost teaching, learning material for children.
- Monitor growth of children and accordingly provide counseling to parents.
- Teach personal hygienic habits to the children.
- Prepare nutritious food for children attending the crèche centre.
- Keep the centre and its surroundings neat and clean.
- Motivate parents for immunization and coordinate with AWWs/ASHA/ANM for health related activities
- Provide proper arrangements for sleep and rest of children.
- Create awareness about better child care in the community through mothers' meetings
- Maintain records and registers
- Ensure visits by doctors/health workers

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14.3.2 Day care center

Day care refers to the care provided for infants and toddlers, preschoolers, and school-aged children, either in their own homes, in the home of a relative or other caregiver, or in a center-based facility.

The last half of the twentieth century saw a dramatic rise in the numbers of women with young children who worked outside of the home. In 2000, 55 percent of mothers with infants were in the labor force. In 2001, 64 percent of mothers with children under the age of six, and 78 percent of mothers with children ages six to seventeen were in the labor force. These developments led to an increased demand for childcare providers by parents while they are at work. In 2001, 61 percent of all children participated in some sort of nonparental care. As children grow older, the likelihood they will receive care from someone other than a parent increase.

Types of day care

(i) Center-based care

Center-based care may also be labeled child or daycare centers, nursery schools, or preschools. These facilities care for children in groups. They may have different sponsors, including universities, schools, churches, social service agencies, independent owners or chains, and employers. Many parents choose center-based care because they believe the presence of multiple caregivers, larger groups of children, and state inspections make them both safer and more dependable. Some parents also consider these types of centers a better learning environment for their children.

The National Association for the Education of Young Children (NAEYC) issues recommendations relating to the organization and structure of daycare centers, particularly those that provide care for infants and toddlers. These recommendations are considered to be the minimum standards a daycare center should observe. Their recommendations concerning staff to child ratios are as follows:

- There should be no more than four infants per caregiver, and no more than eight infants per one group of children in center-based care.
- There should be no more than four young toddlers (12–24 months) per caregiver, with a maximum of 12 young toddlers and three caregivers per group. They recommend there be no more than six older toddlers (24–36 months) per caregiver, and a maximum of 12 older toddlers and two caregivers per group.

Some of the advantages of center-based care are:

- The staff are trained and supervised.
- There are more resources and equipment available.
- Care is still available when a staff member is absent.
- The centers are more likely to be licensed and subject to state regulation.
- Children in center-based care demonstrate slightly better **cognitive development** than those cared for in homes, possibly because they

have more opportunities to interact with other children and are exposed to more learning materials.

Some of the disadvantages of center-based care are:

- The costs are higher than for other types of care.
- The background of staff can vary greatly, and there is often greater staff turnover.
- Larger groups of children may mean less individual attention for the child.
- There is a greater likelihood of exposure to communicable illnesses.

(ii) Family childcare providers

Family childcare providers offer care for children in the provider's home. Requirements differ from state to state. However, the majority of states require that providers be regulated if they are watching more than four children. Many states may have a voluntary regulation process in place for those providers caring for four or fewer children. Regulations usually require providers to meet minimum health, **safety**, and **nutrition** standards. In addition, they are usually required to have a criminal background check. Some states yearly inspect the homes of family childcare providers, and many require ongoing training. Parents often make this childcare choice because they prefer their children to stay in a more home-like environment. This arrangement may be less expensive and more flexible than center-based care. Parents may also believe that their children are better off in smaller groups with a single caregiver.

The American Academy of Pediatrics recommends that family childcare providers should have six children or fewer per one adult caregiver, including the caregiver's own children. The total number should be fewer if infants and toddlers are involved. No caregiver who works alone should be caring for more than two children younger than two years of age.

Some of the advantages of family child care are:

- There are usually fewer children than in center-based care.
- There may be children of different ages.
- The child gets to stay in a home-like environment.

Some of the disadvantages of family child care are:

- Many family childcare providers are not licensed or regulated.
- Resources and equipment may vary widely.
- Family childcare providers normally work alone, which may make it more difficult to judge their work.

(iii) In-home caregivers

In-home care occurs in the child's own home. This care includes both live-in and live-out nannies and baby-sitters. Most in-home caregivers are not state-regulated, though many nanny-placement agencies are subject to state regulation. If in-home caregivers receive childcare subsidy payments, they may be required by many states to have a criminal background check done, and a very few states have minimal health and safety training requirements.

