

CHAPTER 9
SOCIAL STUDY AND GENDER ANALYSIS

9 SOCIAL STUDY AND GENDER ANALYSIS

9.1 OBJECTIVES AND METHODOLOGY OF THE STUDY

The objectives underlying the social study are to identify and address reproductive health needs and issues by the holistic social analysis.

The objectives are summarized below.

- Analysis of social cultural issues related with reproductive health influencing the determinants of family welfare
- Village survey to understand the basic information on the villager's socio-economic situation and social infrastructure
- Community survey on assessment of health providers' services by the villagers
- Collecting information on women and empowerment related programs
- Study on villager's daily time allocation, social environment surrounding women.

For conducting the social gender study including sociological and anthropological observations, the methods described below are used during the study.

- Conducting participatory survey such as social mapping by PRA and in depth qualitative survey by RRA in each village that was selected through the selection procedure with district and block officers
- Interviewing the officers at state, district, block level and field workers
- Visiting NGOs related with gender issues and women empowerment such as Self-Help Groups (SHGs)

From the viewpoint of the quantitative coverage, the results of the Community Survey and the KAP Survey under the Survey on Current Situation of Reproductive Health in Sagar Division that was sub-contracted to ORG-MARG Survey are also analysed at the same time to validate the actual situation.

9.2 SOCIAL ANALYSIS

9.2.1 Social Structure and Condition at Village Level

(1) Village Life Profile

According to the community survey conducted in five districts in Sagar Division,

- Transportation to the nearest town or city: villagers to on foot, or by bullock cart, tractor, jeep and bus.
- Road infrastructure: 47.3% of villages are located along the unpaved road, and 29 % along the paved road,
- Electrification: only 34.9 % is private legal connections, 15.4% government one-lamp connection, 33.5% depending on the illegal connection, and 16.2% live without electricity, mostly using kerosene lamp for lightning at night,
- Fuel: 82.8% of the household depending on the woods as fuel. Out of them, 71% of the households use cow dang cake as the second alternative fuel. A few households use the gas. As a result of the women's time allocation survey in the field, women spend much time on collecting woods and making cow dang cake.

In-depth village survey was also conducted in four villages, two in Tikamgarh and two in Damoh. The villages were selected according to the following criteria. The details of selection procedure¹, the survey results and social map of each village are in Supporting report, G, 1-1.

Table 9-1 Criteria for Selection of Villages in In-depth Village Survey

District	Block	Criteria for selection
T1	Tikamgarh Palera	located rural remote and backward area and has difficulty to access to basic needs services large SC/ST population mixed with other castes existence of Anganwadi Centre
T2	Tikamgarh Baldevgarh	medium accessibility to basic needs services rather conservative and feudalistic aspect remaining from the social and gender perspective medium or high percentage of SC population existence of Anganwadi Centre and Sub-centre
D1	Damoh Hatta	medium accessibility to basic needs services one of the representatives as the Damoh traditional Hindu village medium percentage of SC population mixed with other general castes existence of Anganwadi Centre
D2	Damoh Tendukhela	large ST population as one of the representatives of Damoh tribal village existence of Anganwadi Centre the area where there are socially and physically difficulties in promoting social and health services

Note: The details of survey results and social map are attached in Data Report.

(2) Development History of Villages

At large, villages surveyed in Sagar Division have a history about two to five centuries. Some villages have more than one thousand year history. The development programmes by the government started in these decades.

Table in next page shows one of the examples of the remote village development history. The electrification in this village began at the mid-80s, and then electric hand pump scheme also started. However, the utilization of the electricity varies from household to household. In this village, villagers could watch television at the large landholder in mid-90s. In this village in 1998, the Kutcha (unpaved) road is accessible to the village. In the rainy season, since roads become totally muddy, villager's transportation is paralysed to reach necessary public service.

¹ For the purpose of the selection of two villages in each two blocks out of six blocks in each District, the grade point system was adapted to understand the actual service condition and situation of each block by interviewing District level officials of different Departments such as Health Department, Education Department, District Rural Development Authority (DRDA) and Women and Child Department (WCD).

Table 9-2 Development History of a Tribal Village in Tikamgarh

Year	Development History
1975	Primary School
1985	Electrification
1986	Hand Pump
1990	Anganwadi Center
1994	Gram Panchayat
1995	First Television
1998	Kutcha Road Accessible to village

Source: Information collected in tribal village in Palera Block, Tikamgarh District, Jan 2001

(3) Household Description in the Community in Tikamgarh and Damoh

The household survey also shows the profile of villages and households in Tikamgarh and Damoh. The average household size is larger in Tikamgarh than in Damoh (6.4 vs. 5.7). This difference was greater than the urban/rural difference of 6.0 vs. 6.1. The populations are principally Hindu (94% and 96%) with a few Muslims and Jains. In both districts the largest Hindu caste group is Other Backward Classes with 47% of households in Tikamgarh and 38% in Damoh. Twenty-three percentages of total households have only one room and 33.8% have two.

1) A typical household structure in Tikamgarh and Damoh

- a head who is a male: 95% of households,
- a spouse: 96% of male heads and a third of female heads have a spouse in the household,
- 1.7 sons and 0.88 daughters of the household head, both adult and young: 61% are under 15, while 4% are 30 and over,
- a daughter-in-law in about half of households,
- a grandchild in three-quarters of households,
- a parent of the head in about 10% of households,
- an occasional in-law, niece, nephew, son-in-law, aunt or uncle, and
- some other person in about 10%.

2) Marital status and sex ratio in the household

- Nearly half the household is married (48%), and almost half, mainly children and grandchildren, have never been married (49%).
- Reflecting the cultural pattern of marrying off daughters at an early age and sending them to live in their in-law's home, daughters are much younger than sons: the mean age of daughters is 8.6 years, while the mean age of sons is 15.7 years.
- Among children of the head of household under 10 years of age, the sex ratio favours males (931 females for every 1000 males) in the home.
- Although girls should outnumber boys at this age, girls probably die at a faster pace because of poorer care and nutrition as well as the practice of aborting female foetuses and killing newborn baby girls.
- The sex ratio for the sons and daughters in the 10 - 14 year age group decreases to 829 females for every 1000 males; although Indian law prohibits marrying girls before the age of 18, these data appear to support much earlier marriage and sending of daughters to live in their in-laws' home.
- This pattern of marriage before the legal marriage age is further supported by the fact that 7% of the daughters-in-law in the home are also under 18.

- The sex ratio for 15-19 year old children living in the home decreases further to 400. The sex ratio for grandchildren in the home also favours boys (861 males for 1000 females).

3) Income level

- Overall average yearly household income reported is slightly lower in Damoh at Rs. 26,929 vs. 27,847 in Tikamgarh. However, per capita income in Damoh is greater because the average household size is smaller.
- The monthly per capita income in US dollars is \$12.76 in Tikamgarh for an urban and \$6.88 for a rural household; in Damoh it is \$13.34 for an urban and \$7.84 for a rural household.

4) Household Assets

Land ownership

The population in these districts maintains its traditional strong tie to the land, and most households own some agricultural land.

- In Tikamgarh more than a third of urban households and nearly four-fifths of rural households own agricultural land, while the proportions are 26% and 55% in Damoh.
- This discrepancy in rural land ownership in the two districts (80% vs. 55%) may be explained by a greater tendency to large landholders in Damoh where 28% of male household heads are farmers compared to 50% in Tikamgarh.
- In Damoh 42% of the male heads of households are labourers who work for other people (agricultural and non-agricultural, but the economy is principally agricultural), compared to only 18% in Tikamgarh.

Transportation

Few households own a means of transportation, which can be an important determinant in obtaining timely care in a health emergency.

- Less than 1% owns a car or jeep, while 14% in Tikamgarh and 8% in Damoh own a motorbike or scooter.
- Bicycles are more widely owned, by 68% of households in Tikamgarh and 47% in Damoh, with urban households enjoying greater ownership of bicycles than rural.
- In rural areas animal-drawn carts and tractors are used both for transportation and for agricultural purposes; 20% of rural households in Tikamgarh and 11% in Damoh own carts, while 5% of rural households in each district own the more expensive tractors.

Appliance Ownership

The low level of appliance ownership reflects the poverty of this region of India.

- Among common household appliances, an electric fan is the most frequently owned. Nearly half of all households in Tikamgarh have one, compared to 39% in Damoh.
- Almost no households own a telephone, rice- or flourmill, generator or refrigerator.
- More than a quarter of Tikamgarh households and a fifth in Damoh own a radio.

- It is more common to own a television than a radio: a quarter of rural households and three-quarters of urban households own a TV. (This is also true for the state as a whole.)

5) Utilities

Drinking water

- The main sources of drinking water in rural areas of Tikamgarh are the dug well (61%) and hand pump (29%). In urban areas, private taps are also an important source, serving 26% of households to 30% served by hand pumps and 24% served by dug wells.
- The same sources are the principal ones in Damoh district except that 23% of urban households and 9% of rural households obtain water from a river.
- Two-thirds of the households in Damoh and three-quarters in Tikamgarh do nothing to purify their water beyond what may already have been done by the community.
- Those who do something strain their water (>90%), a practice they learned in childhood.

Lighting

- In urban areas of both districts lighting is provided by electricity (89% in Damoh and 93% in Tikamgarh). However, in rural areas light is provided by electricity in just over two-thirds of households, and kerosene also plays a prominent role in over a quarter.

