Addressing the Gender Gap
Challenges, Interventions and Strategies

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ADDRESSING THE GENDER GAP: CHALLENGES, INTERVENTIONS AND STRATEGIES

A presentation

by

Jasani Center

for

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&

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Foreword

Women's economic empowerment is a top priority across the globe to reduce poverty. Women must be viewed, just as men are, as economic actors as well as obvious and necessary agents of change. As the world is facing an unprecedented economic crisis, women and children face serious consequences. These include higher infant mortality, more girls being withdrawn from school, and reduced women's income. At its heart lies the unequal nature of the economic structures of markets and financial systems which restrict women's economic opportunities.

Gender inequality is a global concern and does not receive the kind of attention it deserves. Despite fairly rapid rates of economic growth India's Gender Inequality Index tells a sorry tale of how, on a majority of parameters, the country lags behind not only in world averages but is also way below the South Asian averages. India is ranked 125 of 159 countries in the Gender Inequality Index (2016). The ratio of maternal mortality is 174 against every 100,000 live births. Only 12.2 per cent of Parliament seats are held by women. 26.8 per cent of women are part of India's labour force, compared to 79.1 per cent men. The Global Gender Gap Index Report (2016), reveals that India is ranked 87 out of 144. The report observes that India has made key investments in women's education but has not removed barriers to women's participation in the workforce. The International Monetary Fund (2015) highlights that India's GDP can expand by 27% if the number of women workers increases to the same level as that of men. A 2015 McKinsey report gives a more ambitious projection: India could by 2025 boost GDP by 60% through promoting gender diversity at work.

Through the We Care internship our MBA students got an opportunity to critically examine gender issues at the micro level and examine the cascading impacts of the inequities faced by women in the society. This internship provided them with an opportunity to reflect on the structural inequalities existing in the current systems and map the efforts taken by development organizations to create new structures that lead to a more equal outcome. The current issue of We Care Anthology, *'Addressing the Gender Gap: Challenges, Interventions and Strategies'* is an outcome of their internship experiences.

There is growing realization in the larger society that addressing gender issues will place India to emerge with a healthier pattern of growth, and will fast track our efforts to address issues of poverty and development. I am optimistic that my students in the years to come will develop social interventions and business models which are not just pro-poor but will also bridge the gender gap.

Dr. Rajan Saxena
Vice-Chancellor
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Unfolding the Pages of the Agenda...

Acknowledgments

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Preface

The *We Care: Civic Engagement* programme of School of Business Management, NMIMS is now in its sixth year. The social internship commenced as a need to integrate the social agenda in the MBA curriculum. The internship aims at facilitating an understanding of social issues for managerial leadership and decision making. All students are mandated to engage with social organizations as volunteers to develop skills, experience and wisdom not attainable in the boardroom.

In the current Indian scenario where development of all is the focus, our MBA students are required to think beyond traditional business practices. Future leaders have to envisage a sustainable inclusive business that contributes economically as well as socially to society. The 'We Care Internship' provides our students the platform to create social value and imbibe lifelong values and ethics. 'We Care' creates responsible and caring leaders.

This year's publication, *'Addressing the Gender Gap: Challenges, Interventions and Strategies'* is an outcome of the experiences gained by our students through the *We Care: Civic Engagement Internship*. It documents the varied initiatives taken by non-governmental organizations in India to tackle women's issues of health, education and employment. Some recommendations have been made towards removing barriers and improving women's access to resources.

The publication consists of three Sections. Section I presents, *Moving from Rhetoric to Reality: Empowering Women in India.* The article maps the current status of women in India and the issues faced by them. It essays the numerous policies and initiatives of the government to empower the girl child and women.

Section II consists of two articles on women's health and nutrition. The first article *Addressing Malnutrition: Development of an Action Plan* studies the effects of poor health of women in Kerala due to deficiency of essential nutrients and the significant economic and human development costs involved in it. The article further proposes an action plan to Atma Foundation to address the issue of malnutrition. The second article, *Maternal Health and Traditional Birth Attendants (TBAs)* assesses the Traditional Birth Attendants programme of Seva Mandir. The paper highlights the role of TBAs in creating awareness and utilization of antenatal and postnatal care among women in Udaipur district of Rajasthan. It further underlines the problems faced by women during pre and post-delivery. It also gives suggestions on how Seva Mandir could enhance their services.

Section III comprises of three articles which draw attention to the issues of education and skill development of adolescent girls and women. The first article in this section talks about the programme *Empowering Adolescent Girls* of People's Action for National Integration (PANI)in Uttar Pradesh. The paper discusses how despite government and civil society efforts there are regions in India where girls are considered as a burden to the family. It highlights the opinions of parents and girls from Uttar Pradesh towards education and recommends how their opinions can be changed to empower women.

The second article *Mapping Performance of Indian Dreams Foundation* reviews the programmes of

the organization in Uttar Pradesh. The organization aims to empower every girl child, irrespective of her family circumstances, to achieve her potential through education. The paper also suggests changes to the organization's programmes to enhance their performance.

The third article is about *Skill Development and Women*: *An Initiative of Mamta Samajik Sanstha,* an organization in Dehradun district which works on capacity building of women of weaker sections of the society. It aims to empower women through livelihood and skill development programmes. This paper maps the needs and skill preferences of adolescent girls and women and suggests recommendations for the development of a skills training programme.

It has taken six months to enable students to draft their articles and subsequently edit them. Despite observing due diligence in editing the document, there is a possibility of grammatical/typographical errors in the publication. Readers are requested to kindly excuse us for the same.

Dr.Meena Galliara,   **Ms Simi Vij**
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Prologue

Women constitute almost half of the population of India and enjoy a unique status of equality with men as per constitutional and legal provisions. But in reality they face social, economic, political, caste and gender-based discrimination.Despite efforts by the government and non-governmental organizations (NGOs),women in India remain secondary citizens; disempowered and discriminated.

Discrimination begins in the womb itself,with unborn girls being victims of female foeticide. The preference for a male child as insurance for old age and continuing the family name creates countless discriminatory practices. The gender gap is widened with poor access to education and employment for girls.The disproportionate distribution of resources among the sexes is seen across all castes and communities.

The inclusion of 'Women Empowerment' as one of the prime goals in the Sustainable Development Goals (SDGs)emphasizes the relevance of this fact. The Sustainable Development Goals seek to change the course of the 21stcentury, addressing key challenges such as poverty, inequality, and violence against women.Women have a critical role to play in all of the SDGs, with many targets specifically recognizing women's equality and empowerment as both the objective, and as part of the solution. Goal 5 is known as the stand-alone gender goal because it is dedicated to achieving theseends.Women empowerment is a pre-condition for this.

Women empowerment refers to the creation of an environment for women where they can make decisions of their own for their personal as well as society's benefit. Empowering women to participate fully in all sectors is essential to build stronger economies, achieve internationally agreed goals for development and sustainability, and improve the quality of life for all.Providing women and girls with equal access to education, health care, decent work, and representation in political and economic decision-making processes will fuel sustainable economies and benefit societies and humanity at large. Thus, in order to achieve the status of a developed country, India needs to transform its colossal women force into an effective human resource and this is possible only through the empowerment of women.

This year, a sizeable number of MBA students through the '*We Care: Civic Engagement*'internship worked with non-governmental organizations (NGOs) that focus on the empowerment of women and girls. They got to work closely with the NGOs and understand the discrimination, abuse and injustice that women in India endure. They also got an opportunity to interact with girls and women from communities across India and experience their vulnerability as well as strength. Some of them undertook research on the violations and deprivations that women face in health, education and employment. The students were witness to the opinions and aspirations of adolescent girls and their parents. They also learnt about the numerous initiatives being taken by the government as well as the NGOs to empower women and the girl child. This publication is a result of their first-hand experiences.

We hope that this publication will draw attention to the importance of understanding the deep rooted causes of gender inequality, and more importantly, in recognizing that only when all people are valued as equals will it lead to a sustainable and inclusive society.

I am extremely proud that this publication represents the voices of unheard women in India. I am sure this volume, '*Addressing the Gender Gap: Challenges, Interventions and Strategies*' will interest the NGOs working for gender equality. The Action Plans, proposals and recommendations suggested by the students can be used by them. It will also be of importance to researchers and social entrepreneurs for the opportunities it provides them. The government and the business community will also benefit from the report as women represent important contributors to make India an economically and socially developed country.

Prof. Debashis Sanyal,
Vice-Provost - Management Education &
Dean, School of Business Management

Section I

This paper maps the current status of women in India and highlights the challenges faced by them. It discusses policies and programmes of the Government of India to empower the girl child and women.

Moving from Rhetoric to Reality: Empowering Women in India[1]

Abstract

Women in India have for centuries been victims of gender discrimination. They face enormous atrocities, indignities, oppression and marginalization. They are deprived of freedom, opportunity, mobility as well as access to resources.If India wants to grow and develop its economy then fifty percent of its population cannot be ignored. Indian society will only benefit when women are healthy, educated and employed. Their empowerment is a must for the process of development of India. The current paper addresses the gender gaps andthe challenges confronting womenin India .The paper maps the current status of women and essays the numerous policies and initiatives of the government to empower women.

1. Introduction

India is one of the youngest countries in the world, with a significant segment of its 1.2 billion population in the age group of 20-35. By 2020, it is estimated that the average age in the country will be 29. For an economy that is growing at an annual rate of 7 percent, this "demographic dividend," if effectively mobilized, could transform the country and accelerate its development significantly. As this growth appears, why then are India's women being largely bypassed? (Surie , 2016).

Since centuries Indian society has neglected the needs of half of its population. Various types of discriminatory practices against women are the norm.The existence of a patriarchal society has led to adverse effects on the lives of the girl child and women. They are victims of physical as well as mental abuse; female infanticide, practice of dowry, wife burning, sexual violence, sexual harassment at work place and domestic violence . This has led to their marginalization, oppression and gender discrimination. These skewed gender relations are deeply embedded in the family, communities and the state. The challenges due to the traditional gender roles prescribed by the community have obstructed women's access to the gains and growth made by the country.

AmartyaSen (1985), in his first set of empirical illustrations of how he envisioned the capability approach in practice, examined gender discrimination in India. He found that females have worse achievements than males for a number of functioning's, including age-specific mortality rates, malnutrition and morbidity (Robeyns, 2003). The way in which economic progress is judged in the contemporary world tends to give a much larger role to men's needs and demands despite all the progress that has been achieved in enhancing the voices of women in the last half-century," he said, calling for stepped-up efforts to make women's lives "more free, more robust, and more empowered."Empowering women and girls with more choices and more freedoms is crucial to achieving a better future for all" (UNDP, 2012).

> *Since centuries Indian society has neglected the needs of half of its population. Various types of discriminatory practices against women are the norm.*

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[1]Simi Vij, Visiting Faculty, NMIMS, Mumbai, India

Therefore, the concept of women empowerment not only focuses on giving women strength and skills to rise above from their miserable situation but at the same time it also stresses on the need to educate men regarding women issues and inculcating a sense of respect and duty towards women as equals (Srivastav ,n.d).

1.1 Women Empowerment

Women's empowerment can be seen as a process of renegotiating accepted norms and expectations about female and male roles, relations, and responsibilities, opening up new opportunities for women within the household, the community, state agencies and civil society. From an individual perspective, it is a process that enables a woman to analyse her situation, decide on her priorities, develop solutions to her problems, and take action towards improving her situation. (Kolås, 2015)

Women empowerment can be understood as giving power to women to decide for their own lives or inculcating such abilities in them so that they could be able to find their rightful place in the society.According to the **United Nations,** (n.d) women's empowerment mainly has five components:

- Generating women's sense of self-worth;
- Women's right to have and to determine their choices;
- Women's right to have access to equal opportunities and all kinds of resources;
- Women's right to have the power to regulate and control their own lives, within and outside the home; and
- Women's ability to contribute in creating a more just social and economic order.

In India, the need for empowerment arose due to decades of domination and inequity faced by women in India. After Independence in 1947, India acknowledged the political, social and economic injustice towards women. It recognized the need for women to have rights, recognition of their rights and an environment where they are treated as equal to men. Accordingly women were granted many constitutional and legal rights in the Constitution of India.

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2. Women's Rights

India's Constitution makers made many provisions in the Constitution of India to ensure equality for all and specifically gender equality. Many safeguards to uphold women's rights were enshrined in the Constituion.