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The type of care chosen is related to the child's age. Twenty-three percent of newborn to two-year-olds and 22 percent of three- to six-year-olds are cared for in a home by a relative. Eighteen percent and 14 percent of these same respective ages were cared for by a nonrelative in a home environment. Higher percentages of three- to six-year-olds (56%) participated in center-based programs while only 17 percent of newborn to two-year-olds did. Some children may participate in more than one type of arrangement.

Choosing and finding high-quality child care is important and may play a key role in a child's health and development. Parents need to consider a variety of factors when deciding who should care for their child. There are several positive factors parents should look for when evaluating child-care options.

14.3.3 Sponsorship programme

Sponsorship means provision of supplementary support, financial or otherwise, to the families to meet the medical, educational and developmental needs of the child. Section 44 of the JJ ACT, 2015 provides details about the requirements for foster care and the role of the Child Welfare Committee, District Child Protection Unit (DCPU), and the State. Section 45 of the JJA, 2015(1) mandates the State Government to make rules for the purpose of undertaking various programmes of sponsorship of children, such as individual to individual sponsorship, group sponsorship or community sponsorship. This section also includes the criteria for sponsorship. Thus, within the juvenile justice legislation itself, safeguards for the child have been included by incorporating the kind of service, purpose, and role of the concerned authority in sponsorship.

14.3.4 Foster-care

Foster Care India was founded in May 2012 and started functioning in Udaipur, Rajasthan. The focus was on non-institutionalization care providing family-based care, home environment, individual care, exposure to cultural practices, integration with society as well as inculcating a sense of responsibility among children.

According to the organization foster care services in India were largely defined and implemented only as a pre-adoption option. As Indian system primarily focuses on institutionalization, creating awareness about non-institutionalization among society at large and even among government officers working with children was considered the most crucial step. Thus, *Foster Care India* created IEC material, wrote books and undertook various awareness campaigns about non-institutionalized care; also aimed at recruiting foster families and educating them about every child's right to a family. The strategies have ranged from an 'sms' (text message) campaign, to community meetings, to billboard messages. Such mass awareness was essential as effectiveness of foster care services depends on the active participation of the society.

14.3.5 Adoption

Sometimes children are placed for adoption since their natural parents are unable to rear them. For this the applicants to adopt must notify the local authority of their intention to adopt. When an application to adopt is presented to the court, the court appoints a “guardian ad litem” usually a social worker. His/her role is three-fold:

- to check that consent to adoption has been given under the present law. The parent in fact usually the mother, is asked three times to give her consent; firstly, when she asks an adoption agency to place her child for adoption; secondly when the application is filed by the adopters when the mother signs legal consent formally before a justice of the peace, and finally she will be questioned by the social worker to ascertain whether she really wishes the adoption to proceed. When she signs consent at the second stage she does not need to know the name of the adopters since they are given a serial number by the court.
- that the order if made, will be in the interest of the child. The social worker verifies all the statements and documents and interviews all concerned.
- thirdly that the applicants are suitable to adopt this child. The court, through this social worker, wants to ascertain that the adopters are suitable, that they are medically fit (a medical certificate being required) and that this placement is in the child’s interest.

The responsibilities of the Guardian Ad Litem are very closely linked to those of the Court and emphasize their importance for assessment and recommendations to the court's decision making. Guardians Ad Litem and the Court have the same overriding duties – to consider the need to reduce delay, to have regard for matters set out in the welfare checklist and to consider all available options. It is the responsibility of the Guardian Ad Litem as it is of the Court to give paramount consideration to the child's welfare. The appointment by the Guardian Ad Litem of a solicitor to represent the child should provide complimentary pairing of legal and social work skill aimed at ensuring the voice of the child is heard in proceedings affecting that child and that the best interests of the child are served. This is a new interface for both social work and the legal profession requiring ongoing reflection and consideration of the process. It is incumbent on both the Guardian Ad Litem and the solicitor to ensure the best representation possible for the child. This can only be achieved by an openness on both sides to constructive criticism and a willingness to develop skills where required.