Cooking fuel

- The cooking fuel used in rural areas of both districts is firewood (88% and 84%).
- In urban areas, gas is used in more households than firewood (50% vs. 37% in Tikamgarh and 45% vs. 42% in Damoh).
- The smoke from the firewood poses a health hazard when families are exposed. In approximately two-thirds of households there is no separate room for the cooking, and only a slightly smaller proportion of respondents reported that the household does not have proper ventilation in the kitchen.

Disposing of Human Waste

- Rural areas have few facilities for disposing of human waste. Fully 90% of rural households in both districts use the bush or an open field.
- In urban areas, households are about equally divided between those that have no toilet facilities and those that have a septic system (37% each in Tikamgarh and 42% and 45% in Damoh), while about a tenth of urban households in each district have a single pit.

9.2.2 Caste and Social Stratification

(1) Caste and Sub-caste

Large classification of caste in the target area is general caste, SC, ST, OBC, and other religious groups such as Sikh, Muslim. These classifications are set by each State Act. Sub-caste such as Bramhan, Thakur, Kayastha are classified as general caste. Amongst the

OBC, sub-caste such as Yadav (in other word, Ahir), Teli, Lohar, Sen, Kushwaha, Dhimar, Badhai, Sahu, the Yadav is the most politically and economically dominant in the target area. Most of the SC population such as Chadhar, Chamar, Basor, Ahirwar, Raizada is rather small agricultural land owner or landless population. ST are Ghonds, Saur, Sonr, Bhunia Saharia and Khaiwar. Most of them have already been sanscritized in terms of religion and customs. The elder population of the Ghonds who are in more than the 50s can speak Ghondish language. They call themselves as Adivasi Thakur because it associates the Hindu caste fold by calling themselves Thakur.

(2) Caste and Occupation

In number of castes the majorities of members have abandoned their traditional occupation and taken to others especially in urban area. For instance, according to the Tribes and Castes of the Central Provinces of India (by R.V. Russell), the less than a fifth of the Bramans of Central provinces are performing any priest or religious functions and the remaining four-fifths are landholders, government services, doctors, engineers and so on. Out of the Telis (oil pressers) only 9 percent are engaged in their traditional occupation. Recently the more the society become urbanized and modernized, the more apparently the liquidity of society has been realized.

Table 9-3 Caste and Sub-caste Classification in Target Districts

	Sub-caste and Classification of Traditional Occupation
General Caste	Thakur (Agriculture Landowner), Brahman (Priest), Kayastha (Secretary, Bookkeeper), Saprc (Maharshrian), etc.
OBC (Other Backward Caste)	Rajpali (Goatry), Lohar (Blacksmith), Napit (Barber), Lodhi (Agriculture Landowner), Yadav (Livestock and Dairy), Sen (Barber), Soni (Gold Smith), Mali (Flower Making for Temple), Kushwaha (Vegetable, Fruits Sellers), Rajak (Waterman), Namdeo (Tailor), Dhimar (Fisherman), Badhai (Carpenter), Bhatt (lower caste of Brahmin, Poet before classified as General caste), Badhai (Carpenter), Teli (Oilmen), etc.
Scheduled Caste	Kumhar (Pottery Making), Khangar (Village Watchman), Basor (Basket maker), Ahirwar (Leather Worker, Shoemaker), Chadhar (Bunkar) (Village Watchman, Labour), etc.

Source: Fieldwork in December 2000 and January 2001, in Tikamgarh and Damoh

(3) Caste Segregation and Stratification

Intra village resource allocation is also influenced by somewhat feudalistic characteristics in target Districts, especially the conservative Hindu villages. In such communities, caste segregation is considerably evident. The upper caste normally dominates in the traditional power structure. However, recently economically dominant forces those who are not categorized as the upper caste, come to control land, mining and forest resources. The trade and business are also controlled by economic dominant forces. Agricultural labours were mostly form the SC, ST, and economically less dominant OBC. Element of untouchability are still remaining and prevailing in the rural area. Sometime, the lower caste men and women cannot sit together with the upper or the lower caste leader cannot talk to the upper caste at an elevated place in front of them. The lower can talk to the upper caste men's shoes by putting their head down looking towards the earth. Such customs can be still observed in the rural village in target Districts. Some of women in the higher caste with some affluent economic background are less interested in the activities such as income generation or working in the field in contrast to the socially and economically disadvantaged women.

(4) Caste and Economic Differentials

The household survey reveals that average household income is 27,169 Rs as a whole. There have been wide variations in income level with respect to caste. It has to be added to say that intra-category variations are evident in OBC. There are economically dominant OBC and less affluent OBC.

Table 9-4 Yearly Household Income by Social Class in Five District

	(Unit : Rs)				
	General	OBC	SC	ST	Total
No. of Households	209	398	245	86	938
Mean	37,802	26,989	19,924	22,805	27,169
Median	25,000	20,000	18,000	18,000	20,000

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

Based on the result of the Sub-contracted Village Survey in five Districts, APL (Above Poverty Line) and BPL (Below Poverty Line) population are summarized in Table below. Zila Panchayat undertakes a survey on selection of BPL families coming under below poverty line. The selection criteria are, income per capita/month in that household less than Rs. 245.70, having less than 5 acres of land, having no TV, ceiling fan, tractor, vehicle, and Pukka house. These selections are through Sarpanch and Gram Panchayat members. They send the final list of selected BPL families to Zila Panchayat. Therefore, in a rigid sense, APL and BPL does not always reflect actual poverty situation in some cases.

Table 9-5 APL and BPL Distribution by Social Group in Five Districts

	APL		BPL		Total	
	No.	%	No.	%	No.	%
General Caste	4,120	23.4	993	8.0	5,113	17.1
Schedule Caste	3,743	21.3	3,981	32.2	7,724	25.8
Schedule Tribe	948	5.3	1,704	13.8	2,652	8.8
OBC	8,219	46.7	5,362	43.3	13,581	45.3
Other Religion	562	3.3	339	2.7	901	3.0

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

(5) Land Holding

The household survey reveals that SC shares a large landless population. OBC has a considerable variation in terms of landholding.

Table 9-6 Land Holding Pattern in Five Districts by Cast

(Unit: Acre)	(Unit: Number of Villages)		
	Landless	0 < x ≤ 5	5 < x
General	74	96	18
Schedule Caste	131	41	5
Schedule Tribe	40	82	53
OBC	118	419	148

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

One of the case studies on landholding pattern at village level is shown in next page. In this village a large landholder is general caste those who are playing socially and economically dominant roles.

**Table 9-7 Land Holding Pattern by Social Groups
-A Case of D1 Village, Hatta Block, Damoh District-**

(Unit: Number of Households)

Agriculture Owned Land	Gen	OBC	ST*	SC	No.of HHs
10 hectares \leq x	3	3	-	-	6
$4 \leq$ x <10 hectares	17	5	-	2	24
$2 \leq$ x <4 hectares	9	8	-	4	21
$1 \leq$ x <2 hectares	7	20	-	16	43
x <1 hector	1	18	-	13	32
Landless	-	1	-	19	20
Total Households	37	55	-	54	146

Note: There has been no ST in this village since the establishment of village.

Source: Fieldwork in January 2001, in Damoh

(6) Health Providers and Caste/Social Group

The result of the community survey shows that most of the providers are general caste and OBC. ST has limited resources in health provider.

Table 9-8 Health Providers in Community by Caste in Sagar Division

	ANM	LHV	MPW	JSR	Dai (TB)	AWW	Private Registered Doctor	Medical Practitioner	Total
General	7	4	4	14	0	21	15	2	67
Scheduled Caste	2	1	1	4	43	11	1	1	64
Scheduled Tribe	2	0	0	2	3	2	0	0	9
OBC	8	0	0	19	7	22	4	1	61
Other Religion	1	0	0	1	0	4	3	0	9
Total	20	5	5	40	53	60	23	4	210

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

9.2.3 Education Programmes in the Community

(1) Formal Education and Promotion Program

Various schooling schemes such as EGS (Education Guarantee Scheme), RGSM (Rajiv Gandhi Siksha Mission) are significantly prevailing across each district, which contribute to improvement of children's school enrolment. These schemes successfully cover the isolated community in the village or the disadvantaged population that the former school could not cover. The government pre-primary scheme (Shishu Siksha Kendra) has started in rural villages. Each village has Village Education Committee (VEC). The level of activeness of each VEC is regarded as very high. Mid-day Meal Program provides primary student having more than 80% of attendance with 3 kilograms of wheat in every month. Book Bank Yojana under Education Department give free textbooks for SC & ST students of primary, middle and high School.

(2) Scholarship Program

1) Scholarship for SC, ST and OBC students (SC & ST Welfare Department)

SC & ST Welfare Department provides scholarship to SC, ST and OBC students those who have more than 75% attendance in the class. In each academic year this scholarship is provided for 10 months.

2) Additional scholarship for girl students (Chhatra Protsahan Rashi) (SC & ST Welfare Department)

If a girl of SC or ST category passes class 5 and gets admitted in class 6 she will get scholarship of Rs50/- per month for 10 months for one year.

3) Scholarship for orphan girls (Central Govt. Scheme)

Fatherless girls of all caste categories will get scholarship at primary, middle and high school level.

(3) Adult Education

Adult Education Programmes (Padna Badna Andolan) has started recently. Several center opened for needy community and groups in one village. Those who can pass the final examination can get the certificates. This adult education program reaches both men and women. According to 2001 Census results, the literacy rate in Sagar Division has been improving rapidly. These adult educations in recent years contribute greatly to uplifting the literacy standard.