2.1Preamble:

The Preamble to the Constitution of India assures justice, social, economic and political; equality of status and opportunity and dignity to the individual. This laid the foundation for equality of all individuals irrespective of the sex.Both men and women were to be equal.

2.2 Fundamental Rights:

The policy of women empowerment is well entrenched in the Fundamental Rights enshrined in the Constitution of India:

- Article 14 ensures women the Right to Equality.
- Article 15(1) specifically prohibits discrimination on the basis of sex.
- Article 15(3) empowers the State to take affirmative actions in favour of women.
- Article 16 provides for equality of opportunity for all citizens in matters relating to employment or appointment to any office.

These rights being fundamental rights are justiciable in court and the Government is obliged to follow the same.

2.3 Directive Principles of State Policy:

The Directive Principles of State Policy contains important provisions regarding women empowerment and it is the duty of the government to apply these principles while making laws or formulating any policy. Though these are not justiciable in the Court but these are essential for governance nonetheless. Some of them are:

- Article 39 (a) provides that the State to direct its policy towards securing for men and women equally the right to an adequate means of livelihood.
- Article 39 (d) mandates equal pay for equal work for both men and women.
- Article 42 provides that the State to make provision for securing just and humane conditions of work and for maternity relief.

2.3 Fundamental Duties:

The Fundamental duties are enshrined in Part IV-A of the Constitution and are positive duties for the people of India to follow. It also contains a duty related to women's rights:

Article 51 (A) (e) expects from the citizen of the country to promote harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women.

2.4 Other Constitutional Provisions:

The 73rd and 74th Constitutional Amendment of 1993 is a landmark in the course of women empowerment in India. It is a very important political right wherein women were given 33.33 percent reservation in seats at different levels of elections in local governance i.e. at Panchayat, Block and Municipality elections.

These Constitutional provisions are very empowering for women and the State is duty bound in enacting these laws (Srivastav, n.d).

2.5 Specific Laws for Women Empowerment in India

The Parliament of India has from time to time passed some specific laws in order to fulfil Constitutional obligation of women empowerment:

- The Equal Remuneration Act, 1976.
- The Dowry Prohibition Act, 1961.
- The Immoral Traffic (Prevention) Act, 1956.
- The Maternity Benefit Act, 1961.
- The Medical termination of Pregnancy Act, 1971.
- The Commission of Sati (Prevention) Act, 1987.
- The Prohibition of Child Marriage Act, 2006.
- The Pre-Conception & Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.
- The Sexual Harassment of Women at Work Place (Prevention, Protection and) Act, 2013.

The following other legislation's also contain certain rights and safeguards for women:
- Employees' State Insurance Act (1948)
- Plantation Labour Act (1951)
- Bonded Labour System (Abolition) Act (1976)
- Legal Practitioners (Women) Act (1923)
- Indian Succession Act (1925)
- Indian Divorce Act (1869)
- Parsi Marriage and Divorce Act (1936)
- Special Marriage Act (1954)
- Foreign Marriage Act (1969)
- Indian Evidence Act (1872)
- Hindu Adoptions and Maintenance Act (1956)

2.6. Women Empowerment Schemes / Programmes of Government of India

The various Central Ministries and State/ UT Governments under the guidance of the national policies implement numerous programmes for development of women and children. Some of them are listed below:
- BetiBachaoBetiPadhao Scheme
- One Stop Centre Scheme
- Women Helpline Scheme
- UJJAWALA : A Comprehensive Scheme for Prevention of trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation
- Working Women Hostel

- Rajiv Gandhi National Creche Scheme for the Children of Working Mothers
- SWADHAR Greh (A Scheme for Women in Difficult Circumstances)
- Support to Training and Employment Programme for Women (STEP)
- Awardees of Stree Shakti Puruskar and Awardees of Nari Shakti Puruskar
- Awardees of RajyaMahilaSamman and ZilaMahilaSamman
- Maternity Benefit Programme
- Mahila E-Haat

- Mahila Police Volunteers

2.7. International Commitments of India

India is a party to various International Conventions and Treaties which are committed to secure equal rights of women.

One of the most important among them is the Convention on Elimination of All Forms of Discrimination against Women (CEDAW), ratified by India in 1993.Other important International instruments for women empowerment are: The Mexico Plan of Action (1975), the Nairobi Forward Looking Strategies (1985), the Beijing Declaration as well as the Platform for Action (1995) and the Outcome Document adopted by the UNGA Session on Gender Equality and Development & Peace for the 21st century, titled "Further actions and initiatives to implement the Beijing Declaration and the Platform for Action". All these have been whole-heartedly endorsed by India for appropriate follow up.

India is a party to various International Conventions and Treaties which are committed to secure equal rights of women.

3. **National Policies and Programmes for Women**

3.1. National Policy for Empowerment of Women 2001

The Government of India adopted the National Policy for Empowerment of Women on 20th March, 2001 with the objective to bring about the advancement, development and empowerment of women and to eliminate all forms of discrimination against women. The policies/programmes of the Government are all directed towards achieving inclusive growth with special focus on women in line with the objective of the policy.

The Ministry of Women and Child Development is the nodal agency for all matters pertaining to welfare, development and empowerment of women. It has evolved schemes and programmes for their benefit. These schemes are spread across a very wide spectrum such as women's need for shelter, security, safety, legal aid, justice, information, maternal health, food, nutrition etc., as well as their need for economic sustenance through skill development, education and access to credit and marketing.

The Ministry also supports autonomous bodies like National Commission, Central Social Welfare Board and RashtriyaMahilaKosh which work for the welfare and development of women. Economic sustenance of women through skill development, education and access to credit and marketing is also one of the areas where the Ministry has special focus (National Policy for Empowerment of Women, 2001).

3.2 Draft National Policy for the Empowerment of Women, 2016

Nearly a decade and half has passed since the **National Policy for Empowerment of Women, 2001** was formulated. Since then significant strides in global technology and information systems have placed the Indian economy on a trajectory of higher growth impacting the general populace and women, in particular in unique and different ways.

The discourse on women's empowerment has been gradually evolving over the last few decades, wherein paradigm shifts have occurred –from seeing women as mere recipients of welfare

benefits to mainstreaming gender concerns and engaging them in the development process of the country. These changes have brought forth fresh opportunities and possibilities for women's empowerment while at the same time presenting new and emerging challenges which along with persisting socio-economic problems continue to hinder gender equality and holistic empowerment of women.

The Draft National Policy for the Empowerment of Women, 2016 envisions a society in which, women attain their full potential and are able to participate as equal partners in all spheres of life. It also emphasises the role of an effective framework to enable the process of developing policies, programmes and practices which will ensure equal rights and opportunities for women. The broad objective of the policy is to create a conducive socio-cultural, economic and political environment to enable women enjoy de jure and de facto fundamental rights and realize their full potential

The Policy proposes designated Priority Areas for women empowerment which encompass:
a)   Health including food security and nutrition
b)   Education,
c)   Economy
d)   Governance and Decision Making:
e)   Violence Against Women and
f)   Enabling Environment: Environment and Climate Change.

Gender equality advocates need an institutional ally. That ally could and should be found in the Commissions for Women, at the very least.

The Policy also describes emerging issues such as making cyber spaces safe place for women, redistribution of gender roles, for reducing unpaid care work, review of personal and customary laws in accordance with the Constitutional provisions. Review of criminalization of marital rape within the framework women's human rights etc. relevant in the developmental paradigms.

The Operational strategies laid down in the policy provide a framework for implementation of legislations and strengthening of existing institutional mechanisms through action plan, effective gender institutional architecture. Advocacy and Stakeholder Partnerships, Inter-Sectoral Convergence, Gender Budgeting and generation of gender disaggregated data have also been given due focus.

The Operational strategies include creating an enabling environment through continued and additional initiatives. These comprise of:

a) Enabling safety and security of women – with initiatives such as One Stop Centres, Women Helpline, Mahila Police Volunteers,
 b) Creating eco-systems to encourage entrepreneurship amongst women, through platforms like Mahila E-Haat,
 c) Training and capacity building of all stakeholders including youth through Gender Champion initiative and
d) Facilitating women in workplace – through gender friendly work place, flexi timings etc .

4. National and State Commission for Women

The National Commission for Women Act (1990) provided for the establishment of a National Commission for Women to study and monitor all matters relating to the constitutional and legal rights and safeguards of women.This includes:

1. Investigation of matters relating to Constitutional and legal safeguards for women; the presentation of reports to the Central Government and the making of recommendations; legal and constitutional review relating to women's concerns; taking up cases of violations of rights of women; to call for special studies, including academic research, on discrimination against women, their representation of women and factors that impede it (including drudgery!); advise the planning process and evaluate progress; fund public interest litigation for women; inspect homes, jails and other places where women are kept imprisoned.

2. The greatest potential for intervention lies with the NCW's power to look into complaints and "take suomoto notice" of: "deprivation of women's rights; non-implementation of laws enacted to provide protection to women and also to achieve the objective of equality and development; non-compliance of policy decisions, guidelines or instructions aimed at mitigating hardships and ensuring welfare and providing relief to women, and take up the issues arising out of such matters with appropriate authorities"

3. The NCW enjoys all the powers of a civil court including that to summon a person from any part of India; to require production of documents; require evidence on affidavits; access to public records and the power of "issuing commissions for the examination of witnesses and documents."

4. The reach of the apex national level organization of India extends across India, except for Jammu and Kashmir. However, this Act does not set up the State Commissions. These have been set up by states at their own initiative.

5. Both National and State laws specify the qualities of the Chair and members of the Commission for Women. The NCW is supposed to be chaired by someone who is "committed to the cause of women" and have five members "from amongst persons of ability, integrity and standing who have had experience in law or legislation, trade unionism, management of an industry potential of women, women's voluntary organisations (including women activist), administration, economic development, health, education or social welfare."

6. The NCW has no steady income stream and depends on Central Government grants, which are allocated and disbursed as the government deems necessary.

The grouse of women activists is that NCW can only do what the government will pay for. This limits the scope of work of the Commission. Rajagopalan (2016) comments "Those of us that work in this area would also like to re-cast it from its recent avatars. We would like it to be pro-active, feminist (seeing women's rights as human rights) and explicitly committed to gender equality, in the most inclusive sense of the term. Gender equality advocates need an institutional ally. That ally could and should be found in the Commissions for Women, at the very least".

5. Impact: Status of Women in India

India is considered the largest democracy in India. However women in India face numerous barriers in all areas of their life. From birth onwards they are discriminated against and this struggle continues for their entire lifetime. Women are deprived of any decision making power, freedom of movement, financial independence, or access to education and employment.Given below are few issues encountered by women in India:-

5.1 Female Infanticide

Infanticide (or infant homicide) is the intentional killing of infants. The Asian Centre for Human Rights (ACHR) in the first ever global study " Female Infanticide Worldwide" (2016) stated that female infanticide for son preference due to variety of reasons is a worldwide phenomenon with 1.5 million female foetuses being aborted every year. The study ranked India number four in the world on skewed sex ratio at birth at 112 males/100 females. The figures have declined with the number of female child population in the age group of 0-6 years from 78.83 million in 2001 to 75.84 million in 2011. During the period 1991-2011, the child sex ratio (0-6 years) came down from 945 to 914.

Based on the World Health Statistics (WHS) 2016, the MMR of India is 174/100,000 live births. According to World Health Organization (2016), this works out to nearly 45,000 mothers dying due to causes related to childbirth every year in India.

India has enacted the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) to address the issue of sex-selective abortion and the Medical Termination of Pregnancy (MTP) Act in 1971 to regulate access to safe abortions. The MTP Act of 1971, amended in 2002, allows abortion up to 20 weeks of pregnancy in cases where "the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health".

However the Ministry of Health and Family Welfare has acknowledged that illegal abortions still outnumber legal abortions and thousands of women die every year due to complications resulting from unsafe abortions. According to the Population Research Institute, at least 1.28 million sex-selective abortions had taken place in India between 2000 and 2014. It takes the daily average of sex-selective abortion to 2,332 (The Hans India, 2016).

Nevertheless the under-reporting under the MTP Act continues to be a problem as female infanticide is still rampant in India. This has led to serious imbalances in the sex ratio.