The Guardian Ad Litem’s involvement with a child in specified public law proceedings begins usually at the time of application and should end when a final order is made. The negotiation may be to do with resources and ensuring their availability through the care plan. It may involve the encouraging of reluctant, suspicious parents to undertake the assessments planned by the Trust or perhaps to at least look at facilities on offer to the child-this can obviously require mediation also. Many of these processes take

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place away from the court scenario and are based on a respect for individual roles.

Sometimes problems occur when the child is not told of the true situation, for e.g. when grandparents adopt but the child is made to believe they are his parents and that his biological mother is a sibling the social worker's role becomes important here. After the adoption has been made, a social worker pays regular visits to observe the development of the child in the adoptive home. Social workers have to resolve any conflict arising in the relationship between the child and the adoptive parents.

14.3.6 Recreation Services

Mental wellness is critical to overall physical health. Participating in recreational activities helps manage stress. Taking time to nurture oneself provides a sense of balance and self-esteem, which can directly reduce anxiety and depression.

Types of Recreation:

- Physical activities (sports, games, fitness, etc.)
- Social activities (parties, banquets, picnics, etc.)
- Camping and outdoor activities (day camps, resident camps, backpacking, float trips, etc.)
- Arts and crafts activities (painting, scrapbooking, ceramics, woodworking, etc.)

14.4 INTEGRATED CHILD DEVELOPMENT SCHEMES

The Government of India launched the Integrated Child Development Services - ICDS Scheme on 2nd October 1975, to commemorate the birth anniversary of the Father of the Nation, Mahatma Gandhi. The objectives are: (i) to improve the nutritional and health status of children below the age of six years and pregnant and lactating mothers; (ii) to lay the foundation for the proper psychological, physical and social development of the child; (iii) to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs; to achieve effective coordination of policy and implementation among various departments to promote child development; (v) to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper health and nutrition education.

From the small beginnings of 33 blocks in 1975, ICDS has grown to become the world's largest and most unique early childhood development programme – an initiative unparalleled in history. Today ICDS has a network of 4200 projects covering nearly 75 per cent community development blocks and 273 urban slum pockets. Poised for universal coverage, ICDS reaches out to 4.8 million expectant and nursing mothers and 22.9 million children (under six years of age) of the disadvantaged groups. Of these, 12.5 million children (aged three to six years participate in centre-based pre-school activities. The Scheme provides a package of the following services to children below 6 years and pregnant and lactating mothers from disadvantaged sections: (i) supplementary nutrition; (ii) immunization; (iii) health check-up; (iv) referral

services; (v) pre-school non-formal education; and (vi) nutrition and health education.

14.5 SERVICES FOR CHILDREN IN NEED OF SPECIAL CARE

In social work there is strong emphasis towards treating the cause of the illness. In the fulfillment of the task of residential care certain elements are basic and obvious: the growing child needs food, clothing and shelter. During the nineteenth century, it was recognized that the child also needed education if in due course he/she was to hold his/her place in society.

For all the changes in thought that time has brought, these five elements provision of food, clothing, shelter, education, and moral training – remain the responsibility of the homes. Recently the task of trying to deal with children's emotions has been added to these five elements.

The recognition that the nurture of the child's emotional well-being is the "sixth element" of residential care has undoubtedly led to a revolution and has made the task of the residential worker more skillful, more demanding, and less easy to define. The alternative to placement in a foster home is a placement in some form of residential establishments. In ideal conditions the latter mode of placement might have advantages: carefully selected, skilled, trained professional staff operating with small groups of children would be able to give warmth, the opportunity for identification and that degree of detachment and interpretative skill which the child deprived of his own home seems to need.

But in the present times the conditions are far from ideal. Briefly, there is a gross insufficiency of people of the right temperament and calibre entering the profession of residential child care and remaining in it. For child placed in residential care the group may be too big; it may be understaffed; identification with the permanent member of staff may be difficult to achieve. However, we know that there are children who are better placed in residential establishments because placement in foster homes can only add to their problems. It is no use to foster children whose parents are unable to accept the fostering at any level, and who may be able to resume care of them later.

Different residential settings like orphanages, short-stay homes etc. exist for children and young adolescents. Some of the tasks of social workers in residential establishments is to find out ways to mend or re-establish the child's home, or to bring about matrimonial reconciliation. sometimes it is very difficult for the parents to accept that their child is placed in a home. They are unable to face the sight of them living in a residential setting. So, they do not visit the child. This leads to failure in relationships and the child may grow rejective and bitter.