Table 9-9 Literacy Rate in Sagar Division

(unit: %)

Sex	Census	Sagar	Damoh	Tikamgarh	Chhatarpur	Panna	MP
Male	1991	67.0	60.5	47.5	46.9	46.3	58.4
	2001	80.0	75.1	68.8	65.5	74.0	76.8
Female	1991	37.8	30.5	20.0	21.3	19.4	28.8
	2001	54.5	47.5	41.0	39.4	47.8	50.3

Source: 1991 and 2000 Census Data

9.2.4 Mahila Mandal (Women's Group)

As a Community Based Organization(CBO), Mahila Mandals (Women's Groups) are established and constituted by Anganwadi Centre under ICDS scheme. Average number of the members is 15 members from all caste in the village. They are helping Anganwadi Worker's activities such as vaccination, family planning, other entertainment like singing songs for village festival. The frequency of meeting depends on each group, twice a month or once a month if necessary. It mostly collaborates with Gram Panchayat and school activities. Most of the members' age range is 30-49. Heads of group are elected by Anganwadi worker. According to the result of the Women's Group Survey, 59.1% of the members of the Mahila Mandal are literate, and 72% of Mahila Mandals maintain the record for each meeting.

9.2.5 Women's Daily Activities in Villages and Its Time Allocation

Table below shows a profile of villager's daily activities in the dry season in Palera Block of Tikamgarh District. It is evident that women have to spend their time on collecting woods and making cow dang cake for their cooking fuel. It clarifies that clear intra division of labour between husband and wife.

Table 9-10 Gender Activity Profile in a Village in Palera Block, Tikamgarh District - An Example of Dry Season in December -

Activities	Time (min.)		Activities	Time (min.)	
	Women	Men		Women	Men
<u>I. Household Works</u>			<u>IV. Planting</u>		
1. Cutting Tree for Fire Wood		30	1. Preparation of Tools		10
2. Going to Collect Fire Wood	120		2. Transporting Manure		30
3. Making Cow Dang Cake	60		3. Sowing of Rabi crop	30	30
4. Fetching Water	30		4. Threshing by Hand	30	60
5. Cleaning House	60		5. Transporting to Storage		10
6. Grinding Wheat	90		6. Buying Seeds		60
7. Cooking	120		<i>Sub-total</i>	60	200
8. Cleaning Utensil	30		<u>V. Livestock</u>		
9. Washing Clothes	15		1. Feeding Cattle/Bufaloes	30	45
10. Bathe Children	30		2. Taking Milk		30
11. Taking Care Family	20		3. Get Them Back Home		30
12. Eating	15	15	<i>Sub-total</i>	30	105
<i>Sub-total</i>	600	45	<u>VI. Forestry</u>		
<u>II. Community Work</u>			1. Collecting Gum From Forest		
1. Attending Meeting	15	90	<i>Sub-total</i>		120
<i>Sub-total</i>	15	90	<u>VII. Free Time</u>		
<u>III. Handicraft</u>			1. Doing Cricket		
1. Making Earthen Pots*	(30)	(45)		N/A**	120
2. Making Bamboo Baskets*	(30)	(30)	2. Chatting		
<i>Sub-total</i>	(30)	(75)	3. Taking Rest		
			4. Sleeping		
			<i>Sub-total</i>	360	450
			<i>Sub-total</i>	390	600

Note: * Not for all household, ** N/A: data is not available

Source: Data obtained in fieldwork conducted in December 2000 in Tikamgarh

9.2.6 Seasonal Labour and Migration

Table 9-11 shows the seasonal calendar on agricultural and non-agricultural work by gender. Agriculture calendar begin from July. Seasonal labour is ploughing and sowing for Kharif crop (July), weeding (Aug-Sept), harvesting (Nov), sowing Rabi crop (Jan) and harvesting rabi crop (March). Agriculture products are: rice, soya bean, urd murg, til, in Kharif season(the dry season) and wheat, mustard, matar (peas) peanut in Rabi season(the rainy season).As non-agriculture activities, making earthen pot(Dec-June), making bamboo basket and basket (Dec-June), collecting fire wood (Dec-June), collecting, making bricks(June). The cash income needs make villagers migrate to other cities (Dec-March) place to migrate: Delhi, Mathura, Agra, Gwalior, Punjab, Ludhiana, Hargyana, Chhattisgarh, The kind of job is labour, for instance, construction labour. Those who migrate prefer to migrate even in an unfavorable life in urban area, because they can earn more cash per one day /60-80 Rs. If they work under the landowner, the wages are much lower than the legal minimum wages. Not only men but women together with husband migrate to urban area. Gender Analysis

Table 9-11 Seasonal Calendar on Agricultural and Non-agricultural Work in a Village (T1) in Palera Block, Tikamgarh District

	**		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Male	01	ploughing for kharif crop	■											
	02	sowing of kharif crop		■										
	03	Weeding		■	■									
	04	collecting padar from forest		■	■									
	05	preparing the trees to extract gum			■									
	06	ploughing for ravi crop				■								
	07	harvesting kharif crop				■								
	08	collecting gum from forest					■	■	■	■	■	■	■	■
	09	sowing of ravi crop					■							
	10	threshing kharif crop						■						
	11	migrating for labor work						■	■	■	■			
	12	irrigating ravi crop							■					
	13	collection of nagarmotha (herb) from forest										■		
	14	harvesting of ravi crop											■	
	15	threshing of ravi crop												■
	16	repairing of house												■
	17	collection of tendu leaves from forest												■
	18	making bricks												■
	19	apply cow dung manure in field												■
	20	collection of fire wood							■	■	■	■	■	■
	21	making earthen pot							■	■	■	■	■	■
	22	making bamboo baskets							■	■	■	■	■	■
Female	01	ploughing for kharif crop	■											
	02	sowing of kharif crop		■										
	03	Weeding		■	■									
	04	collecting padar from forest		■	■									
	05	preparing the trees to extract gum			■									
	06	ploughing for ravi crop				■								
	07	harvesting kharif crop				■								
	08	collecting gum from forest					■	■	■	■	■	■	■	■
	09	sowing of ravi crop					■							
	10	threshing kharif crop						■						
	11	migrating for labor work						■	■	■	■			
	12	irrigating ravi crop							■					
	13	collection of nagarmotha (herb) from forest										■		
	14	harvesting of ravi crop											■	
	15	threshing of ravi crop												■
	16	repairing of house												■
	17	collection of tendu leaves from forest												■
	18	making bricks												■
	19	apply cow dung manure in field												■
	20	collection of fire wood							■	■	■	■	■	■
	21	making earthen pot							■	■	■	■	■	■
	22	making bamboo baskets							■	■	■	■	■	■

Note: * migration period, ** Number in the table indicates activities as follows:

Source: Fieldwork conducted in January 2001 in Tikamgarh

9.3 GENDER ANALYSIS

9.3.1 Access to and Control of Resources

In most target area, the sex ratio in access to and control of resources is skewed and places a greater burden of poverty on women than on men. In tribal society, women's status in terms of their physical freedom and their ability to control resources is better off than women in other traditional areas. However, because they are geographically remote, impoverished and dependent on forest resources, tribal women are the least likely to be served by regular public health services.

(1) Inheritance and Land Resources

In a traditional Hindu family case, inheritance is basically patrilineal amongst all the community members; the inheritance of agricultural land is only through the male child. In village interviews on inheritance, women report that they have never thought about why women should inherit land or property because women get a dowry at the time of marriage, and women think all land and property belong to the family.

(2) Cash /Credit/Income

The results of the household survey in Damoh and Tikamgarh District on financial autonomy of ever-married women of reproductive age demonstrate the extent of control of financial resources by the male partner, especially in rural areas: 98 % of husbands interviewed would allow their wife to earn an income inside the house, whereas only 53 % would allow her to work outside the home. The proportion is almost the same for both rural and urban men. However, various small credit schemes and self-help groups (SHG) have been reaching both women and men so that they can learn how to manage financial matters and start an income generating activity or business. The numbers of SHGs have been increasing rapidly since 2000, and they provide an opportunity for access to and control of resources.

(3) Decision-making on Purchase of Household Item

According to the household survey, very few women (2.3%) reported that they make decisions alone on the purchase of household items, although 49.5% reported that they make them jointly with the husband or others in the household. Nearly half reported that the husband makes these decisions. Based on the results of interviewing husband, more husbands reported this decision-making was done jointly (56%), and fewer reported they made the decision alone (33%).

Table 9-12 Decision-making on Purchase of Household in Damoh and Tikamgarh District

	(Unit:%)		
	Urban	Rural	Total
Husband	40.9	49.6	48.2
Wife	2.35	2.3	2.3
Both Husband and Wife	34.5	29.8	30.6
Consult with Others	24.6	18.3	18.9
Total	100.0	100.0	100.0

Note: Interviewed population is ever-married women aged 15-49 years

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

(4) Training and Education

Table below presents a case study of school enrolment by boys and girls in one village of Baldevgarh block in Tikamgarh district. According to a high school principal, the reasons for the low enrolment of girls are early age at marriage, lack of parents' understanding of co-education, and low awareness of the necessity of education for girls.

Table 9-13 A Case Study of Sex Ratio in School Enrolment of Tikamgarh Village

Class	Sex Ratio*
•Shishu Shiksha Kendra (Pre-primary School)	681
•Primary School(Class 1-5)	685
•Middle School (Class 6,7,8)	341
•High School(Class9,10)	115

Note: * Number of females per 1,000 males

Source: Field Survey in Tikamgarh, January 2001

The household survey shows that more women are getting at least some education than in the past. Among women 45 years of age and older, 83% never attended school. This figure decreases to 62% for women 20-44, and to 27% for 10-19. Nevertheless, substantial differences remain between the education of boys and girls. Among children 7-14 years old 76% of boys and 66% of girls are in school.