5.2 Sex Ratio

Sex ratio is used to describe the number of females per 1000 of males. Sex ratio is a valuable source for finding the population of women in India and the ratio of women to that of men in India. According to Census of India (2011), the sex ratio has shown major signs of improvement in the last ten years. From a small number of 933 in 2001, the bar has been raised to 940 in the 2011 Census. The current sex ratio is 945 females for every 1000 males. Puducherry and Kerala are the only two states where the number of females is more than the men.The states of South India have shown major signs of improvement in comparison to states of Haryana and Punjab; where the sex ratio is far lower than the national average figure (Indiaonlinepages).

The major cause of the low female birth ratio is considered to be the violent treatments meted out to the girl child at the time of the birth. The patriarchal mindset in many parts of the country only adds to the preference of a male child. Although the data shows an improved sex ratio, India is still far away from achieving gender equality.

5.3 Maternal Mortality

The key to the progress of a country lies in reducing its maternal and child mortality and morbidity .The Maternal Mortality Rate (MMR) that highlights the number of mothers dying per 100,000 live births. Based on the World Health Statistics (WHS) 2016, the MMR of India is 174/100,000 live births. According to World Health Organization (2016), this works out to nearly 45,000 mothers dying due to causes related to childbirth every year in India. Nearly five women die every hour from complications developed during childbirth, with heavy blood loss caused by haemorrhage being a major factor. Anaemia, insufficient nutrition and inadequate medical and transport services are other causes of poor maternal health in the country. (Indianexpress)

The World Bank (2015) data shows that there has been a decline in MMR for India reported in 2015. However, adolescent and illiterate mothers and those living in hard to reach areas still have a much greater chance of dying in childbirth. Adolescent girls outside Indian cities are especially vulnerable as teenage marriage and pregnancies are very high in rural and remote areas of the country (Unicef,n..d).There sexists a strong need for policy and ground level work by government and civil society to ensure women's health and nutrition needs are met.

5.4 Crimes against women

Crimes against women are direct or indirect physical or mental cruelty to women; directed specifically against women and in which only women are victims. According to the National Crime Records Bureau, (NCRB, 2015) crimes against women in India have more than doubled from 2005 to 2014.As many as 2.24 million crimes against women were reported during that period: 26 crimes against women are reported every hour, or one complaint every two minutes.

The NCRB (2016) data shows nearly 3.27 lakh cases of crimes against women were reported across the country in 2015. Of these over 1.3 lakh were sexual offences. Uttar Pradesh reported (10.9%) of total cases of crimes against women followed by West Bengal (10.1%). Delhi UT reported the highest crime rate (184.3) compared to the national average rate of 53.9. However the conviction rate was a mere 21.7 %.

The sexual offences cases included rape; attempt to commit rape, assault on women with intent to outrage her modesty and insult to modesty of women. Majority of cases under crimes against women were reported under 'Cruelty by Husband or His Relatives'(34.6%) followed by 'Assault on Women with Intent to Outrage her Modesty'(25.2%), 'Kidnapping & Abduction of Women' (18.1%) and 'Rape'(10.6%) during 2015(NCRB,2016) . It is also seen that the trends in crimes against women have also changed with technology and include cyber crimes.

5.4.1 Dowry

In India the Dowry Prohibition Act, 1961, prohibits the request, payment or acceptance of a dowry 'as consideration for marriage', and dowry here is defined as a gift demanded or given as a

precondition for marriage. Items such as jewellery, clothes, cars and money are traditionally given by the bride's family to the groom and his parents under the outlawed custom to ensure that she is taken care of in her new home. But often the groom's family demands more dowry after marriage, resulting in mental and physical harassment that can lead to suicide or murder of the bride. Dowry has not only turned out to be a bane for women, but even for their families, who often find it hard to arrange the money.

Despite amendments made to the Dowry Act in 1983, twenty one dowry deaths per day are reported across the country every day with the conviction rate being only 34.7 per cent. The National Crime Records Bureau states in 2015, 7,634 women died in the country due to dowry harassment. Either they were burnt alive or forced to commit suicide over dowry demand. The Bureau further reports the country recorded 3.48 lakh cases of cruelty by husband or his relatives .West Bengal tops the chart with 61,259 such cases in past three years, followed by Rajasthan (44,311) and Andhra Pradesh (34,835).

The government and non governmental organizations in India are working hard to remove this evil practice from Indian society. However it requires a concerted effort from society at large for the change to actually materialize.

6. 4.2. Rape

Rape is the most violent crime which is committed against women. According to Section 375 of the Indian Penal Code, Rape outrages a woman's modesty. After a rape incident; a woman lives a life which includes fear, depression, guilt complex, suicidal action and social stigma.

As per National Crime Records Bureau (2016) a total of 34,651 rape cases were reported in India in 2015. Among these, in 33,098 cases the offenders were known to the victims. The rape victims were among the age group of below six years to over 60 years. Madhya Pradesh reported 4,391 rape cases, the highest among the states whereas; the national capital New Delhi reported 2,199 cases. Rape cases have been further categorised as incest rape and these cases have also increased.

NCRB further states that assault on women with intent to outrage her modesty (470,556), earlier classified as molestation under section 354 of IPC, is the second-most-reported crime against women over the last decade. Kidnapping and abduction of women (315,074) is the third-most-reported crime followed by rape (243,051), insult to modesty of women (104,151) and dowry deaths (80,833).

The government has been taking steps by setting up a three digit helpline 181 for women in distress. A Nirbhaya Fund was put in place in 2013 followed by changes to the Juvenile Justice Act and setting up of fast track Mahila Courts. Moreover the civil society has worked to increase public awareness of women's rights and embolden victims to register abuses. But the figures above clearly demonstrate that despite laws, government campaigns and civil society initiatives, the issue of women's safety still remains a matter of grave concern in the country.

5.4.2 Domestic Violence

Domestic violence can be described as when one adult in a relationship misuses power to control another through violence and other forms of abuse. The abuser tortures and controls the victim by calculated threats, intimidation and physical violence. Such violence may also include rape and

sexual abuse. Psychological violence includes verbal abuse, harassment, confinement and deprivation of physical, financial and personal resources. For some women emotional abuse may be more painful than physical attacks because they effectively undermine women's security and self-confidence. Domestic violence includes harassment by way of unlawful dowry demands.

In India, violence within the home is universal across culture, religion, class and ethnicity.

The abuse is generally condoned by social custom and considered a part and parcel of marital life (Bhat, 2014). A lot of crimes committed against women are reported from the very confines of their homes. Moreover, people responsible for carrying out these crimes are generally their own relatives. Cruelty by husbands and relatives under section 498-A of Indian Penal Code is the major crime committed against women across the country. Ten cases of cruelty by husband and relatives are reported every hour across the country. (NCRB, 2016)

The Protection of Women from Domestic Violence Act (PWDVA), aimed at protecting women from violence in domestic relationships was instituted by the Parliament in 2005 .Under the Act the definition of domestic violence covers, mental as well as physical abuse, and also *threats* to do the same. Any form of harassment, coercion, and harm to health, safety, limb or well-being is covered.

> *According to the data compiled by the National Commission for Women (NCW), there is a noticeable rise in sexual harassment at the workplace.*

The scope of this Act was primarily meant to provide protection to wife or female live-in partner from domestic violence at the hands of the husband or male live-in partner or his relatives, the law also extends its protection to women in a household such as sisters or mothers. The Act, which provides victims of abuse with remedy, also mandates safe shelters to victims (The Hans India, 2016).

However despite the stern nature of the Domestic Violence Act, rates of domestic violence have far from reduced and law enforcement agencies have fallen short in limiting the same.

5.3.4 Sexual Harassment at Workplace

"Sexual harassment" includes unwelcome acts or behaviour (whether directly or by implication) such as physical contact and advance, a demand or request for sexual favours, making sexually coloured remarks, showing pornography etc. The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 (hereafter referred to as the Act) was notified by the Indian Parliament in December 2013. It is modelled on the Vishakha guidelines which served as the case law to curb instances of sexual harassment at the workplace since 1997. The main objective of the Act is to ensure that women feel safe at the workplace and to nurture the growth of a holistic work ecosystem.

Indian women are encouraged to complain about harassment at work by the Act, yet according to a survey conducted by the Indian Bar Association in 2017 of 6,047 respondents, 70% women said they did not report sexual harassment by superiors because they feared the repercussions. According to the data compiled by the National Commission for Women (NCW), there is a noticeable rise in sexual harassment at the workplace.(Chachra ,2017)

According to National Crime Records Bureau data between 2014 and 2015, cases of sexual harassment within office premises more than doubled from 57 to 119. There has also been a 51% rise in sexual harassment cases at other places related to work, from 469 in 2014 to 714 in 2015.

The growing consciousness of issues relating to women's safety has compelled leading organizations to take cognizance of the Act and is motivating them to take the requisite steps mandated by it. Though, according to the survey by Ernst and Young (2015), almost half of the respondents' organizations had not displayed this clearly at prominent places within their premises. The survey also revealed that around 31% of the respondents were not compliant with the Act (after its enactment), which mandates Internal Complaints Committees (ICCs) being constituted to address complaints relating to sexual harassment. 44% of the respondents' organizations did not display the penal consequences of sexual harassments at conspicuous places. However, enforcement is still low due to organizations' nonchalant approach toward the issue.

The concept of sexual harassment at the workplace seems to be emerging from the dark shadows of corporate confines. However EY's survey paints a rather sombre picture of the state of affairs when it comes to organizations curbing and managing sexual harassment at the workplace (Ernst and Young, 2015).

5.3.5 Trafficking of Women and Children

According to the definition of the United Nations, "Trafficking is any activity leading to recruitment, transportation, harbouring or receipt of persons, by means of threat or use of force or a position of vulnerability". Trafficking in women and children is the most abominable violation of human rights.

Migration, economic injustice, poverty, social inequality, regional gender preference, imbalance and corruption are the many causes of human trafficking in India (Kaur, 2013).

Trafficking in its widest sense include the exploitation girls by pushing them into prostitution, forced labour or services, slavery or practices similar to slavery and the trade in human organs. In the case of children who have been trafficked or have become victims of child marriages, it violates their right to education, employment and self-determination. Women and children are trafficked and exploited, and force to lead a life of indignity, social stigma, debt bondage and a host of ailments including HIV/AIDS. (Bhat, 2014)

Migration, economic injustice, poverty, social inequality, regional gender preference, imbalance and corruption are the many causes of human trafficking in India (Kaur, 2013). As per the Ministry of Women and Child Development , 20,000 women and children were trafficked in 2016 with the highest number of victims recorded in the state of West Bengal. The data showed that almost equal numbers of women and children were trafficked. However the actual figures could be much higher as many victims were still not registering cases with the police, largely because they did not know the law or feared traffickers (The Times of India, 2017).

The Immoral Trafficking Prevention Act 1956 (ITPA) penalizes trafficking for commercial sexual exploitation. The punishment ranges from seven years' to life imprisonment. The Bonded Labour Abolition Act (1976)), the Child Labour Act (1986), and the Juvenile Justice Act (1986) prohibit the

bonded and forced labour in India. Amendments to make the law stricter have been passed by the government. But still there is a huge gap between enactment and enforcement of these laws. The picture is bleak and requires stronger action from the authorities to stop human trafficking.

5.4.6 Acid Violence

Acid throwing, also called an acid attack or vitriolage, is a form of violent assault defined as the premediated act of throwing acid or a similarly corrosive substance onto the body of another "with the intention to disfigure, maim, torture or kill." The most common types of acids used in these attacks are sulphuric, nitric or hydrochloric acid. Even with prompt medical attention, the long term consequences of these attacks may include blindness, as well as permanent scarring of the face and body, along with far-reaching social, psychological and economic difficulties (Acid Survivors Foundation India, 2013).

India has long been witness to incidents of acid violence. It has been a widely prevalent phenomenon and has been increasing at an alarming rate. Statistics compiled by Acid Survivors Foundation India (ASFI) from media reports; RTI and clinical data suggest that there have been 882 attacks between 2010 and 2015.This does not take into consideration the large number of attacks that do not get reported from the predominantly rural areas of the vast sub-continent. (Acid Survivors Foundation India, 2015)

India has long been witness to incidents of acid violence. It has been a widely prevalent phenomenon and has been increasing at an alarming rate.