Individual remand homes cater to either boys or girls; only rarely are they for both. The population is mainly delinquent comprising children who

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are waiting for a form of supervision, a court reappearance or placements in long-term residential establishment. It is very important for the staff to be able to live and work in harmony to create a happy and lively atmosphere for the child to grow up in.

14.6 NEGLECTED AND ABUSED CHILDREN

Neglect

Neglect is the failure to provide for a child's basic needs. Neglect may be: Physical - failure to provide necessary basic needs of food, shelter or clothing etc. Medical - failure to seek, obtain or follow through with medical care for the child or Abandonment - leaving a child in any situation without arranging necessary care for them and with no intention of returning. It can also be neglectful supervision and/or refusal to assume parental responsibility.

Behavioural indicators in a Child:

- Be developmentally delayed
- Be sick or tired most of the time
- Inadequately supervised or left alone for unacceptable periods of time
- Malnourished: Underweight
- Improper care or lack of hygiene
- Demonstrates severe lack of attachment to other adults
- Poor school attendance or school performance
- Poor social skills
- Is very demanding of affection or attention
- Has no understanding of basic hygiene

Behavioural indicators in an Adult:

- Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child.
- Fails to enroll a child in school
- Leaves the child home alone
- Is overwhelmed with own problems and puts own needs ahead of the child's needs

Child Abuse

Child Abuse is a reality and it is up to the adults (citizens, caregivers, parents etc) to ensure that children are protected from harm and abuse. Child Abuse can be defined as harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect or deprivation of any child.

It is not always easy to recognize that a child is being hurt or is at risk, some form of protection issues are visible and obvious such as a child begging on the street or child labour or physical abuse at home or substance abuse etc. In such circumstances, a child may or may not speak to you about the abuse but since it is obvious, you can immediately help the child. Steps to follow for helping such children are given in the following pages.

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Some protection issues tend to go undetected such as neglect, sexual abuse or emotional abuse which can be just as damaging, if not more, as physical abuse. Because of ignorance and dependency on the abusers, children often are unable to express that they are abused. As adults, it is our responsibility to observe child behaviour and encourage them to speak up. Following are indicators (signs, symptoms or clues) that when found, either on their own or in various combinations, can point to possible abuse, neglect or violence. These indicators do not necessarily prove that a child has been harmed. They alert us to the possibility of abuse having occurred and therefore that the concerned child may require help or protection. Sometimes these indicators can result from life events that do not involve abuse, such as divorce, accidental injury, the arrival of a new sibling etc.

Emotional Abuse

Emotional abuse occurs when a child's emotional, psychological or social well-being and sense of worth is continually battered. It can include a pattern of criticizing, rejecting, discriminating, degrading, ignoring, isolating, corrupting, exploiting and terrorizing a child. It may result from exposure to family violence or involvement in illegal or anti-social activities. Emotional abuse is almost always present when other forms of abuse occur. The effects of this form of abuse are not always immediate or visible. The long-lasting effects of emotional abuse may only become evident as a child becomes older and begins to show difficult or disturbing behaviours or symptoms.

Physical indicators in a child:

- Bed-wetting or bed soiling that has no medical cause
- Frequent psychosomatic complaints (eg. Headaches, nausea, abdominal pains)
- Has not attained significant developmental milestones

Indicators in a child's behavior:

- Suffers from severe developmental gaps
- Severe symptoms of depression, anxiety, withdrawal or aggression
- Severe symptoms of self-destructive behaviour- self harming, suicide attempts, engaging in drug or alcohol abuse
- Displays attention seeking behaviours or displays extreme inhibition in play
- When at play, behaviour may model or copy negative behaviour and language used at home

Indicators in adult behaviour:

- Constantly labels the child or publicly humiliates the child
- Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one
- Has unrealistic expectations of the child

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Physical Abuse

Physical abuse can be caused from punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family. Injuries to a child may vary in severity and range from minor bruising, burns, welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child.