In 64 % of households matters regarding children's education are decided by husband and wife jointly, and in 28%, by the male partner alone according to the household survey in Tikamgarh and Damoh ¹. In rural areas husbands are slightly more likely to make the decision alone

Muslim and Jain women have slightly more autonomy than Hindu women in decision-making on education, and they tend to have a better family financial situation and understanding.

(5) Market Accessibility

With permission from a husband or family, women can travel to the market to sell goods and buy the needed daily commodities. Weekly markets are held by 15-20 villages jointly, and they offer a good chance for women to know the market and get information. The women's willingness to generate income through market activities is strong among tribal women in tribal areas. 93% of the villages have weekly market more than 5 km far away from their villages. ²

9.3.2 Decision-making

(1) Political Representation at Local Government Organizations

In most countries, women's representation in government is low. However, a provision dated April 1994 to amend local government legislation requires that seats be reserved for scheduled castes and scheduled tribes in proportion to their population, and that one-third of the total number of seats be reserved for women. One-third of the offices of chairpersons of Panchayat at all levels shall also be reserved for women. Thus women in India, unlike those

¹ JICA Development Study on Reproductive Health in MP: KAP Study on Health and Health Care Seeking Behaviours under the Survey on Current Situation of Reproductive Health in Sagar Division, ORG-MARG, 2001

² JICA Development Study on Reproductive Health in MP: Community Survey under the Survey on Current Situation of Reproductive Health in Sagar Division, ORG-MARG, 2001

in many other Asian countries, enjoy the right to participate local government. Women's experience of PRI has transformed many of them. The elements of this transformation include empowerment, self-confidence, and awareness.

Table 9-14 Women's Reservation at Each Local Body

District	Zila Panchayat *			Janpad Panchayat **			Gram Panchayat (Sarpanch) ***		
	Total Seats	Number of seats reserved for women		Total Seats	Number of seats reserved for women		Total Seats	Number of seats reserved for women	
	No.	No.	%	No.	No.	%	No.	No.	%
Tikamgarh	14	5	35.7	133	43	32.3	439	147	33.4
Damoh	15	5	33.3	144	49	34.0	455	151	33.1
Sagar	22	8	36.4	209	73	34.9	751	254	33.8
Chhatarpur	18	6	33.3	171	59	34.5	554	186	33.5
Panna	12	4	33.3	120	39	32.5	377	126	33.4

Note: * District level, ** Block level, *** Village level, Sarpanch is a elected head of village.

Source: WCD annual report (figures are for 2000)

One of the obstacles women encounter is getting real leadership. Women still need to be empowered by increasing education, and reducing the reproductive and productive burden in order to be strong enough to tackle the opposition of the dominant power.

(2) Intra-household Decision-making

An attempt was made to understand to what extent women have autonomy to decide various matters within the household. A crucial factor in reproductive health and rights is the question of who makes the decision on how many children the couple will have. According to the household survey, 63.3% of women report that the husband and wife make this decision jointly. However, in rural areas men are more likely to make the decision alone: in 30.0% of rural households the husband decides the number of children.

Table 9-15 Decision-making about Number of Children in Damoh and Tikamgarh Districts

	(Unit:%)		
	Urban	Rural	Total
Husband	18.2	30.0	28.1
Wife	3.4	3.8	3.8
Both Husband and Wife	76.4	60.8	63.3
Parent-in-law	0.0	3.8	3.2
Others	2.0	1.6	1.6
Total	100.0	100.0	100.0

Note: Interviewed population is ever-married women aged 15-49 years

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

Although women should play a vital role in maintaining their own reproductive health, the results of the household survey reveal that in 56% of households the husband decides about health care for his wife. The husband and wife decide together in 25% of total household. Women who had had a Medical Termination of Pregnancy (MTP) reported that the decision had been made by the male in 40 % of terminated pregnancies in rural areas, while half of urban women made their own decisions.

Table 9-16 Decision-Making about Health Care for Wife in Tikamgarh and Damoh District

	(Unit: %)		
	Urban	Rural	Total
Husband	53.8	56.5	56.1
Wife	4.7	3.2	3.4
Both Husband and Wife	28.1	24.5	25.1
Parent-in-law	5.8	5.7	5.7
Consult with Others	7.6	10.1	9.7
Total	100.0	100.0	100.0

Note: Interviewed population is ever-married women aged 15-49 years

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

Table 9-17 below demonstrates that decision-maker on the food that is prepared for the household is also heavily influenced by the male. Education programmes to improve the nutritional status of women and households should include their male counterparts and the elder family members as well.

Table 9-17 Decision-Making about Food in Tikamgarh and Damoh District

	(Unit: %)		
	Urban	Rural	Total
Husband	8.2	24.0	21.5
Wife	39.2	33.7	34.5
Both Husband and Wife	32.7	21.7	23.4
Parent-in-law	9.4	11.8	11.4
Consult with Others	10.5	8.8	9.2
Total	100.0	100.0	100.0

Note: Interviewed population is ever-married women aged 15-49 years

Source: JICA Development Study on Reproductive Health in MP - KAP Study on Health and Health Care Seeking Behaviours, ORG-MARG, 2001

9.3.3 Gender Issues

(1) Male Preference

Daughters are occasionally considered a net liability because of the high amount of dowry parents must pay at their marriage and because they leave their natal homes after marriage. The natal family devalues their labour, and this results in a preference for sons.

Preference for a male child entails a relative neglect of female children, who receive smaller quantities of less nutritious food and less medical care. This tendency continues into adulthood. According to the results of the beneficiary survey, 56% of women reported they usually eat after the family member.

In its most negative form, this preference in some families leads to a demand for sex selection early in pregnancy. Table below displays the sex preference for the next child reported in the household survey.

Table 9-18 Sex Preference by Parents in Damoh and Tikamgarh

	(Unit: %)		
	Urban	Rural	Total
Girl child	21.4	24.0	23.6
Boy child	73.8	62.2	64.0
Does not matter	4.8	12.4	11.3
Null	0	1.3	1.1
Total	100.0	100.0	100.0

Note: Interviewed population is ever-married women aged 15-49 years

Source: Source: Development Study on Reproductive Health in MP - Household Survey, ORG-MARG / SSC for JICA and GoMP, 2001

The reasons for preferring a boy child are shown below. The urban population expressed more economic reasons whereas rural respondents were more concerned with help for the workload. Sex preferences are sometimes influenced not only by the husband but also by parents-in-law. Men who want another child most often reported their reason as a desire to have a son (37%).

Table 9-19 Reasons for Sex Preference in Damoh and Tikamgarh

	(Unit: %)		
What is the major reason to prefer that sex?	Urban	Rural	Total
Economic reason	41.7	8.8	13.0
Help in domestic or productive work	0	31.3	27.2
Husband or parent- in-law prefer that gender	8.3	12.5	12.0
Society prefers that reason	0	1.3	1.1
She likes that gender	25.0	22.5	22.8
She does not like that gender	25.0	20.0	20.7
Other	0	3.8	3.3
Total	100.0	100.0	100.0

Note: Interviewed population is ever-married women aged 15-49 years

Source: Development Study on Reproductive Health in MP - Household Survey, ORG-MARG / SSC for JICA and GoMP, 2001

(2) Differentials in Child Health Care by Sex

The differences in health care for a boy child and girl child have been pointed out in various studies. The differentials are significant in the infant mortality rates of Tikamgarh and Chhatarpur. The state census abstract for 1991 shows the estimated infant mortality rate in Tikamgarh was 131 for boys, and 153 for girls. In Chhatarpur the infant mortality rate was for a boy 130, girl 149, and mortality rate at age five in Tikamgarh was for a boy 172, girl 205; in Chhatarpur the rates were 193 for boys and 227 for girls. Interviewees in the field survey stated that mortality rates are higher for girl babies.

Analysis of the vaccine data of NFHS-2, Madhya Pradesh, 1998-1999, shows immunization coverage is higher for boys than girls for each type of vaccination, BCG (boys 66% vs. girls 64%), DPT1 (boys 67% vs. girls 59%), DPT2 (boys 57% vs. girls 48%), DPT3 (boys 43% vs. girls 32%), Measles (boys 40% vs. girl 31%).

(3) Early Marriage

In traditional Hindu families, marriage is a representation of the patrilineal structure. Young men and women follow the elders' decisions and normally have no say. Wife-givers are socially and ritually inferior to or equal to wife-takers. After marriage, the bride moves in with

her husband's relatives. This arrangement influences the lives of female children, who are generally considered more of a burden to their parents than sons.

A case study of a rural village demonstrates the pattern: the mean first marriage age for a girl is 12-15 year old, and cohabitation begins after 4-5 years, the Gauna period. At another traditional village, among the highest caste, Jain and Yadav communities, girls have greater access to higher education, and the age at marriage is increasing to 18-20 years, while amongst SC and ST, the mean age is 14-16 years.

Table 9-20 Comparison of Marriage Age by District

	Unit	Tikamgarh		Damoh	
		Rural	Urban	Rural	Urban
Mean Age at First Cohabitation (Girl) *	age	15.3	16.3	15.2	16.3
Married at Age less than 18 (Girl) *	%	74.2	37.5	60.2	29.4

Note: * since 1 January 1995

Source: Rapid Household Survey - RCH Project 1998, Ministry of Health and Family Welfare, 1999

The legal age at marriage for girls in India is 18. In focus group discussion in Sagar Division¹, adolescents and adults of both sexes readily state that 18 is the ideal age for marrying off a girl. However, there is evidence that girls are being married off much earlier. Villagers admit that the practice in their communities is very different, and they give a wide variety of reasons for early marriage, including the higher dowry that must be paid for an older girl, fears that a girl will have premarital sexual activity, difficulties in finding a suitable match, and many others, although the higher dowry is always mentioned.