Numerous developments have ultimately led to inclusion of separate clauses (Sections 326A and 326B) relating to acid violence treating acid attack as a specific offence; harsher punishment of minimum 10 years or up to life imprisonment; a fine that is just and reasonable to be made over to victim for care, treatment and rehabilitation; and offence to be cognizable and non bailable. With the amendments in place, the reporting of incidents has improved and the figures for number of acid violence have recorded a substantial jump from 225 in 2014 to 249 during 2015.

ASFI is of the view that this still does not represent the complete picture because a substantial number of cases still continue to remain unreported. There are still many challenges for the law enforcement agencies and acid survivors. Preventive and promotive interventions by the law and survivors are required to deal with the issue.

5.4.7 Cyber Crimes

Cybercrime against women is at an alarming stage and it may pose as a major threat to the security of a person as a whole. In India the term "cybercrime against women" includes sexual crimes and sexual abuses on the internet.

According to Cyber Violence against Women in India, A Research Report (Pasricha, 2016), the internet reflects the offline world where women are abused, harassed, threatened, stalked and violated on a daily basis. Online crimes targeting teenage girls and women shows how they become soft targets of trolling, online grooming, privacy infringement, bullying, pornography, sexual defamation, morphing, spoofing and so on .

The Report found online abuse is a serious issue in India, affecting more than half of survey respondents, yet women and other targets lack support and understanding to respond effectively.

The victims shared the mechanisms to report abuse on social media platforms also fall short. Thirty percent of survey respondents said they were not aware of laws to protect them from online harassment. Only a third of respondents had reported harassment to law enforcement; among them, 38 percent characterized the response as "not at all helpful."

India has enacted the Information Technology (IT) Act 2000 to combat cybercrimes; This Act widely covers the commercial and economic crimes which is clear from the preamble of the IT Act. Most of the cases related to cyber crime against women reported to the police comes within the ambit of Section 67 (Publishing or transmitting obscene material in electronic form) of the IT Act 2000. (Jeet, 2012)

There are however many loopholes in the present laws and policies intended for safety of women in cyberspace.Women as seen as soft targets and steps to protect them and prevent cybercrimes are the need of the hour.

7. Education

Education means an all round drawing out of the best in body, mind and spirit. The imperative character of education for individual growth and social development is now accepted by everyone. It is the fundamental means to bring any desired change in society. Education is the milestone of women empowerment because it enables them to responds to the challenges, to confront their traditional role and change their life (Bhat, 2015).

According to Cyber Violence against Women in India, A Research Report (Pasricha , 2016), the internet reflects the offline world where women are abused, harassed, threatened,

A changing society and a developing economy cannot make any headway as long as there are differences between the education levels of men and women. Inadequate education or no education is the most important factor contributing to the backwardness of women in India (Bhat, 2014). The hegemonic masculine ideology has denied women equal opportunities for education. Children in India are sent to school not according to their intelligence or aptitude but according to their sex. Girls are expected to help in household work and boys are sent to school. Parents do not see the value of educating a daughter who would get married and remain a housewife. (Kumar &Sangeeta, 2013)

According to Census 2011, the gender inequality reinforces itself in education as the rate of literacy for women is 65.46% against 82.14% of men. The Census (2011) report shows that the rate of literacy of Indian women is even lower than the national average literacy rate that is 74.04%. The growth of women's education in rural areas is very slow. Moreover education is also not available to all equally. Kerala and Mizoram are the only states in India that have achieved universal female literacy rates. . The rate of school drop outs is also found to be comparatively higher in case of women. This higher rate of illiteracy of women is undoubtedly attributing to women's dependence on men and subordination. This is the root cause for women's exploitation and negligence in India. This has hindered their social and economic status, political involvement as well as deprived them of their rights and privileges.

Kumar & Sangeeta (2013) report that the problems against women education include lack of funds, inadequate facilities and manpower, sexual harassment, conflicting societal role expectations, government policies and lack of political will power to implement the entire educational programme. The inferiority complex observable in Indian women can be attributed to the influence of environmental manipulation. Through the traditional socialization process of the

typical society, women are made to accept negative self-fulfilling prophecy, stereotyping and stigmatization that they are members of a weaker sex.

Successive governments and several voluntary organizations have taken many initiatives to promote education of girl child. Sakshar Bharat Mission for Adult Female Literacy, Right to Education, Kasturba BalikaVidyalaya, National Programme for Education of Girls at Elementary Level are some of the schemes promoted by the government to develop education of girl child and adult women.

The National Mission of Empowerment of Women in 2014 for gender empowerment has also been initiated. However promoting education among women is most important to empower them. Policies alone are not sufficient. Structural and systemic changes are needed to ensure implementation of the schemes. Further efforts are necessary to encourage education of girls.

7. Workforce

Women power is crucial to the economic growth of any country. In India this is hindered due to a lack of women's participation. Despite female literacy and education enrolment rates rising, India today has lower levels of women's workforce participation than many countries. India has made key investments in women's education but have generally not removed barriers to women's participation in the workforce and are thus not seeing returns on their investments in terms of development of one half of their nation's human capital. (Mathur, 2016).

Thus if India is to become the world's third largest economy in 2030, it cannot afford to continue bypassing its over 600 million women from equal opportunity in the workforce

The Global Gender Gap Report (2016) ranks India 125 on the Gender Inequality Index and 87 out of 144 on the Global Gender Gap Index. Only 27% of Indian women are in the labour force, the second-lowest rate of female labour-force participation in South Asia. Overall India ranks 136 in the economic pillar out of 144 countries, coming in at 135th for labour force participation and 137 for estimated earned income. Not only is there a huge gender gap in terms of employment in the labour force, but also in the *kinds* of work women are engaged in.

A large segment of India's working women continue to be engaged in rural agricultural activities. Women should be entering the workforce and into more productive sectors such as manufacturing and services. But this is not the case. According to the International Labour Organization in 2011-12, while 62.8 percent of women were employed in the agriculture sector, only 20 percent were employed in industry and 17 percent in the services sectors.

In urban areas, where education and income levels are higher, many married women drop out of the workforce when they have children. A survey of 1,000 working women in New Delhi found that only 18-34 percent of women continued to work after having a child. This is in large part because women in India continue to shoulder the burden of childcare at the same time that many employers fail to provide adequate maternity and childcare support to working mothers (Surie M, 2016).

Surie (2016) reports the growing concerns around the safety of women is also a clear deterrent to women's employment. A survey of 2,500 women across a number of Indian cities found that 82 percent of women reported leaving work early or before dark to ensure their safety. A McKinsey (2015) reportestimatesthat by bridging the gender gap in the labour force, India stands to gain as

much as 2.9 trillion of additional annual GDP in 2025.The study places a definitive value to increased women's participation in the workplace. Thus if India is to become the world's third largest economy in 2030, it cannot afford to continue bypassing its over 600 million women from equal opportunity in the workforce.
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8. Political Participation

Political participation generally refers to those voluntary activities of members of a society, in the selection of rulers and formation of public policy. Women's participation in decision-making is essential for women's interests to be incorporated into governance. It is a major component of empowerment (Kutty ,n.d).

Indian women got the right to vote at the time of Indian Independence itself. The turnout of women during India's 2014 parliamentary general elections was 65.63 per cent, only marginally less than the male turnout of 67.09 per cent. In 16 out of 29 states of India, more women voted than men.

In 1994 India established quotas (reservations) vide the 73rd and 74th constitutional amendments to reserve 33 per cent of the seats in local governments for women. The record of number of women representatives at the panchayat level and statistics indicate that 30-50% of local level elected representatives are women (Shanker, n.d). The statistics on women's participation in Parliament and Legislative Assemblies, on the other hand, present a grim picture. The participation of women in the Lok Sabha (Lower House) since Independence has, never (except once) exceeded 12 per cent while in the Rajya Sabha, (Upper House) it has been almost constant at 7 percent of the total seats. (Paul & Mehta, 2016).

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On political empowerment, India continues to be ranked 9th in the world in the Global Gender Gap Report 2016. However the Women's Reservation Bill (108th amendment) introduced in the Parliament to reserve 33 per cent of the LokSabha seats for women, is yet to be passed. There is no tool more effective for development than the political empowerment of women.

9. Budget Allocation

Gender Budgeting (GB) was introduced in the Indian Budget 2005-06. The Ministry of Women and Child Development stated "The rationale for gender budgeting arises from the recognition of the fact that national budgets impact men and women differently through the pattern of resource allocation, "Women constitute 48% of India's population, but they lag behind men on many social indicators like health, education and economic opportunities. Hence, they warrant special attention due to their vulnerability and lack of access to resources."

The GB funds two types of government schemes; first, schemes in which 100% provision is for women, second, schemes where the allocations for women constitute at least 30% of the provision. Apart from the central government, 17 states have adopted gender budgeting.(Saha, 2017).

The central government increased the allocation for women and children development from Rs 1.56 to Rs 1.84 lakh crore in 2017 across ministries. Finance Minister ArunJaitley said 'sabkasaath, sabkavikas' begins with girl child and women and for that purpose, the government would set up Mahila Shakti Kendras at village level in 14 lakh anganwadi centres with a total allocation of Rs 500 crore. This will provide a one-stop conversion support system for empowering rural women with opportunities for employment, skill development, digital literacy, health and nutrition," he said. A nationwide scheme for pregnant women was announced earlier under which Rs 6,000 will be directly transferred to bank accounts of pregnant women who undergo institutional delivery and vaccinate their children (The Times of India, 2017).

The Women and Child Development Ministry received a 20% increase in budget allocation this year with the total money set aside climbing to Rs22, 095 crore. The allocations include the increase in funding for 'Beti BachaoBetiPadhao' programme to Rs 200 crore. A bunch of other schemes include a shops and establishment bill that intends to open up additional opportunities for the employment of women, and a Swayam platform "for free of cost digital learning launched to bridge the digital divide for students, especially girls". There's also an allocation of Rs 50 crore for Working Women's Hostels, and a Stand Up India scheme to support women entrepreneurs to start "green field enterprises" (Ananya,2017)

The amount budgeted for 'Indira Gandhi MatritvaSahyogYojana' saw a four times jump with Rs2, 700 crore being set aside this year. Rs 500 crore has been granted for Nirbhaya Fund which is the same as last year (Livemint, 2017). However these are token gestures as the government decided to ignore maternal mortality, primary education, and malnutrition, among many other things, and there was no mention of any women-oriented policies (except cooking gas). Even the scheme meant for the implementation of the Domestic Violence Act hadn't got any allocation (Ananya, 2017)

The government is making efforts towards inclusive growth of women and girls by ear-marking budgets for them in all the schemes. These enhanced gender budget initiatives aim towards a gender equal society. Nevertheless the government does have to rigorously look at every policy decision through a gendered lens rather than having just these few women-specific schemes.

10. Conclusion

The United Nations observes that women constitute "world's largest excluded category".Women in India have for centuries been victims of gender discrimination. The key human development indicators given above on the status of women in India clearly demonstrate the truth of this statement. The deep rooted traditional and patriarchal society in India has created a colossal gender gap. Women have been suppressed and socialized to accept second class citizenship. They are taught from childhood to be obedient, subservient and subordinate to men. Women deal with innumerable physical and mental barriers; confinement to the house, boundaries on their mobility, poor access to health services, nutrition, education and employment, and exclusion from the public and political sphere. There exist sharp disparities in opportunities available to women and men.

The Constitution of India has pledged equality of status and opportunity to both sexes. Women have been accorded many legal rights. The Government of India has passed many laws, made key investments and taken several initiatives to ensure participation of women in all spheres. India has closed its gender gap by 2% in a year: its gap now stands at 68% across the four pillars of economy, education, health and political representation. There has been an improvement in

India's ranking in the Gender Gap report (2016) to 87 and this is attributed largely to major improvements in education. Civil society in India has contributed immensely to reduce inequalities and protect rights of women It has played the role of a co driver in the process of empowerment of women.

Women Empowerment involves strengthening the social, economic and political powers of women. It requires a social change in the family, community, and society at large . If India wants to grow and develop its economy then fifty percent of its population cannot be ignored. Indian society will only benefit when women are healthy, educated and employed. Their empowerment is a prerequisite for sustainable development, pro-poor growth and the achievement of all the Sustainable Development Goals. Achieving women's empowerment requires sound public policies, a holistic approach and long-term commitment and gender-specific perspectives integrated at the design stage of policy and programming.