Physical indicators in a Child:

- Unexplained bruises, welts, cuts, abrasions, Unexplained burns, Unexplained fractures
- Injuries to areas of the body that is usually protected /covered.
- Delay in seeking medical attention for a child

Behavioural indicators in a Child:

- Is wary of adults or of a particular individual
- Is violent to animals or other children
- Tries to hide bruises or other injuries
- May be extremely aggressive or extremely withdrawn
- Cannot recall how the injuries occurred or gives inconsistent explanations

Sexual Abuse

Sexual abuse includes acts where an adult uses a child for a sexual purpose. While it may involve a stranger, most sexual abuse is perpetrated by someone the child knows and trusts. It includes, any touching for sexual purpose, fondling of breasts, buttocks, genitals, oral sex, sexual intercourse, an adult exposing themselves to the child, or seeking to have a child touch them for a sexual purpose. It also includes voyeurism, photographing children inappropriately, involving the child in pornographic activities or prostitution or using the internet and phone to initiate sexual conversations with children.

Physical indicators in a child:

- Torn, stained or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
- Blood in urine or faeces
- Unusual or excessive itching or pain in the genital or anal area
- Difficulty in sitting and/or walking
- Signs of sexually transmitted disease
- Indicators in a child's behaviour:
- Age-inappropriate sexual play with toys, self, others
- Sophisticated or unusual sexual knowledge
- Nightmares, sleeping problems
- Becoming withdrawn or very clingy

- Becoming unusually secretive
- Sudden unexplained personality changes, mood swings and seeming insecure
- Regressing to younger behaviours, e.g. bedwetting
- Fear of certain places or persons e.g. bedroom or bathroom, friend-uncle
- Eating disorders
- Outburst of anger
- Self-harm (cutting, burning or other harmful activities)

Indicators in adult behaviour:

- Insist on physical affection such as kissing, hugging or wrestling even when the child clearly does not want it.
- Are overly interested in the sexual development of a child or teenager.
- Insist on time alone with a child with no interruptions.
- Spend most of their spare time with children and have little interest in spending time with people their own age.
- Regularly offer to baby-sit children for free or take children on overnight outings alone.
- Buy children expensive gifts or give them money for no apparent reason.
- Frequently walk in on children/teenagers in the bathroom.
- Treat a particular child as a favourite, making them feel 'special' compared with others in the family.
- Pick on a particular child.

Sometimes child sexual abuse is in the form of one child (generally older) abusing another child (generally younger). It is important here to note that older child in this context is also a possible victim of some kind of abuse and needs protection in most of such cases. We can help both the children to rebuild their lives if we are alert to the early warning signs that something is going wrong. Indicators in the behavior of abuser are:

- Seeks out the company of younger children and spends an unusual amount of time in their company
- Takes younger children to 'secret' places or hideaways or plays 'special' games with them (e.g. doctor and patient, removing clothing etc.) especially games unusual to their age
- Insists on hugging or kissing a child when the child does not want to
- Tells you they do not want to be alone with a child or becomes anxious when a particular child comes to visit
- Frequently uses aggressive or sexual language about adults or children
- Shows sexual material to younger children
- Makes sexually abusive telephone calls
- Shares alcohol or drugs with younger children or teens
- Views child pornography on the internet or elsewhere
- Exposes his or her genitals to younger children

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- Forces sex on another adolescent or child

Exploitation:

Child exploitation is the act of using child for profit labour sexual gratification or for some other personal or financial advantages. A Child's exploitation is visible in the form of physical, emotional and sometimes even in terms of sexual abuse.

14.7 CHILD GUIDE SERVICES

Child Protective Services (CPS) is the central agency in each community that receives reports of suspected child maltreatment (sometimes in tandem with law enforcement). It assesses the risk to and safety of children and provides or arranges for services to achieve safe, permanent families for children who have been abused or neglected, or who are at risk of abuse or neglect. CPS also facilitates community collaborations and engages formal and informal community partners to support families and to protect children from maltreatment. The basis for CPS stems from a concern for the care of children, which is expressed through laws established at the federal, state, and tribal levels.

The Adoption and Safe Families Act of 1997 (ASFA, P.L. 105–89) establishes three national goals for child protection:

- Safety. All children have the right to live in an environment free from abuse and neglect. The safety of children is the paramount concern that guides child protection efforts.
- Permanency. Children need a family and a permanent place to call home. A sense of continuity and connection is central to a child's healthy development. Therefore, child protection efforts focus on keeping children with their families as long as their safety can be maintained.
- Child well-being. Children deserve nurturing environments that promote their cognitive, psychological, and behavioral development, as well as social and emotional competence and physical health. When children are considered to be unsafe, child protection practices must consider methods for supporting families so that the well-being of children is achieved.