(4) Dowry

Among not only the highest caste but also OBC and SC communities the practice of dowry is prevalent. It varies depending upon the economic situation of the family. Even the ST population, which traditionally follows bride-price, has the dowry system, paying cash or goods at a daughter's marriage, such as silver ornaments, clothing, furniture, etc. Since the demand for a dowry is oppressive, and sometimes the bride is harassed after marriage, NGOs² in Sagar District conduct awareness-raising activities to prevent such tragedies. These activities are run mostly by academics and social workers, and if necessary they provide shelter for women.

(5) Purdah

Purdah is literally seclusion or veiling of the head and face from public observation. Married women follow the system of Purdah and cover their heads whenever they are in a public place and with the village elders. The veil is a mark of respect, which the women carry for their household. However, the practice of Purdah does not prevent women from attending functions in public places and even speaking openly in group discussions.

(6) Violence Against Women

Normally incidents of violence against women are kept confidential for fear of social stigma, but they can be related to poverty. Sometimes they are rooted in women's powerlessness accelerated by men's sense of power and drinking habits. Local NGOs tackle these hidden events. In fact, violence in the home is common (one Participatory Rural Assessment conducted in Raisen district of Madhya Pradesh called spousal abuse an almost daily event),

¹ Development Study on Reproductive Health in MP - Household Survey, ORG-MARG / SSC for JICA and GoMP, 2001

² Family Counseling Centre, Sagar, Pariwar Paramarh kendra Sagar

but there is little data on violence against women outside the home. NGOs report that the socially disadvantageous situation of women causes them to lose their dignity and makes them more vulnerable.

The commercial sex workers, regardless of age, in not only urban but also rural areas, have to earn an income for their households. Their educational and economic background is usually quite low. They easily become victims of violence. Lower caste women, nomadic groups, and migrating tribal populations are also reported to be frequent victims of violence.

This subject was explored in focus groups¹. Many participants stated that they did not know of any physical or sexual abuse against women, but some were aware of sexual abuse of women by higher caste men, and they stated that it is impossible for a woman to resist these advances. Some adolescent boys reported a few cases of sexual abuse, rape or physical abuse, while girls said they had not heard of any.

(7) Participation in Community Activities

Community activities draw women out of the home and involve them in the larger world. Few women in the study area currently participate in community activities: 13% of urban and 23% of rural women². Among women who do not participate, two-thirds said they do not want to, while more than a quarter would like to. There are few development activities for these women to become involved in: only one woman in ten knew of any kind of development activity in her community. Yet over three-quarters would like to receive training to improve their situation or earn money. When asked what kind of training they would like, women reported any income generating training or training in weaving, embroidery or stitching about equally (39% and 43%). Urban and rural women were equally interested. Nearly all the women who were interested in income generating training (97%) thought their husbands would approve.

Participation in the life of the community outside the home is another aspect of women's autonomy and empowerment that can be constrained or promoted by the attitude of the husband. Among the respondents in the household survey, two-thirds of men would allow their wives to participate in community activities, but only 45% of rural and 22% of urban women do so. Even fewer participate in a women's development group - 13% of rural and 6% of urban women - although nearly three-quarters of the husbands would approve. Such low levels of participation are likely due to a lack of opportunities, and the fact that husbands would support their wife's participation should be an encouraging sign to local NGOs and donor agencies interested in starting WID activities.

Employment outside the home is another factor in women's empowerment. Again husbands report that they would allow their wives to have their own income (91% of rural and 82% of urban men), and 82% would allow her to spend her own income. Nearly all men (96%) would allow their wife to receive skill training.

9.3.4 Factors that Influence Women's Access and Control

(1) Legal Factors and Law Enforcement

There are progressive laws and regulations that have been influenced by social requirements, international movements, and an international commitment to human rights. Although the Indian constitution elaborates on the concept of equality and abolishes

¹ Development Study on Reproductive Health in MP - Household Survey, ORG-MARG / SSC for JICA and GoMP, 2001

² Development Study on Reproductive Health in MP - Household Survey, ORG-MARG / SSC for JICA and GoMP, 2001

discrimination against any citizen on the grounds of religion, race, caste, sex or place of birth, enforcement is little seen in people's daily life. The level of awareness of legal matters is quite low. In sum, legal factors exercise little positive influence on gender issues at this time.

Table 9-21 Legal Framework on Social and Gender Related Issues

Laws and Regulations	Contents
National Commission for Minorities Act, 1992	For better protection of the rights of the minorities
National Commission for Women Act, 1990	For better protection of the rights of the women
Protection of Civil Rights Act, 1955	Under article 17, abolishes untouchability and its practice in any form
Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989	To prevent atrocities, for constitution of special courts for trial of such offences and provide relief and rehabilitation to victims
Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993	Fraternity, assuring the dignity of the individuals proclaimed in the preamble and the constitution
Immoral Traffic (Prevention) Act, 1956	India has ratified the International Convention on Suppression of Immoral Traffic in Women and Girls, and this act gives effect to the same.
Indecent Presentation of Women, 1986	Prohibits indecent representation of women through advertisements or in publications, writings, paintings, figures or in any other manner
Dowry Prohibition Act, 1961	Prohibits the malpractice of giving and taking of dowry
Commission of Sati (Prevention) Act, 1987	For effective prevention of the commission of Sati and its glorification
Maternity Benefit Act, 1961	To regulate employment of women in certain establishments, for certain periods before and after child- birth
Child Marriage Restraint Act, 1929	To prevent marriages to which either of the contracting parties is under the specified age
Children (Pledging of Labour) Act, 1933	To prohibit the pledging of the labour of children and employment of children whose labour had been pledged
Child Labour (Prohibition and Regulation) Act, 1996	Bans employment of children in specified occupations and process, and regulates the conditions of work of children in employment

Source: Women's Rights and Counselling Skills for Agents of Social Change, The British Council, New Delhi, 1998

In the formal and adult education activities such as the Padma Andolan programme, legal literacy and gender awareness lectures promote awareness of the prohibition of practices disadvantageous to girls and women in the educational field.

(2) Socio-economic, Cultural and Religious Factors

As we see in the social analysis, socio-economic factors and other factors are influencing gender situations to a great extent. The more educated and sophisticated population nowadays feels shy for these negative incidences and unbalanced gender resource allocation. They are becoming aware about these factors and they would conduct in a more

appropriate way for changing future scenario. And in rural area an awareness camp, which is conducted at block level in each district by women and child department, is also a precious opportunity that would enhance the awareness and concern on social gender issues for large rural population.

9.3.5 Male Involvement

(1) Male Involvement in Reproductive Health

Men should be supportive partners in reproductive issues. Despite concern to link family welfare with wider male involvement, attention at policy and field levels is insufficient.

- Situation
 - Unbalanced negotiating positions between men and women in household
 - Women are assigned disproportionate responsibilities on reproductive matters.
 - Top-down techno-medical approach set by targets
 - Male partner has less information on reproductive health than female partner.
- Future Directions
 - Strengthening awareness of importance of male involvement by IEC (information, education and communication)
 - Widening method choices through dialogue with both men and women.
 - Gender issues by educational institution

(2) Sharing Roles and Responsibilities

Sharing roles and responsibilities is another critical solution to gender issues. Women in lower economic populations participate heavily in productive activities for the survival of their family. Women's workload in less affluent families has to be reduced by balancing the division of work.

9.4 ANTHROPOLOGICAL ANALYSIS

9.4.1 Marriage and Kinship

Marriage is regarded as strengthening the social fabric and kinship bonds, which represent families' traditional values, socio-economic status and their wishes. The marriage ceremony is a great event for any family. They place a high value on it and spend a tremendous amount of money. In most traditional Hindu families, marriage is a representation of the patrilineal structure. Hindus are expected to marry within socially acceptable boundaries, according to caste, with an emphasis on the purity of the blood, and preferably in an educationally and professionally balanced relation. Young men and women follow the elders' arrangement. However, there exists government encouragement to promote marriage between the different castes. Even though a love marriage is controversial and less agreeable to the parents, more of the urban educated younger generation are making their own decisions. Rules for the remarriage of widows differ from one group to another and vary from place to place. Higher caste women, in general, are discouraged from remarriage, and they are thought of as the opposite of *Su Mangalanari*.¹ Issues related to marriage are also described in the gender issues section above.

¹ *Su Mangalanari* means the women who will bring the fortune and prosperity to the family and contribute the family lineage, and the married women who have children are called *Su Mangalanari*.

9.4.2 Traditional Delivery

(1) TBA (Dai)'s Social Setting

A Traditional Birth Attendant (Dai) plays an important role in women's delivery and has more access to women from different social settings than any other health care provider. Dais belong to the sub-caste Basor, classified as ST population whose traditional occupation is basket-making. Dais are familiar with the female villagers and popular especially amongst the lower caste. The female reproductive processes such as menstruation and childbirth are considered highly polluting and antithetical to priestly representation of the sacred. In the caste context, the Dai functions to deal with the elements of impurity and pollution. The Dai has little or no education and generally insufficiently sterile technique. Sometimes in the social framework of untouchability, the Dais are called polluted sweepers, who do the dirtiest jobs, something like treating a corpse. There is a strong bias among the higher caste even though trained Dais have received substantial training. Often they are allowed only to cut the umbilical cord.