Education of women as a process to build their capacity for making choices should be the priority of the government. Women must also have more equitable access to assets and services; and employment opportunities .There must be recognition of their vast unpaid work .Women's increased participation in the law and policy process is also necessary to reduce the gender imbalance in India.The civil society needs to continue to support and advocate for rights of women.

Ultimately, women's empowerment is about rights and equitable societies. Yet, most women in India have *de jure* rather than *de facto* powers, rights and entitlements. The process of moving from rhetoric to reality has begun, but there is still long way for women in India to be truly empowered.

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Section II

This section consists of two articles that examine women's health and nutrition issues. The paper gives recommendations on addressing the issue and enhancing services for women.

Addressing Malnutrition: Development of an Action Plan[2]

Abstract

The effects of poor health, due to deficiency of essential nutrients, impose significant economic and human development costs. The current paper highlights that, despite Kerala being a highly literate state, the community residents of its Puzhakkal block possess only marginal information about malnutrition and its cascading impacts. The paper further proposes an action plan to address the issue of malnutrition. This paper is an outcome of Mr.Harikrishnan's 'We Care: Civic Engagement' internship with ATMA Foundation in February, 2016.

I.   Introduction

The issue of malnutrition has been recognized at the international level for many years now. In India, the problem has received attention from the planners and policy makers right from 1950. National level nutrition programmes, like the Mid-day Meal Scheme and the Balwadi Nutrition Programme, have been implemented to combat the menace of malnutrition. However, it still persists in India. A World Bank report on nutrition says that annually, India loses over USD 12 billion in its GDP to vitamin and mineral deficiencies ("Nutrition at a glance", 2012). Findings from the National Family Health Survey (NFHS - 3, 2005-06) highlighted that in India, 58 percent of the women between the ages of 15 to 49 suffer from anemia.

Recognizing the validity of ancient medicinal systems like Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy, in addressing various health aliments, the Government of India formulated the Ministry of AYUSH in 2003. AYUSH addresses the health care needs of people by integrating ancient Indian systems of medicine using existing infrastructure. The National Policy on Indian Systems of Medicine & Homoeopathy highlights that the nutritional status of the population can be improved significantly with the help of traditional medicines. The Ministry of AYUSH has accorded a high priority status to the issue of malnutrition and wants to reduce nutrition related illnesses with the help of AYUSH medicines. The primary objective of the AYUSH approach is to revitalize and strengthen the AYUSH systems, making them prominent medical streams to address the health care of the society.

> *Findings from the National Family Health Survey highlighted that in India, 58 percent of the women between the ages of 15 to 49 suffer from anemia.*

1.1.   About ATMA Foundation

Mr. C. K. Suresh in 2006 set up the Attitude Training & Management Associates (ATMA) Foundation as a registered Charitable Trust in Kerala[3]. ATMA's vision is to develop creative forms of intervention for social transformation through effective empowerment and productive compassion. The organization acts as a forum that assists people in leading happier lives and building healthier relationships, both with families as well as workplaces. The activities of ATMA include life enrichment campaigns, empowerment initiatives, community services and the ATMA residential school (Gurukulam).

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[2] Mr. Harikrishnan T, MBA batch 2015-2017 He was placed as an intern with Atma Foundation ,Tamil Nadu for the 'We Care: Civic Engagement' internship between February 2-21, 2016
[3] Kerala is a state in south India on the Malabar Coast

Yoga classes conducted by ATMA

Empowerment and Compassion are the twin pillars of all ATMA activities which are embedded in their core philosophy of 'Living in Harmony'. Over the period of ten years, ATMA has reached out to more than 1.5 lakh families in Kerala.

II.   Social Issue

Though Kerala has been consistently ranked higher than other Indian states in terms of human, gender and social development indices, the findings from the National Family Health Survey (NFHS - 3, 2005-06) highlighted that, 33 percent of women between the ages of 15 and 49 suffer from anemia. According to the study conducted by Kumar & Devi (2010), anemia accounts for 18.2 percent of the indirect maternal deaths in Kerala. The study further explains that females in Kerala compare favorably against the whole of India in terms of all conventional health indicators and that the problems related to women's health in Kerala are different from those addressed at the national level. On similar lines, Prabhakumari, Raveendran&Zacharia (2015) found a higher prevalence of anemia (85.3%) among women in Kerala.

ATMA has been developing its community-based social interventions for the last five years in the Puzhakkal[4] block in Thrissur district of Kerala. The Puzhakkal block includes six gram panchayats which are: Adat, Avanur, Kaiparambu, Mulamkunnathukavu, Tholur and Kolazhy. Using these interventions, ATMA identified that the issue of malnutrition is rampant among adolescent girls and women in the area.

> *Over the period of ten years, ATMA has reached out to more than 1.5 lakh families in Kerala.*

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[4]As per 2011 census data, total population of Puzhakkal is 156733 (75487 males and 80886 females).

Medical camp conducted by ATMA in Puzhakkalpanchayat

To address the issue of malnutrition and its cascading impacts, ATMA proposed to develop an Action Plan and submit the same to the Ministry of AYUSH to solicit their financial support. Accordingly, the We Care intern was asked to develop such a plan to tackle the issue of malnutrition in the Puzhakkal block.

III.   Methodology

To develop a feasible action plan to address the issue of malnutrition in Puzhakkal block, it was important to study the level of awareness that change agents like NGO heads, SHGs & Gram Panchayat functionaries had about malnutrition, programmes implemented to address the issue, and type of support they would render in partnering with ATMA for addressing the issue.

With the help of an interview guide and focussed group discussion, data was collected from eight NGOs, six SHGs and six Gram Panchayat Functionaries based on data points displayed in Table 1 below:

Table 1:
Data Points

Gram Panchayat Functionaries	NGOs	Self-Help Groups
I. Awareness about a) extent of malnutrition problem; b) existing nutritional programmes; c) family farming practices; and d) existing health infrastructure	I. Awareness about a) existing government sponsored nutritional programmes; b) effective interventions to address the issue of malnutrition; and c) requirements of getting funding from Government agencies	I. Awareness about a) importance of the issue of malnutrition; b) possibility of integrating various institutions like schools/hospitals/NGOs in order to address the issue of malnutrition; and c) existing government sponsored nutritional schemes
II. Awareness about existing public and private health interventions to address the issue of malnutrition	II. Interventions conducted by the NGO in the area of community health care and malnutrition	II. Details about a) existing programmes conducted by SHGs in the community health care domain; and b) the member strength of SHG and their areas of operation

IV.   Major Findings

The discussions with the respondents of the study revealed some important and interesting findings which are elucidated below.

4.1a   Gram Panchayat Functionaries

Interactions with the gram panchayat functionaries of Adat, Avanur, Kaiparambu, Mulamkunnathukavu, Tholur and Kolazhy villages revealed that the awareness level about the existing malnutrition situation, in the state in general, and the Puzhakkal block in particular, was quite low. Even though functionaries were familiar with the various nutritional programmes conducted by central/state government agencies, their involvement was limited to transferring the benefits of these schemes to the villages. They shared that family farming practices existed in majority of the villages in the region. To promote family farming, they received various grants from the state government. There was a dedicated team appointed to help families to increase their farm productivity.

It was interesting to note that every panchayat had a primary health centre, an ayurvedic and homeopathic hospital in place. At the same time, the discussion also revealed that the understanding of functionaries about the existing health infrastructure were restricted to only basic facilities and services offered by different public health institutions. It was thus evident from the

interactions that the functionaries had practically less or no knowledge about how to combat the issue of malnutrition persisting in the locality.

4.1b NGOs

Interactions with various NGOs working in the domain of community health care revealed that the awareness level among NGOs about the existing government sponsored nutritional programmes was very high. They shared that they have designed interventions based on their target group to address the issue of malnutrition in their respective areas of operation. It was inferred from the discussion that the primary focus areas of these NGOs broadly included a) health awareness programmes, b) free medical camps and c) distribution of medicines and other health supplements. Few NGOs also pursued the possibility of involving other community based groups/NGOs to make a more positive social impact on the target group.

4.1c Self-Help Groups

As per the secondary data, the Puzhakkal block has 1035 SHGs comprising of 17,184 women. Discussions with six self-help groups disclosed that the awareness levels of SHG members about the issues of malnutrition werevery low. Awareness levels of SHGs about various government sponsored nutritional schemes were restricted to popular schemes such as the Mid day Meal Scheme. SHG members had never considered the possibility of integrating various local institutions in order to address malnutrition. SHG members reported that they were not actively involved in executing community health care programmes in their area of operation.

> *Perceived seriousness as well as perceived susceptibility of stakeholders towards malnutrition is very low.*
>
> *It is therefore important to create awareness among the change agents and target audience in this regard.*

It can be surmised from the above discussion that the level of awareness of respondents about the malnutrition scenario was very low. Gram Panchayat Functionaries as well as NGOs underestimated the issue of malnutrition in the locality. Perceived seriousness as well as perceived susceptibility of stakeholders towards malnutrition is very low. It is therefore important to create awareness among the change agents and target audience in this regard.

Due to the low level of awareness about the issue of malnutrition, respondent groups never thought of integrating SHGs/community based groups with existing health institutions to address the issue of malnutrition. To develop localized and sustainable approaches, there is a need of integrating local institutions with SHGs to develop preventive and curative interventions.

To address the issue of malnutrition in the Puzhakkal block, ATMA needs to focus primarily on creating awareness about the existing malnutrition scenario and its cascading effects. Parallelly, there is a need to develop integrated intervention strategies to address the issue.

V. To commence, ATMA should move in a phased manner as elucidated below.

5.1a Phase One - Contemplation Phase

The contemplation phase is critical for the overall success of the proposed programme because, at this stage, people are intending to start the healthy behavior for the foreseeable future. The prime focus of the contemplation phase is to provide awareness about the importance of nutrition and the possible threats of not having appropriate nutrition provisions for the children and womenfolk. Awareness needs to be created with three categories of target audience: a) school children, b) pregnant women and young mothers, c) community based groups.

Table 2 below describes the plan of action to create awareness:

Table 2:

Proposed Action Plan

Target Audience	Proposed Actions	Resource Organizations	Impact/Outcome
School children	Information can be shared on a monthly basis through a) Interactive games; b) puzzles; c) cartoons; d) fun based events; e) daily exercises ; and f) School level exhibitions on nutrition	ATMA volunteers, AYUSH practitioners	Children will gain basic understanding about malnutrition
Pregnant women and young mothers	Information can be shared with the help of a) one day workshops; b) posters & pamphlets; c) community health practitioners; and d) ATMA volunteers	ATMA volunteers, AYUSH practitioners	Women will gain competencies to effectively tackle the issue of malnutrition
Community based groups	Involvements with the help of a) workshops & seminars; b) ATMA volunteers; c) community health practitioners; and d) community volunteers	ATMA volunteers, AYUSH practitioners, community volunteers	Community will benefit by integrating SHGs/community based groups with existing health institutions

> *The prime focus of the contemplation phase is to provide awareness about the importance of nutrition and the possible threats of not having appropriate nutrition provisions for the children and womenfolk*

5.1b   Phase Two - Action Phase

Medical camp conducted by ATMA in Puzhakkalpanchayat

While the contemplation phase will help the target audience to recognize the problems associated with malnutrition, the action phase will equip them to take small progressive steps towards behavioral change. This phase aims to build practices for addressing the issue of malnutrition by through curative, promotive and preventive interventions..

Curative interventions will help the target audience to get access to medicines and treatment at their doorstep. Promotive health interventions will enable the target audience to bring behaviouralchange by developing their cognitive abilities. Through these interventions, the audience will be able to appreciate the importance of having a balanced diet and attain physical and mental fitness. Preventive interventions can help in preventing malnutrition through development of accessible nutritional resources within the reach of target audience.

See Table 3 below for proposed plan of action in the action phase:

ATMA will have to ensure appropriate handholding and nutrition training to these additional community volunteers to reduce their turnover and to improve their efficiency.