14.8 LET US SUM UP

In this Unit we have discussed about why it is important to have an organized child welfare practice and what are some of the different areas where a social worker can be of help to a child in need. By now you might be able to identify a child in need of intervention and what type of service is needed for the child. You have studied about adoption, foster care, residential care, Juvenile homes and what roles a social worker plays in these settings.

14.9 UNIT – END EXERCISES

1. How would you identify a neglected and abused child?
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NOTES

14.10 ANSWERS TO CHECK YOUR PROGRESS

A neglected child would be developmentally delayed, sick or tired most of the time. Would be inadequately supervised or left alone for unacceptable periods of time. The child would be malnourished or Underweight, will have improper care or lack of hygiene, would generally demonstrate severe lack of attachment to other adults, will have poor social skills, school attendance or school performance would be found very demanding of affection or attention

Physical abuse can be caused from punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family.

Emotional abuse occurs when a child's emotional, psychological or social well-being and sense of worth is continually battered. It can include a pattern of criticizing, rejecting, discriminating, degrading, ignoring, isolating, corrupting, exploiting and terrorizing a child. It may result from exposure to family violence or involvement in illegal or anti-social activities.

14.11 SUGGESTED READINGS

1. Introduction to Social welfare by Walter A Friedlander, Robert Z Apte.
2. New careers for social workers by Richmond, Adrienne. Chicago: Regnary, 1974.
3. Differential Use of Social Work Manpower by Barker, Robert L., and Thomas L.
4. Briggs. New York: National Association of Social Work, 1968.
5. Counseling Disadvantaged Youth by Englewood Cliffs, N.J Prentice Hall 1969.
6. *Theresa Donaldson*, Perspective of the Northern Ireland Guardian ad Litem Agency – Making a difference for children in “Child care in Practice” Volume 11(issue 2)
7. Arthur, Kruse, “Administration of Social Welfare Agencies”, Social Work Year Book, 1950, National Association of Social Work, New York, 1960, p.83.
8. Baldwadi,R.H., “Preventive Correctional Services in the Field of Child Welfare”, Social Defence,1973,Vol.9, pp.58-62.
9. Bhattacharya, S.K., “Juvenile Justice: An Indian Scenario”, Regency Publications, New Delhi,2000.
10. Chawdhary,D.Paul, “Social Welfare Administration,” Atma Ram and Sons,1979.
11. Cooper,J.M., “Children’s Institutions”, Philadelphia, the Dolphin Press, 1931, pp. 572-573.
12. Spencer, “The Administration Method in Social Work Education Curriculum Study” Council on Social Work Education, New York, 19
13. 59, p.52.

**DISTANCE EDUCATION – CBCS – (2019-20 Academic Year
Onwards)**

Question Paper Pattern – Theory
(UG / PG / P.G Diploma Programmes)

Time : 3 Hours

Maximum : 75 Marks

Part – A (10x2=20 Marks)

Answer all questions

1. Write a short note on role differences of women in Joint Family.
2. Define - destitution.
3. What is delinquency?
4. Explain the indicators of women development.
5. Differentiate between domestic violence and family violence.
6. Feminism - Define.
7. Explain the concept of socialization.
8. Write the causes for child malnutrition.
9. Institutional and Non-institutional care for children – Differentiate.
10. How to adopt a child?

Part – B (5x5=25 Marks)

11. a) Explain the position of women in tribal, rural and urban areas.
(or)
b) Comment on gender discrimination in employment.
12. a) Elaborate the historical development of women welfare.
(or)
b) Explain the central and state government policy on women.
13. a) Write the legal and constitutional rights available for women.
(or)
b) Explain the characteristics of empowered women.
14. a) Elaborate the demographic profile of children in India.
(or)
b) Social work – Explain its objectives and functions.
15. a) Elucidate the five-year plans and policies for children.
(or)
b) Explain the organization and functions of creches.

Part – C (3x10=30 Marks)

16. Enumerate the problems of women in India.
17. Explain the government of India schemes for women's development.
18. Role of self-help group in women empowerment – Explain.
19. Elucidate the problems of children in global context.
20. Illuminate the child welfare programmes in India.