(2) TBA (Dai)'s Delivery and Beliefs

Dai's services are quite accessible to the villagers. The Dai provides basic care during labour and delivery, care for the newborn child, cord cutting, and burying the placenta. Sometimes she uses herbs for drinking, washing the vulva after birth, cleaning the birth place, and doing massage during and after delivery. In some cases, she arrives after delivery and helps relatives cut the cord. In other cases the dai helps relatives to deliver the baby. Depending on the extent of the services the villagers receive from Dais, the fee they pay may be grain or money. The fee is affordable for a lower economic family. The remuneration becomes higher in the case of the affluent family. Villagers, especially in a lower caste social setting, feel her support is more mother-friendly than the obstetrical interventions in the medical facility or hospital. Sometime, they encourage women to use their Shakti¹ power, which is empowering for women in delivery. Women articulate socio-psychological needs not only for emotional support, but also guidance on physiological processes during the labour. The Dai's delivery techniques can be considered a humanizing process from an anthropological point of view.

9.4.3 Traditional Taboos

The concerns of pollution related with reproductive behaviours generate various taboos. People's limited knowledge brings some interpretation about the reproductive health practice and behaviour described below.

(1) Menstruation

From the time of menarche, girls and married women are segregated during their period from the household and community. They cannot enter the kitchen and cook, the morning food is kept in a separate vessel, and even the water is kept separately. Her place of sleep is segregated since blood contaminates the place. The first menarche ceremony varies from community to community. Within the Yadavs and Jain communities that were studied, an elaborate ceremony takes place, in which the girl cannot see the face of her male relatives and father, followed by a ritual bath at the end of the 5 days. The women tear up old cloth, usually old Sarees, to be used as a menstrual pad. This is washed separately and dried prior to being used again since the cloth is used repeatedly. Since it is not dried under the hot sun, chances of contamination are high

¹ *Shakti* is defined as a power that generates the life; it is believed that both men and women have it, but women have much stronger *Shakti* to create the life.

(2) Food Intake

Traditional beliefs about illness and food intake are that disease represents a loss of balance and *disordered harmony*. According to villagers, foods are divided into *garam* (hot) and *thanda* (cold). *Thanda* foods include dairy products, fruits, and greens, and their overuse is believed to lead to flu or other disease. *Garam* foods include meat, spices, chillies, and alcoholic beverages, and their overuse can lead to fevers. Nausea and vomiting in pregnancy are viewed as the result of eating *garam* foods, and women are advised to eat more cold foods during pregnancy. However, a woman has no way of getting hold of foods other than those that are regularly served in her mother-in-law's home or her husband's, and to ask for anything special is thought to be shameless. In any case, most rural households do not have the means to purchase foods outside of those they eat every day, and few women eat any differently when pregnant or lactating, which causes maternal depletion and low birth-weight babies.

(3) Delivery

During the *Sor* period the mother and newborn baby are kept away from the males (including the husband) for an average of 4 days. All family members are prohibited from going to the temple and other public events. The extent of this period of segregation varies from village to village. The first milk, *colostrum*, is thrown away, the assumption being that it is yellow in color and the baby will get jaundiced, or it will bring pollution to the baby. For the first two days the child is given jaggery and water and then put on the breast to feed. The *Sor* period ensures the woman's rest after delivery. According to the villagers interviewed, women take two weeks of complete rest during the bleeding period, and after one month they began to cook and work outside. Villagers believe that pregnant women, women right after the delivery, and newborn babies are especially susceptible to invasion by "spirit powers." Dais are also regarded as protecting them from the bad things and illness caused by "spirits."

(4) Maternal Death

Not only in India but in other countries, people are scared about the possibility of the woman's death in childbirth, associating it with the "*unsatisfied woman's spirit*." They won't discuss the incident, which makes it difficult to conduct a verbal autopsy of a maternal death. The field survey also faced the same problem in the rural areas, and the investigation was limited

9.4.4 Tribal Concerns

(1) Tribes in the Tribal Village

Tribal societies are close, conservative and traditional, and they have strong faith in their own beliefs, customs, rituals, patterns of behaviour, and ways of doing things. In general the features of a tribal community have been summarized as (1) remoteness and inaccessibility (location of habitation), (2) low education status (insufficient awareness), (3) poor economic conditions (forest dependency), and (4) poor approachability for health providers. However, at present the tribal community is in a transitional period due to the frequent migration to urban cities for additional income generation. They have some knowledge of modern and urbanized customs and behaviour from the villagers who have migrated.

(2) Tribes in the Traditional Hindu Village

In contrast to self-sufficiency and self-rule of tribal populations in their own villages, the tribal populations in the traditional Hindu village are suppressed and exploited in terms of not only labour conditions but also social strata. The resource allocation is hardly balanced. The health facility may be unapproachable for them, and some social customs make them difficult to use both physically and psychologically.

9.4.5 Traditional Beliefs and Healers

Even though people become educated through the school system and familiar with modern medicine, when they face an unfamiliar symptom, worsening chronic disease, infertility, miscarriage, successive deaths in the family, and so forth, they prefer to consult with traditional healers and herbal practitioners. The villager's traditional view on disease is that it is a kind of disorder and also the result of the disturbed harmony between mankind and superhuman existence. Some traditional healers are well respected by villagers, especially herbalists and those who have much experience or who provide medicine in kind or free of charge. Some of them are self-styled healers who are more business-like. Improper behaviour is believed to be at the root of much illness. Epidemics and illness are considered a form of punishment for immoral behaviour.

9.5 WOMEN AND CHILD DEVELOPMENT DEPARTMENT (WCD)

9.5.1 Functions and Objectives

(1) Background and Objectives of WCD

The state government of MP has targeted women and children especially those who belongs to the SC and ST populations. Some of the programmes have been assisted by the Tribal Welfare Department, while the others have been helped by the Department of Panchayat and Social Welfare in the past. To strengthen efforts for the welfare of women and children, the state government in 1986 created the Directorate of Women and Child Development, and in 1988 a separate Department of Women and Child Development (WCD) was created in the government.

DWCD has five responsibilities summarized below.

- Improving the socio-economic situation, health and nutritional status of women
- Improving the physical, mental and intellectual health status of children by protecting them from malnutrition
- Safeguarding the constitutional rights of women and creating awareness of the various laws enacted for their protection
- Coordinating schemes being run by various departments for women and children so as to ensure their benefits actually reach the beneficiaries
- Coordinating implementation of the policy for women framed by the state government for the development of women and children.

(2) ICDS Programmes

The Integrated Child Development Scheme (ICDS) is a comprehensive development programme that aims to ensure the healthy, psychological, physical and social development of children. The World Bank, the Central Government, and MP Government approved support for the programme from fiscal years 1993-94 to 1999-2000 for ICDS- II.

Objectives of ICDS programmes are:

- Improvement of nutritional and health status of children,
- Reduction in mortality, morbidity and malnutrition,
- Assistance to mothers and enhancement of their capability to look after the health and nutritional needs of their children, in socially backward villages and urban slums, and

- Effective coordination of policy and implementation among various departments to promote child development.

The services provided under the ICDS programmes are:

- Health - immunization, health check-up, referral services, treatment of minor illness,
- Nutrition - supplementary feeding and nutrition, growth monitoring and promotion, nutrition and health education,
- Early childhood care and pre-school education for children in the age group 3 to 6 years, and
- Other supportive services, such as safe drinking water, sanitation, and women's empowerment programmes.

9.5.2 WCD Training System in MP

In the WCD, there are training systems for officers and workers at each level. Tables 9-22 and 9-23 presents the training systems of WCD in MP and in five Districts in Sagar Division.

Table 9-22 WCD Personnel Training at Each Administrative Level in MP

Personnel	Training Provider	Place	Duration of Training	Course Contents	Financing
CDPO (Child Development Project Officer)	NIPCCD *	- Delhi - Lucknow	2 months	NIPCCD training material	Central
Supervisors (in Block Office)	State Training Center	- Jabalpur - Indore	3 months	NIPCCD training material	State
Anganwadi Worker	1. NGO 2. District Training Center	district	Phase 1: 2 months 33 days: class room 15days-field work Phase 2: 4~6 months Phase 3 : 20days	Job training: ICDS needs and Scheme Field training: Supervision of AWC Field analysis and solution	World Bank and State
Mahila Mandal**	Supervisors and AWW	village	occasionally	N/A	N/A

Note: * National Institute of Public Cooperation and Child Development

**Mahila Mandal (women's group) supports the Anganwadi centers' activities at village level.

Source: WCD, information as of Nov 2000-Jan 2000

Table 9-23 WCD Personnel Training in Target Districts

	Sagar	Tikamgarh	Damoh	Chhatarpur	Panna
Number of TC	1	1	1	1	1
Name of TC	Khurei TC	Government QW TC	Nainagiri Center	Nowgon Center	Satna TC
Location of TC (Distance from District Capital)	Khurei (53km)	Tikamgarh City (0 km)	Nainagiri (75 km)	Nowgon	Satna
Conducting Agency	NGO(Sagar Rural Women and Child Institute)	NGO	NGO (SSKJ Jan Kalyan Sansthan Nainagiri)	WCD Government	Government
Staffing (Permanent and Part Time)	1 Director	1 Director CDPO and Supervisors	1 Chief Director 2 Directors	1 Instructor 2Assistant Instructors 3AWW Trainers	1Chief Instructor 1Senior Instructor 1Assistant Instructor
Frequency (per year)	3-4 times	4~6 times	Last year opened.	3~4 times	4 times
Number of Trained AWW Trainer	35(1999)	30~50(1999)	59(1999)	326(1999)	38(1999)
	- CDPO - Government Officer - Academics - NGO	- CDPO - Government Officer - Academics - NGO	N/A	- Instructor - Assistant Instructors -AWW Trainers	- Senior Instructor - Assistant Instructor
Text Book	NIPCCD*	NIPCCD	NIPCCD	NIPCCD	NIPCCD
Women Related Issues	Women legal right and women economic empowerment such as explanation of the SHG are included. Sometime it calls resource person for some family planning and RCH related issues.				