Table 3:
Proposed Intervention Plan

Type of Intervention	Activities	Resource Organization
Curative Interventions	**Distribution of AYUSH Medicines** - AYUSH medicines will be distributed to every school in the target area. ATMA volunteers will engage in distributing medicines at the household level to adolescent girls, pregnant women and young mothers.	AYUSH medical practitioners, ATMA volunteers
	Medical Camps - Medical camps will be conducted at Panchayat level on a half yearly basis. This will help in early detection of malnutrition cases.	AYUSH medical practitioners, ATMA volunteers
Promotive Interventions	**Mother's Forum** - A Mother's Forum will be formed at the village level. The Forum will act as a platform to scale up micronutrient interventions to household level.	ATMA volunteers, SHG members, community volunteers
	Self-Help Groups - Selected SHG members will be trained as health volunteers who can assist in campaigns to address malnutrition and also to supply medicines.	ATMA Volunteers, SHG members, community volunteers
	Yoga and Fitness Programmes - Customized yoga classes will be conducted in schools and community centres which can be attended by school children, adolescent girls, adults, working women and pregnant women.	ATMA volunteers, Yoga practitioners
Preventive Interventions	**Nutrition Garden -** Nutritional gardens will be developed at the household level. This will help to achieve sustainability in the daily nutritional needs of households.	ATMA volunteers, SHG members, community volunteers

5.1c   Phase Three - Monitoring & Evaluation Phase

Monitoring aims to provide continuous feedback on the project implementation as well as assist in the undertaking of corrective actions. To facilitate behavioral change among people with specific intention of promoting healthy dietary habits, it is important to monitor the performance of the target audience.

It is important to develop clarity on how and when the activities are to be monitored. Refer Table 4 below for the proposed monitoring plan:

Table 4

Proposed Monitoring Plan

The overall impact of the project will be evaluated at the end of the project based on the expected

Activity	Frequency of Monitoring	Responsibility of Monitoring	Indicators
Distribution of AYUSH medicines	Every month	ATMA volunteers, SHG members, Medical practitioners	Number of schools covered, number of villages covered, amount of medicines distributed, reduction in the number of malnutrition cases
Medical Camps	After every medical camp	ATMA volunteers, Medical practitioners, community volunteers	Number of participants, number of early detection of cases, number of cases referred for further action, number of villages covered
Mother's Forum	Every month	ATMA volunteers, SHG members, selected members from Mothers Forum	Number of active members, programme reach, frequency of meeting, number of new members joining every month, number of activities conducted
Self Help Group	Every month	ATMA volunteers, SHG members	Number of programmes volunteered by SHG members, Level of engagement of SHGs, number of partnerships formed, number of active members
Yoga and fitness programmes	Every quarter	ATMA volunteers, SHG members,	Number of regular participants, number of programmes conducted, number of school children attending the session, number of villages covered
Nutrition Gardens	Every month	ATMA volunteers, SHG members, community volunteers	Number of active families, programme reach, number of new members joining every month, number of families consuming their own farm products

outcomes related to: improvement in awareness, reduction of malnutrition cases, lifestyle changes in food consumption and fitness and attitudinal change levels among the target audience about malnutrition.

VI.   Conclusion and Agenda Ahead

The issue of malnutrition is associated not only with nutrition but also with beliefs about nutrition. ATMA Foundation, which has a strong expertise in the area of community health, wants to transform the traditional ways of tackling the issue of malnutrition. As part of the scheme of grant-in-aid to government/non-government organizations, ATMA has selected Puzhakkal block panchayat as the target area to improve the health status of the population. Since the perceived threat associated with malnutrition is very low among people, a three phased action plan has been proposed to improve the malnutrition scenario of the target population. The strength of ATMA in

building alliances with local institutions can be utilized in pursuing the goal of developing localized and sustainable approaches. Building integrated intervention strategies with the help of local institutions will help the target population to make attitudinal changes about malnutrition and to achieve a healthy way of living. The scope and reach of the project require additional community volunteers for its successful implementation. It is therefore critical for ATMA to identify and develop expertise among community volunteers to achieve the project deliverables. ATMA will have to ensure appropriate handholding and nutrition training to these additional community volunteers to reduce their turnover and to improve their efficiency.

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Maternal Health and Traditional Birth Attendants[5]

Abstract

SevaMandir,anon governmental organization in Rajasthan has been involved in imparting trainingtoTraditional Birth Attendants (TBAs)on antenatal and post natal care through improved delivery and child care practices The current paper examines the role of TBA's in creating awareness and utilization of antenatal and postnatal care among women in Udaipur district of Rajasthan, It further studies the problems faced by women during pre and post delivery.It also gives suggestions on how SevaMandir could enhance their services. This paper is an outcome of Mr. Ankit Jain's 'We Care: Civic Engagement' internship with SevaMandir in February, 2016.

I.   About SevaMandir

Seva Mandir is one of the leading developmentnon-profitorganizations in Rajasthan. It was set up by Dr.MohanSinha Mehta in 1966 in partnership withthepeople of the state,notonlytoimprovetheirmaterial well-being,but also to build strongerandmoreethicalcommunities.SevaMandir's mission is 'to make real the idea of a society consisting of free and equal citizens who are able to come together to solve the problems that affect them in their particular contexts'. Through its programmes on governance,health,education,sustainableuse of naturalresources,women'sempowerment,youthdevelopment,childcare,SevaMandir makesa tangible and transformative impact. Itcurrently works with 360,000 people across700 villages of southern Rajasthan,where over 90% of the population relies on subsistence agriculture and most of the people live on less than INR 20 aday.

TBA: Traditional Birth Attendant

According to the National Rural Health Mission the state average of the maternal mortality rate is 208 deaths over one lakh deliveries

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[5] Mr. Ankit Jain, MBA batch 2015-2017 He was placed as an intern with Seva Mandir, Rajasthan for the 'We Care: Civic Engagement' internship between February 2-21, 2016

Women attending a session held by the TBA

Seva Mandir also helps communities transform gender relations by creating ways for women to come together in their individual and collective struggles. It also addresses unmet healthcare needs of women in the rural villages of Rajasthan. Home deliveries are the norm in Rajasthan, antenatal and prenatal care is almost non existent and hence there is an increased risk of both maternal and infant mortality. Cadres of community health workers are trained by Seva Mandir to work for improving maternal and child health.

II.   Social Issue

The World Health Organization (WHO, 2015) has defined maternal health as "The health of women during pregnancy, childbirth, and the postpartum period". It encompasses the health care dimensions of family planning, preconception, prenatal and postnatal care in order to reduce maternal morbidity and mortality. It estimates that 830 women still die every day of causes related to pregnancy or childbirth. This is about one woman every two minutes. And for every woman who dies, 20 or 30 encounter injuries, infections or disabilities. Most of these deaths and injuries are entirely preventable According to UN inter-agency estimates, due to women gaining access to family planning and skilled birth attendance with back up emergency obstetric care, the global maternal mortality ratio declined by 44 per cent from1990 to 2015. It decreased from 385 deaths to 216 deaths per 100,000 live births. In India too the maternal mortality rate[6] has fallen from 556 in 1990 to 174 deaths in 2015 per 100,000 live births (UNICEF, 2017).

It is estimated that 830 women still die every day of causes related to pregnancy or childbirth

2.1 Preventive Care

Four elements are essential to maternal death prevention. First is prenatal care. It is recommended that expectant mothers receive at least four antenatal visits to check and monitor

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[6]The maternal mortality rate (MMR) is the annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes). The MMR includes deaths during pregnancy, childbirth, or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, for a specified year.

the health of mother and foetus. Secondly, skilled birth attendants with emergency backup such as doctors, nurses and midwives who have the skills to manage normal deliveries and recognize the onset of complications are required. Thirdly, emergency obstetric care to address the major causes of maternal death which are haemorrhage, sepsis, unsafe abortion, hypertensive disorders and obstructed labour is also needed. Lastly, post natal care which is the six weeks following delivery is required as well. During this time, bleeding, sepsis and hypertensive disorders can occur and newborns are extremely vulnerable in the immediate aftermath of birth.(UNFPA, 2017).

In the remote villages of Rajasthan, public health services for pregnant women are often unreliable or inadequate. According to the National Rural Health Mission the state average of the maternal mortality rate is 208 deaths over one lakh deliveries (DNA, 2015). To address the issue of maternal health, Seva Mandir has been actively involved in providing quality healthcare facilities in medically underprivileged communities. It has been offering training to local birth attendants since 2007 as 'Trained Birth Attendants' (TBAs) to provide appropriate pre and postnatal care to rural women.

Women discussing issues after a session with the TBA

III.   Project Focus

To reduce both maternal and infant mortality rate, SevaMandir has been involved in imparting training to TBAs on antenatal and post-natal care through improved delivery and child care practices by: a) improving the skills, understanding and stature of TBAs b) increasing the number of births conducted by trained TBAs and c) improving links between modern health services and the community through TBAs.

The TBAs are instructed to increase awarenessofruralwomen towards preventive care by having routine check-ups, access to vaccines and going tohospitalsfortheirdelivery. TBAs encourage pregnant women to be part of the healthcampsconductedbothby the governmentandSevaMandir.

SevaMandir had the following goals when they initiated the antenatal and post natal care programmes:

a)   60% of registered women will receive all antenatal and post natal care.

b) 70% of all diagnosed complicated cases in reproductive health care should have access to quality health care.

In the above context SevaMandir decided to have a rapid appraisal to assess the achievement of the above mentioned goals. The We Care intern was therefore assigned to conduct the review through a survey.

3.1   Methodology

The objectives for the project were set as:

1. To examine the level of awareness and utilization of antenatal and postnatal care.
2. To examine the problems faced by women during pre andpost delivery.

It emerged that maximum number of TBAs as well as maximum number of deliveries conducted in the last six months were in Madri Zone of Jhadol Block, Udaipur, Rajasthan. Therefore to attain the objectives 123respondent women who were either pregnant or had delivered infants were interviewed there with the help of a questionnaire. Data was collected on the awareness and utilization of pre andpost delivery care and the problems faced by the women during that period.
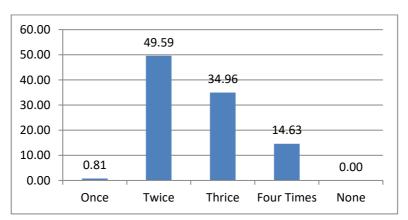
IV.   Findings

The interviews with the women revealed the findings as described below:

4.1a   Number of Medical Checkups

There are a range of tests that are usually conducted during pregnancy to track the woman's health and areas requiring medical intervention. These tests identify any complications during pregnancy or after childbirth. Traditional birth attendants usually conduct tests forswelling, anemiaand other health checks.

Figure 1

Number of Checkups

According to the survey as seen in Figure 1, from 123respondents, nearly 50%and35% womengotmedicalcheckupsdonetwiceandthricerespectively.Earliermost of the women were unaware of any tests and did not go for checkups. After the interventionof TBAs, women became conscious of the need and importance of checkups. Consequently they undertook scheduled and regular check ups.

4.1b   Types of Check-ups During Pregnancy

Prenatal checkups are vital to ensure that the health of mother and child are not compromised. All pregnant women are tested for weight, height, blood pressure, blood and urine.
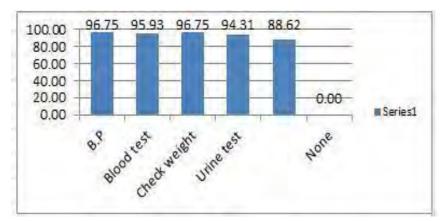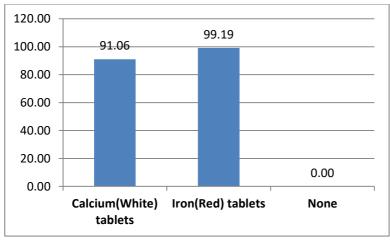
Figure 2

Types of Check Ups During Pregnancy

Figure 2 reveals that almost all the registered women benefittedfrom various prenataltests.TBAsaccompaniedwomentohospitalswherecheckupswereconductedby nurses. Due to timely medication advice, there were reduced risks of future pregnancy   related   complications. AlthoughTBAsarenotformallytrained,theyarehighlyexperiencedandassistwomenduringcheckups, deliveryandpost- partum.