Source: WCD, information as of Nov 2000-Jan 2001

Note: * NIPCCD: National Institute of Public Cooperation and Child Development

(2) Joint Training Programmes for ICDS and Health Department Personnel

The World Bank assisted this project for the joint training of personnel of DWCD and DOFW to enhance coordination of their activities. Under this scheme, a total of 203 Project Officers, 300 Block Medical Officers, 991 Supervisors, 705 Lady Health Visitors, 12,905 Anganwadi Workers, 3,762 ANMs, and 17,726 Anganwadi helpers along with 16417 traditional midwives were trained in MP. Table 9-24 present the numbers of ICDS and Health Department personnel who were trained in joint training programs in Damoh and Tikamgarh Districts

Table 9-24 Numbers of ICDS and Health Department Personnel Trained under Joint Training Program in Damoh and Tikamgarh District

Joint Training Program	Functionaries	Damoh *		Tikamgarh**	
		No.of Personnel	No. Trained	No.of Personnel	No. Trained
CDPO and Block Medical Officer (BMO)	CDPO	6	6	6	6
	BMO	7	7	6	6
Supervisor and Lady Health Volunteer (LHV)	Supervisor	37	37	32	32
	LHV	26	26	60	60
Anganwadi Worker (AWW) and ANM	AWW	738	610	820	806
	ANM	161	33	185	185
Anganwadi Helper and Dai	Anganwadi helper	747	735	815	805
	Dai	663	335	1,178	1,178

Note: * Data as of December 2000, * Data as of February 2001

Source: District WCD in Damoh and Tikamgarh

9.5.3 Anganwadi Workers (AWWs) and Anganwadi Centers (AWCs)

(1) Selection of AWWs

The concerned Gram Panchayat recommends three candidates for the position of Anganwadi worker to the CDPO. The CDPO reviews the list of candidates using the following criteria: (i) Anganwadi worker should be from the same village, (ii) Widowed, divorcee, and separated women receive preference over other candidates in selection, (iii) Women from socially backwards categories like SC or ST are given priority, (iv) Candidates whose income and economic situation are BPL (Below Poverty Line) are given preference over APL (Above Poverty Line) candidates, (v) Candidates should be literate. After verification, the CDPO sends the list to Janpad Panchayat (Block Panchayat). The Janpad Panchayat in a joint committee meeting finalizes the selection for the appointment of the Anganwadi worker.

(2) Condition and Coverage

Anganwadi workers who have 10th class education get Rs.500/month. Anganwadi workers who have less than 10th class education earn Rs.438/month, whereas all of the Anganwadi helpers, regardless of education, receive Rs.260/month. An Anganwadi worker generally covers a population of 1,000 in urban and rural areas and 700 in tribal areas.

9.5.4 WCD Personnel at Each Block in Tikamgarh and Damoh District

Tables 9-25 and 9-26 display WCD personnel and beneficiaries for each block in Damoh and Tikamgarh including funding status.

In Damoh district there are 756 Anganwadi Centers each of which has a Mahila Mandal with a total of 56,379 women and 44,189 children enrolled. In Tikamgarh there are 829 Anganwadi Centers with 313 Mahila Mandals and 66,410 women and 55,243 children enrolled as of December 2000.²

¹ Zila Panchayat undertakes a survey of BPL families. The selection criteria are monthly household income less than Rs 1700, income per capita/month in that household less than Rs 245.70, having less than 5 acres of land, having no TV, ceiling fan, tractor, vehicle, or pukka house. After the survey, the Sarphanch and Gram Panchayat members meet. They send the final list of selected BPL families to the Zila Panchayat.

² Directorate of Women and Child Development. Bulletin. Jawahar Bai Bhawan, Bhopal.

Table 9-25 WCD Block-wise Information in Damoh*

	Block	No. of Sector	Anganwadi workers	Funding status**	Mahila Mandal	SHG
1	Damoh	7	143	State	143	40
2	Hatta	7	92	State	92	106
3	Patera	5	97	World Bank	97	48
4	Pathariya	6	118	World Bank	118	236
5	Batiyagarh	5	94	World Bank	97	118
6	Jabera	6	114	World Bank	114	179
7	Tendukheda	8	98	***	98	102
	Total	44	756		759	826

Note: *Data : as of Jan. 2001, ** World Bank-4 Blocks, State Government-2 Blocks

***Tendukheda block is run by Janpad Panchayat as an experimental project

Table 9-26 WCD Block-wise Information in Tikamgarh *

	Block	No. of Sector	Anganwadi workers	Funding status**	Mahila Mandal	SHG
1	Tikamgarh	6	127	World Bank	49	0
2	Baldevgarh	6	136	State	34	28
3	Jatara	8	168	World Bank	82	40
4	Niwari	6	137	World Bank	39	80
5	Prithipur	5	103	World Bank	42	60
6	Palera	6	158	State	67	65
	Total	37	829	-	313	273

Note: *Data : as of Nov. 2000, **World Bank-4 Blocks, State Government-2 Blocks

9.5.5 Reproductive Health Related Women's Programmes

The ICDS Programme also operates a number of small scheme with a limited number of beneficiaries in each. The followings are an example of the common practice of creating a small scheme to address any problem identified; each scheme creates its own small bureaucracy and benefits a very small number of people.

(1) Ayushmati scheme

Under the Ayushmati Scheme medical treatment is provided to rural women who belong to the landless class. It pays Rs 400 if a woman is admitted to a hospital and Rs 1,000 if she is admitted for more than one week. The funds are supposed to go for food and medicine. In all of Tikamgarh district, approximately 20 women benefit annually. The State Government initiated Ayushmati Yojna in 1991. Under this scheme a landless woman or girl in rural areas gets free assistance in the district hospital/CHC/PHC for up to a week, including medicines worth Rs.400, and if admitted for more than a week, she gets medicines worth Rs.1,000 free of cost. Monitoring and evaluation has been done by Health Department. Under this scheme a total of 18 women have been benefited in this financial year (from April 2000 to December 2000) in Damoh. Among them are SC-15, ST-2 and General-1. Fourteen women benefited under the scheme in Tikamgarh.

(2) Balika Yojna (Girl Child Welfare Development) scheme

Under the Balika Samridhhi Yojna (Girl Child Welfare Development) scheme, a mother living below poverty receives Rs 500 for the birth of the first two girl children after delivery. The scheme was amended to open a bank account in the name of the girl child, and every year a girl goes to school, an amount is to be deposited in her account. If the girl reaches 18 years of age without being married, she is to receive the full amount plus interest. If she is married,

she will receive only Rs 500 plus interest. This scheme has 351 girls enrolled in Tikamgarh district.

(3) Gramya Yojna Scheme

There is another scheme for encouraging girls to stay in school by paying them a monthly amount. A total of 132 girls are enrolled in Tikamgarh district. The Gramya Yojna scheme provides loans of Rs 500 (about US \$12) for poor women to start a cottage industry. A total of seven women are enrolled in Tikamgarh district.

(4) Women's Training Scheme

There are also schemes for training women in stitching and embroidery, a women's atrocities redressal cell to monitor atrocities against women, and a district level adoption cell for orphaned or neglected children.

(5) Maternal Benefit Program

A woman from below poverty line gets Rs.500 through the Gram Panchayat at the time of her first and second deliveries if she is above 19 years of age. AWWs and their supervisors help identify the women who are eligible to benefit from this scheme. This assistance is given to the Zila Panchayat directly by the Central Government. During the last three years (97-98,98-99,99-2000) a total of 13,511 women were benefited in Damoh. Among them were SC-6,630, ST-2,273, OBC and General-3,608.

(6) Balika Samridhi Yojna (Girl Child Development Programme)

Since 2000, WCD has been responsible for implementation of this programme. Previously the Janpad Panchayat was in charge. Under this programme a first- or second-born baby girl can receive Rs500 provided that there is at least a 3-year gap between the two deliveries. Females of any caste in the BPL category are eligible for this scheme. Rs500 are deposited in the name of the baby girl in the local bank or post office in a joint account of the CDPO and her father or mother as guarantor. This amount will remain on deposit for 18 years, and after that it will be given to the girl with accrued interest. When the girl turns 6 years old and she starts studying, she will get an increased amount. Each year the girl will get paid an amount according to the regulations. Fifty percent of the above amount can be withdrawn during the girl's study. The remaining 50 percent is given to the girl when she gets married after attaining the age of 18 years or more. If the parents marry the girl off before 18 years of age, 50 percent has to be returned to the Government. This rule is also applicable if the girl dies before 18 years of age.

9.5.6 Self-Help Groups

There are various types of the SHGs working in the target districts. Their purpose is to strengthen women's access to and control of resources for the purpose of poverty alleviation. One of the most active SHG schemes is at this moment the World Bank/IFAD Scheme started in the year 2000 in Tikamgarh and Chhatarpur. NGOs that provide knowledge and guidance are playing an important role in sustaining the groups. Excluding the World Bank/IFAD Scheme, Gram Sevika SHG Scheme is another type of the Self-Help Group. Women's willingness to join the groups is high, and they seek income generating and marketing know-how for their groups

(1) SHG-World Bank/IFAD Swashkti Project (Rural Women Development and Empowerment Project) in Tikamgarh and Chhatarpur.

Swashakhi Project (Rural Women Development and Empowerment Project) is a World Bank/IFAD assisted project, which aims at strengthening the process that promotes

economic empowerment of women. The project is being implemented in six districts of MP, Hoshangabad, Dewas, Betul, Sehore, Chhatarpur and Tikamgarh. Damoh, Sagar and Panna Districts are not included. The project's target group is rural women below poverty line (BPL)¹. The group mostly comprises women from marginal and small farm households and landless families. Emphasis is placed on the de jure and de facto female heads of households who constitute the most disadvantaged group of women. As a SHG this is a major scheme in Tikamgarh and Chhatarpur Districts. WCD is a coordinating agency for this project. The NGOs that contracted with WCD are playing a major role in forming and sustaining SHGs.

(2) SHG-Gram Sevika

A self-help group is composed of 10-15 members who are economically categorized as BPL. Gram Sevika and a supervisor teach the group how to open a bank account and run the SHG, starting with opening a bank account in the amount of Rs 3000. After six months, Rs 25,000 will be loaned with no interest. If activities are considered effective, after one year 2.5 lakhs loan, 1.25 aid and 1.25 loan will be given to the group. The money will be provided through a bank from DRDA (Department of Rural Development Authority). Major activities are poultry, greatory, brick making, tailoring, making of candles, making food for children (dalia), calaing, and parpard. DWCRG Group (Development of Women and Children in Rural Areas as a part of the scheme of IRDP) as a project is closed now, and replaced by the Gold Jubli Gram Swarajgar (SJGSY) of DRDA (Department of Rural Development Authority). The linkage between WCD and DRDA offices has been emphasized and Gram Sevika has an office at the CDPO office at the block level. These Gram Sevikas report to both CDPO and CEO of DRDA.

(3) SHG-Rajiv Gandhi Sikksha Mission

After the Adult education Program called Padma Badna Andolan has ended, those who could pass the final examination are willing to form the SHGs. As of September, 2001, Rajiv Gandhi Sikksha Mission has 1491 in Tikamgarh and 361 in Damoh. (Cf. Data Report titled Self Help Groups in Tikamgarh District by Department and Block Wise) For the purpose of income generation and continuation of the learning how to write and read, they are actively forming SHG groups.

(4) SHG Situation and Needs

1) SHG situation

Groups have been established recently in each district based on a type of the small credit programme experiences similar to that just described.

There have been many SHGs established in Tikamgarh and Damoh Districts (2,548 and 1,223 respectively), however the number of fully functioning groups seems to be small. In the Community Survey, the survey team tried to interview with representatives of women's groups in villages, but it was difficult to find the interviewee since a few groups are actually functioning.

¹ According to the government criteria a household of 5.5 persons with an annual income below Rs 11000/-.

Table 9-27 Self Help Group in Tikamgarh District by Department and Block Wise

Block Name	World Bank/ IFAD	Women Child Dev. (WCD)	Raiiv Gandhi Sikksha Mission	District Rural Dev. Authority	District Urban Dev. Authority	Agriculture Dept.	Total
Tikamgarh	33	20	117	115	3	5	293
Balvedgarh	62	34	540	121	2	-	759
Jatara	28	50	458	133	2	-	671
Palera	82	10	253	78	1	-	424
Prithvipur	30	5	81	86	3	-	205
Niwari	58	8	42	86	2	-	196
Total	293	127	1,491	619	13	5	2,548

Source: Tikamgarh District WCD

Table 9-28 Self Help Group Damoh District by Department and Block Wise

Block Name	Women Child Dev. (WCD)	Raiiv Gandhi Sikksha Mission	District Rural Dev. Authority	Fishery Dept	Total
Damoh	63	58	58		179
Jabera	102	35	4		141
Patera	66	87	36		189
Tendukhela	90	23	35	1	149
Hatta	71	27	63		161
Patteriya	71	81	49		201
Batiyagarh	118	54	30	1	203
Total	581	365	275	2	1,223

Source: Damoh District WCD

According to results of the women's groups' survey, 86% of the groups were established in 2000 and 2001. The SHG members' educational background is varied: 38% of the members are illiterate, and 32% can read but never attended formal school. In daily life they are concerned about their own health, sanitation, drinking water, their children's education, and income generation. They meet once a week or once a month according to the group regulation for SHG activities. Eighty percent of the groups maintain minutes of meetings.

Table below also shows many of SHGs are new in Tikamgarh District, where the Rural Women Development and Empowerment Programme supported by World Bank is promoting and supporting the establishment of SHGs.

Table 9-29 Self Help Group in Tikamgarh District by Duration since Established

Block Name	Less than 6 Months	6-12 Months	More than 1 Year	Total
Tikamgarh	105	142	46	293
Balvedgarh	384	280	95	759
Jatara	323	245	103	671
Palera	181	168	75	424
Prithvipur	90	67	48	205
Niwari	80	71	45	196
Total	1,163	973	412	2,548

Source: Tikamgarh District WCD

2) SHG needs identification

Table 9-30 presents training needs articulated by SHG members as found in the women's group survey. They are most interested in development of skills for entrepreneurship.

Table 9-30 Training Needs Articulated by SHG Members

Needs	%
■ Training for Starting New Small Business	10.0
■ Making New Income Generating Products	28.6
■ Managing Group	14.3
■ Accounting	28.6
Total	100.0

Source: Development Study on Reproductive Health in MP - Community Survey, ORG-MARG / SSC for JICA and GoMP, 2001

In Damoh and Sagar SHG groups reported they need more information about marketing and development of new products. However, they receive only a few days training on how to handle accounts. At present they are managing to start activities by themselves.

9.5.7 Women Related Programme

(1) Adolescent Girls Programme (Kishari Balika Yojana)

Adolescent Girls Programs (Kishari Balika Yojana) have been conducted for the purpose of the promoting safe motherhood in teenagers and strengthening their contribution to the Anganwadi Centre's activities. It aims to build social awareness and decision-making skills in girls. Over 2,400 girls are beneficiaries of this scheme so far in Tikamgarh. In this scheme, *three adolescent girls from 11-15 and 15-18 years from each AWC are selected with the consent of villagers.* There are no fixed criteria for their selection. The girls 11-15 years of age are attached to the AWC of the village to learn to provide health and nutrition education with the AWW. The other group of 15-18 year olds is given training on income generating activities like sewing, making toys, making kites, etc. Supervisors of the AWWs at the sector level give this training initially for three days in the first month and one day a month for six consecutive months either at the AWC or a house of a village resident. For attending the training the girls are paid Rs.13/- as per diem including conveyance charges.

The Kishori Balika Yojna (Adolescent Girl Scheme) is one. Each AWW is supposed to select and train two girls, who can manage the AWC functions in the absence of the AWW.

(2) Women's Awareness Camp

Women are made aware of their rights and various government schemes through awareness camps. Issues discussed in camps include: (a) child marriage, (b) nutrition and health education, (c) immunization for mothers and children, (d) benefits of SHG, (e) schemes of the government and ways to get benefits. In the villages the CDPO and supervisors *organize the camps with the help of the AWWs.* In this year (April 2000 to December 2000) a total of 14 women's awareness camps have been organized in different blocks of Damoh district. It was estimated that 5,280 women have participated in these camps. Among them were SC-1,705, ST-1,285 and OBC and General-2,290.

(3) Other Women Related Programmes

Various women related programmes have been conducted to improve women's status in MP. For instance, some castes accept prostitution for economic reasons, and the government has implemented a scheme named Jabali Scheme for Removing Prostitution since 1992-93.

This scheme includes the establishment of homes for children and an income-generating programme. Women's health checkup is also included. However, the target districts of this study are not covered. In the Schemes for the Women' Emergency Homes, homes are prepared for women suffering from illegal relationships or emotional problems. These females receive training and rehabilitation. In another Legal Advice and Assistance Programme for women and children, a centre was established to give legal help and advice to women and children by the autonomous body in MP. These programmes are not running in our five study districts.

9.5.8 Panchayat and WCD Programmes

In order to promote the participation of the Panchayat system in the WCD programmes, some of the decisions about Mobile Nurseries, Anganwadi Awareness Camps, Indira Women Programme, Maternity Benefits Programme, Girl Child Development Programme, and Prostitution Alleviation Programme have been transferred to the tri-level Panchayat System. Under ICDS, the appointment of supervisors, Anganwadi workers and helpers was handed over to the Panchayati Raj System.

9.5.9 Empowerment Year 2001

GOI has declared 2001 as Women's Empowerment Year (WEY). The purpose is to initiate and accelerate actions to improve access to and control of resources by women so that they can take their rightful place in the mainstream of the nation's social, political, and economic life. Its objective is also to create and raise large-scale awareness of women's issues with the active participation and involvement of all women and men. A Task Force has been set up to finalize programme. The WCD, Ministry of Human Resources Development, and its organizations, viz., National Commission for Women (NCW), Central Social Welfare Board, Rashtriya Mahila Kosh, and NIPCCD will coordinate and organize the activities for observing the year as Women's Empowerment Year. WCD are expecting the participation of Panchayat Raj Institutions and Urban Local Bodies, and Social Organizations.