4.1c   Medication

Pregnant women need to take micronutrient supplements before, during and after pregnancy. Around 1000-1300 mg of calcium and 27 mg of iron are required during pregnancy to ensure that both mother and child are healthy.Howeverit was found that women in the area lacked calcium and iron. Hence SevaMandir through TBAs provided calcium supplements to the women while iron tablets were given arranged by local aanganwadis.[7]
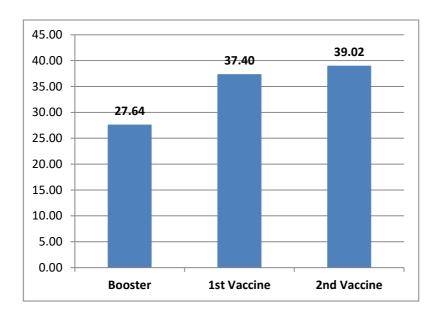
Figure 3

Medication Given During Pregnancy

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[7]Anganwadi is a government sponsored child-care and mother-care center in India. It caters to children in the 0-6 age group. The word means "courtyard shelter" in Hindi. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition.

TBAs created awareness on the importance of taking proper dosage and explained its impact on the healthof the baby.As a result91%pregnant womentook the required dosage ofbothcalciumand iron tablets. (Refer Figure 3).

4.1d   Vaccinations

Tetanus toxoid vaccine is given during pregnancy to prevent risk of tetanus to the expecting mother and her unborn baby. Incaseof the first pregnancy, at least two doses of the vaccine is recommended. The first dose is administered in the seventh month while the second dose is given fourweeksafterthefirst. Ifthe second pregnancy iswithintwoyearsofthefirstandthewoman has receivedthepревioustwo vaccine doses,onlyaboosterdoseisneeded.

Figure 4
Vaccines Taken by Women

As depicted in Figure 4, it was found that a significant percentage of pregnant women did not take the second vaccine dose. In majority of the cases therewasverylittle gap between two births and thereforetheboosterwasgiven to them.It can be seen that 40% women were given the second vaccine dose which guaranteed that even if they went in for a second pregnancy the risk and complications were reduced.

4.1e   Discomfortduring pregnancy

The symptoms of discomfort due to pregnancy vary from case to case. Each mother-to-be may experience symptoms differently. The survey highlighted that due to hormonal changes, about half of all pregnant women experienced nausea and vomiting in the first trimester (also known as morning sickness).

Figure 5

TBAs created awareness on the importance of taking proper dosage and explained its impact on the health of the baby.

As a result 91% pregnant women took the required dosage of both calcium and iron tablets.
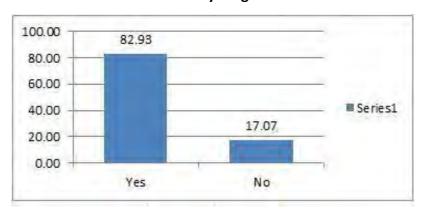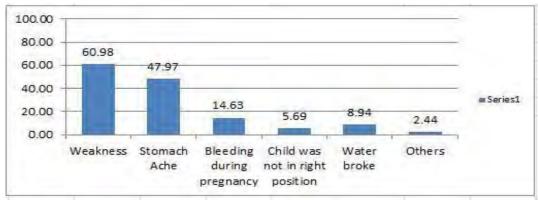
Discomforts Faced by Pregnant Women

Figure 5 revealsthatinspiteofallthe tests andTBAs'support,only17.07%out of total 123 womenwere reported completely healthy. The restsuffered minor problemslike weakness and stomach ache. A major reason for the same was attributed tothe unhygienic conditions womenlivedinaswell as paucity of access to basic facilities like clean water, nutritious food or essential medicines.

4.1f Pregnancy Risks

There are various risks that women face during pregnancy. The factors that place a pregnancy at risk can be divided into four categories: existing health conditions, age, lifestyle factors and conditions of pregnancy. Women are often fatigued as they burn the candle at both ends. They lack nutrient rich food and are anemic. They suffer from cramps, bleeding and abdominal pain.

Figure 6
Pregnancy Risks Faced by Women

In Figure 6 it can be inferred that nearly 61%womenexperienced weakness whereas 48%women suffered from stomach ache. Cases of severe risks like child not beingin the right position and excessive bleeding were also reported. In caseswhereachild was found tobeinclinedin a wrong position, TBAs assisted the women by applyingtraditionaltechniques. Complicated cases were treated in government hospitals.

4.1g Action to Relieve Discomfort

The changes happening in pregnant women may cause them discomfort, distress or even frighten them. Since most women are uneducated and inexperienced they are cluelesson ways to relieve their discomfort. Earlier they would discuss within themselves and take action accordingly, but that led to serious complications

Figure 7
Action taken

Figure 7 shows that 64.23% pregnant women wereaccompaniedbyTBAstogovernmentorprivate hospitals during an emergency. Hospital referrals accounted for 27% of total cases. In 11%casesno action was taken. TBAsmostly accompanied women to the hospital as they had developed a level of comfort with them. Also since TBAs were educated it helped the patient in completing the hospital formalities.

4.1h   Referrals

Pregnant women need to be referred to a hospital to receive required medical attention and appropriate care. At the hospital they receive medicinal attention or in case of complications they are referred elsewhere.
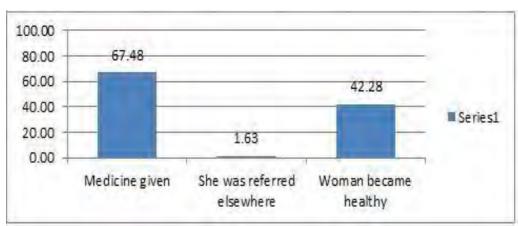
Figure 8
Referrals

Figure 8 reveals that 67% of women received appropriate medication and barely 2%women were referred elsewhere. This was because 42% cases became healthy after the first referral to a hospital. This shows that TBAs were successful in helping pregnant women receive appropriate and timely medical aid.

4.1i   Second Referrals

The referral system is important for antenatal, delivery and postnatal services.Asstated earlier, veryfewcasesneededtobereferredtohospitals elsewhere asmost women recoveredafter the initial treatment itself.

Figure 9
Second Referrals

Figure 9 indicates that the need for a second referral occurred due to a dearth ofstaff and facilities in the hospitals duringthefirstreferral. Out of the women that were sent for second referrals around 2% faced shortage of staff while 7% went for the second referral because of lack of medical facilities. There were a number of other personal and medical reasons women went for second referrals. Women were referred to Udaipur as it was the closest city where better medical and healthcare facilities were available.

4.1j   Transportation

Transport plays a significant role in providing maternal health service to pregnant women especially in the rural areas. Emergency access to maternal health care is also critical because many pregnancy related complications are unpredictable.
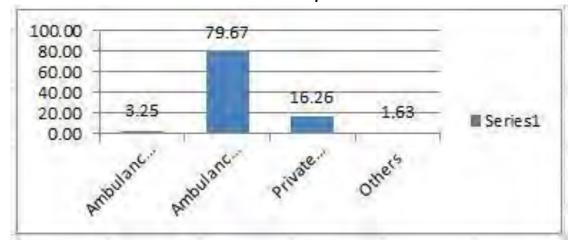
Figure 10
Means of Transport

Figure 10 shows that approximately 79%of123 respondents reached their delivery destination by availingthe services ofAmbulance104[8]whereas 3%used Ambulance108[9]. Those resorting to use personal vehicles accounted for16%. These respondents werefinancially better off. They

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[8]Ambulance 104 : Udaipur District has been allotted 25 Janani Express Ambulance, also called as '104' ambulance service. '104' is similar to '108' ambulances. They are specifically meant to provide facilities in faraway places in Udaipur district to the pregnant women and new born babies.
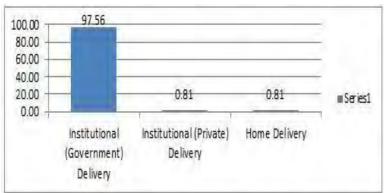
[5] Ambulance 108: Any person in need of emergency help can dial a toll free number 108 from any landline or mobile set. The ambulance reaches the site and rushes the victim to the nearest hospital During the trip, EMT provides the victim pre-hospital care.

preferredtousetheirownvehiclesto avoid risking livesofthemother and child, anticipating lack of arrival of theambulance.The rest 2% could not wait for the ambulance to reach their homes or their homes were very near to the government hospitals so they choose to walk to their delivery centers. The question of affordability affected the decision of transport.

4.1k   Place of Delivery

The place of delivery of the child could be at home or at a health facility. Proper facilities and skilled assistance during childbirth is central to reducing maternal mortality. The place of delivery should facilitate a smooth and safe delivery.

Figure 11
Place of Delivery

> *TBAs have been playing a vital role in pre and post natal care and home or institutional deliveries of women by providing timely interventions*

In the current study only a single caseof home delivery was found. As Figure 11 shows, 97.5% of thedeliveries were conducted at institutional centres (governmenthospitals).Thisindicates a positivetrendthat TBAs arefollowing by takingpregnant women to governmenthospitalsfordelivery.Thisreducestheriskthatamother and childfaceifthe delivery isdoneathome. Previously the practice of home delivery wasverycommoninthevillages,which could be harmful andunsafe and therefore unadvisable. HoweverTBAswere particularly careful abouttakingthebeneficiariestohospitals for specialized care.Otherpregnantwomen who were educated andcould afford it, preferred privatehospitals. It was obvious that majority of the deliveries took place in government hospitalsas they were most trusted and economical for the poor villagers.

V.   Analysis

It can be summarized that SevaMandir was successful in training TBAs to help women across villages around Udaipur to get medicines on time, have timely check ups, and assist in getting proper consultation. It can be inferred from the data collected that after Seva Mandir deployed TBAs, there was a decrease in the number of complications and maternal death. TBAs accompanied women to hospitals and provided a continuum of care and support of maternal and new born health, both at homes and in institutions. TBAs worked to ensure wellbeing of women and their babies.

According to the survey and keeping in view the two indicators for the baseline survey, it is inferred that: a) Around 42%of the registered women receive all antenatal and post natal care and

b) Around68%of all diagnosed cases with complications during pregnancy, delivery and postnatal care sought quality health care. This indicates that TBAs were instrumental in fulfilling the target due to the fully fledged training camps that were provided to them by Seva Mandir.

Despite the complications it can be seen that around 68% of women received proper care and attention due to TBAs interventions. However challenges to maternal and child health still persist.

VI.   Conclusion

The number of women and child deaths in India due to complications at birth is high especially among rural poor. Women suffer because of poor knowledge and lack of infrastructure facilities. Many women give birth without a trained or skilled attendant who is capable of assisting the process of delivery as well as providing antenatal and post natal care. It is very important to deploy educated social workers or medical attendants who can help women in understanding pregnancy related complications and ensure appropriate reproductive healthcare.

Seva Mandir took up the responsibility of reducing the number of women who die during pregnancy or childbirth by training TBAs across villages around Udaipur. TBAs have been playing a vital role in pre and post natal care and home or institutional deliveries of women by providing timely interventions. It is overwhelming to observe rural women now more aware about the symptoms, precautions and treatment of discomforts during pregnancy, delivery and post delivery. However, unhygienic and dilapidated conditions, unavailability of safe drinking water, lack of proper infrastructure like roads and connectivity, lack of ample number of health care centres and hospitals with all necessary facilities and staff pose major threat to health of women.

Hence the prime focus of Seva Mandir should now be on working with government and local agencies for infrastructural development. Seva Mandir must build a network and have tie ups with local and district hospitals to ensure that referrals are provided requisite and timely services. They also need to ensure speedy action from the Ambulance service providers.

To reach out to more women, Seva Mandir needs to conduct more health camps to heighten awareness amongst people on pre and post natal care. To achieve their targets, continuous capacity building of TBAs by Seva Mandir must be done as the latter come under the direct contact of the beneficiaries. Their role as birth companions providing medical and emotional support to pregnant women should be highlighted. They also need to document best practices among TBAs which could be shared and communicated to all TBAs. A platform for sharing their experiences could also be created. The target could be achieved by Seva Mandir if it adheres to all the possible solutions that are designed to address the existing issues of maternal health.

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Section III

This section comprises of three articles which address the gender gap in education and the challenges of education and skill development of adolescent girls and women. Strategies to deal with this gender discrimination are also suggested.

People's Action for National Integration:Empowering Adolescent Girls[10]

Abstract

The differential treatment given to girls is still very rampant in India. The current paper discusses how despite government and civil society efforts there are regions in India where girls are considered asa burden to the family. They are socialized to be submissive and dutiful. Investment in their education is considered to be a waste of limited family resources. The current paper also highlights the opinions of parents and girls from Uttar Pradesh towards education and recommends how their opinions can be changed to empower girls. This paper is an outcome of Ms. Akriti's 'We Care: Civic Engagement' internship with People's Action for National Integration in February, 2016.

I.   About PANI

People's Action for National Integration (PANI) was founded in 1986 by Late Shri Paras Bhai and prominent social workers from Sarvodaya[11]. The organization was registered in 1989 under the Indian Societies Act. PANI's mission is to empower people to have greater control over their life situations to make a world that is mutually rewarding (Annual Report 2014-15, p.3). It envisions itself as a medium for building an inclusive society that prospers in harmony with its surroundings. The organization believes in the Gandhian principle of integrated rural reconstruction. In recognition of its work, PANI has been a recipient of several awards.

PANI's mission is to empower people to have greater control over their life situations to make a world that is mutually rewarding

Intern interviewing girls about their aspirations.

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[10] Ms. Akriti Rastogi, , MBA batch 2015-2017 He was placed as an intern with f People's Action for National Integration ,Uttar Pradesh for the 'We Care: Civic Engagement' internship between February 2-21, 2016

[11]Sarvodaya means upliftment of all people

PANI is one of the leading development organizations of Uttar Pradesh[12] currently operating in 20 districts, 86 blocks and 1019 gram panchayats. It addresses issues of marginalized communities like the landless, Dalits[13], women, children, HIV/AIDS patients and the urban poor. PANI promotes an integrated and participatory approach for community empowerment focusing on principles of sustained and holistic development, social justice and equality. Thematic areas on which the organization works are:integrated child development, livelihood, climate change,natural resource management, health, nutrition, gender and governance.

The major ongoing projects of PANI are Samanta (for gender wage parity), Smart Power for Environmentally Sound Economic Development (SPEED), Diarrhoea Management Project, Aaroh (for rights of women farmers), People's Action for Integrated Development and Child Centered Community Development Project (Annual Report 2014-15, p.7). PANI has also actively partnered with corporates and NGOs to develop key projects like Empowering Rural Women (ERW), Farmers Action for Sustainable Agro-based Livelihood (FASAL), support programme for migrant labor, SAKSHAM (Livelihood for HIV/AIDS affected people), EkSaalAur (for continuing education of the girl child), Wheat Development Programme and Empowering Adolescent Girls (EAG).

> *The socio-cultural norms about masculinity and feminity prevalent in India depict unequal relations between man and woman*

A number of these above mentioned programmes are community initiatives for the development and empowerment of women in Uttar Pradesh.

II.   Social Issue

The gender system is a socially constructed expectation for male and female behaviour. The socio-cultural norms about masculinity and feminity prevalent in India depict unequal relations between man and woman. This combined with physiological and biological factors deepen women's vulnerability to neglect, hostility and deprivation of their basic rights (Situational-Analysis 2011, p.7). Women often have to fulfil the expectations and responsibilities of their family and relatives in their roles of sisters, daughters, wives or mothers. Their duties towards other family members hold a priority when compared to their rights for themselves.

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[12]Uttar Pradesh is the most populous state of India

[13]Dalit means "broken people" They were formerly known as "untouchables". Dalits live at the bottom of India's rigid social order known as the caste system

The condition of girls and women in Uttar Pradesh is no different from any other part of the country. Girls have been deprived of access to basic health care, nutrition and education (Situational-Analysis 2011, p.5). Despite government interventions to protect rights of the girl child through programmes like 'BetiBachaoBetiPadhao[14]' many girls still lack opportunities and support for growth and development. The outlook of the family and community towards the girl child still remains a barrier. The situation is worsened with the absence of quality schools and teachers especially in Tier III towns, blocks and villages (Situational-Analysis, 2011, p.8).

III. Project Focus

To address the issues faced by the girl child; PANI at the block level designed the Empowering Adolescent Girl (EAG) project in 2015. The EAG project aimed to firstly study the prevailing status of health, nutrition and education of adolescent girls; and secondly to create awareness in girls by educating them about their basic entitlements and rights. Most importantly it wanted to drive parents to create a conducive environment for the education of girls by transforming their thinking. PANI believes that the change will have a multiplier effect as it will complement government and local governance systems.

School girls showcasing their talent

The EAG project aimed to firstly study the prevailing status of health, nutrition and education of adolescent girls; and secondly to create awareness in girls by educating them about their basic entitlements

Tarun block[15] of Faizabad district in Uttar Pradesh was selected for the project as it is one of the remotest and most underdeveloped blocks of Faizabad district. Majority of Dalits and other backward communities residing here are socially and economically deprived. The EAG project covered 4200 adolescent girls spread across 42 Gram Panchayats in Tarun

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[14]BetibachaoBetipadhao is a government of India social campaign that aims to generate awareness and improve the efficiency of welfare services meant for girls
[15]Tarun block is situated in Bikapur Tehsil and located in Faizabad district of Uttar Pradesh

block.

To map the current awareness level in families about education of girls in Tarun block, 100 girls in the project area were selected. These 100 girls were further divided into groups of 25. The head and a vice head girl of each group was made the communication channel between the girls and PANI. Through the communiqués PANI discovered that the education levels of girls were very low, the ratio of dropouts was very high and an early marriage of girls was the regular norm.

In the above context it was decided to undertake a rapid appraisal study on examining the opinion of the parents and girls that led to low education levels of the girls. Accordingly, the We Care intern was assigned the task of conducting the study.

A larger family means higher costs with not enough money for every child

3.1 Methodology

This is an exploratory micro study with the following objectives:

1. To study the opinions of parents towards the girl child in general and girl child education in particular.

2. To study the opinion of the girls towards their education.

3. To provide recommendations for change in opinions of the girls and parents.

To fulfill the above objectives, a field study of four Panchayats[16] of Tarunblock was conducted. Primary data on size of family, parents' educational level, occupational status, opinion of parents about the girl child and their education was collected with the help of an interview guide. Data about the girls' opinion about themselves, number of siblings they have, their level of education and their aspirations was also studied with the help of an interview guide and focus group discussion. The respondents of the study consisted of 31 parents and 53 girls between the age group 10 to 19.

IV. Findings and Discussion

The findings of the interviews conducted with the parents as well as with the girls are elucidated below:
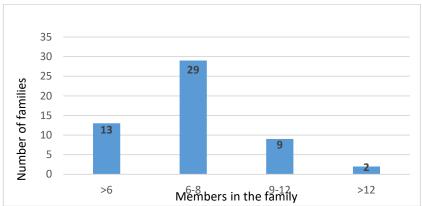
4.1.   Parents

4.1a Family Size

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[16]"Panchayat" means an institution (by whatever name called) of selfgovernment constituted under Article 243-B for the rural areas

Family size is a significant factor in the development of any child. A smaller family provides more educational and other opportunities for the children. A larger family means higher costs with not enough money for every child. The data collected and displayed in Figure 1 showsthat 29 respondents had large families with a single breadwinner. The eldest male in the house shouldered the responsibility of all other members. It was inevitable that compromises had to be made and it was expected that the girl child should be the one to sacrifice and forgo her education.

Figure 1
Family Size

Interaction with the parents revealed how the large size of the family forced the girl child to stay at home and support her mother in daily tasks. In many cases, girls woke up at 4 a.m. in the morning to complete domestic chores like cooking, cleaning and washing prior to attending school.Therefore by the time she reached school, she was exhausted and was unable to study.

4.1b Educational Level of Parents

Education of parents plays a pivotal role in the development of children. Parents who are educated have more opportunities for employment and better income andthereby able to provide well for their children. Unlike them, uneducated parents often have menial jobs, meagre incomes, poor status and ill health.It is assumed that uneducated parents also lack exposure to the world and have closed minds. They tend to pass the same mindset to their children who do not understand the value of education.
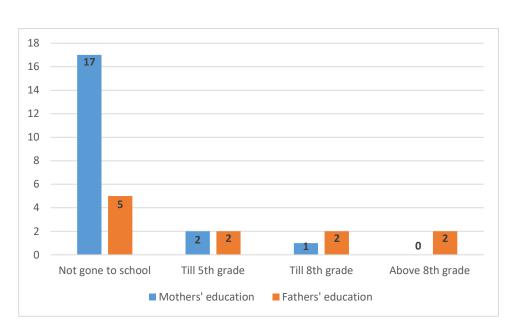
Figure 2
Educational Level: Parents

Figure 2 above shows the distribution of fathers' as well as mothers' education. It emerged through the discussions that since the parents were barely educated, they did not consider education as important to develop their children. Neither did they take any initiatives nor made any effort to support their children tolearn. The parents who were uneducated were not willing to send their girls to school at all. They believed girls should only concentrate on housework as education was of no use.

4.1c Occupational Typology

It was found that the most prevalent occupation in the region was farming which was dependent on the vagaries of the monsoon. The others worked as contractual labourers, vegetable vendors or painters. Majority of them did not have a steady flow of income throughout the year. Most of the families sent their sons to work outside the village which meant that the load of work fell on the girls.

4.1d Parents' Opinion: Education of Girls

The discussions with the parents revealed that 17 out of 53 girls had dropped out of school before they completed their fifth grade. Parents opined there was no sense in educating a girl as her responsibility was to

> *Parents opined there was no sense in educating a girl as her responsibility was to serve or oblige her family. It was very unlikely that she would ever make use of her education*

serve or oblige her family. It was very unlikely that she would ever make use of her education. They believed that, after marriage, girls are required to perform household chores and should be proficient in executing those domestic tasks. Other activities like studying and learning new skills were not essential for them. Parents also voiced their concern that if girls were educated it would be difficult to find suitable grooms for them. They were expected to be subservient and serve the family.

However, some parents wanted their daughters to be educated but lacked funds to send them to good schools. They mentioned that most of the nearby schools were government schools where quality of education was poor because of inadequate and inefficient teaching staff. The parents reported that there were no English medium schools in the vicinity where the girls could be sent in lieu of government schools.

The interactions with the parents clearly indicated that their daughters' education had low priority for them. They strongly believed that girls were better off at home and it was not worthwhile sending them to school. Apart from the above reasons, they felt thatit was more important to save for their daughter's wedding expenses rather than spending on her education. Financial resources were reserved for son's education as they would financially support them in future.

> *It was more important to save for their daughter's wedding expenses rather than spending on her education*

4.2   Girls

The second part of the study highlighted the current education level of girls, number of siblings they have in the family and their aspirations.
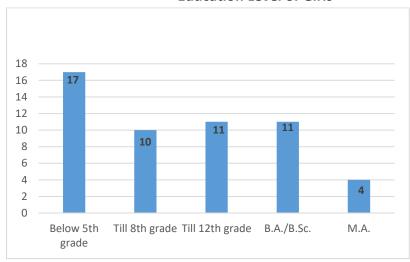
4.2a   Education Level of Girls

Education of girls is important for the progress of any nation. It plays a crucial role in the development of the family and society. Education is needed for girls to fight the indifference and inequality they face at home. It empowers a girl to be financially independent as well as stand up for her rights. Further it broadens her outlook and gives her the self-confidence to work towards a better future.

The study revealed that education was not a priority, neither for the girls themselves,nor their parents. Figure 3 highlights that there were 15 girls who had completed their graduation. But seeking external employment was not permissible by the family or community. The general belief among all the girls was that they would be married off once they crossed the legal age. One of them shared *"My elder sister got married as soon as she*

completed her graduation". The girls felt that their education was of no value to them or their family. Money spent on their education was a waste. They were considered a burden to be married off as early as possible. Additionally there was no escape for them from the household chores. Hence there was no motivation for them to attend school.Due to this many girls dropped out either in the fifth, eight or twelfth grade.

Figure 3
Education Level of Girls

It was more disheartening that even if the girls were permitted to work there was no suitable employment available for them in the village. The dearth of vocational training institutes was another barrier for the girls as they were unable to develop new skills which could help them to be self-employed. They had no access to jobs outside their village either. Their opportunities on the whole were very limited.

However girls were denied permission to leave the village until they were married

It was unthinkable that girls be sent to the city to study or work. The boys were allowed to live in cities with their families. However girls were denied permission to leave the village until they were married. One parent shared, *"If we send our girls to the cities they will change. They will start raising their voice."* Another parent said, *"When girls go to cities they start changing their lifestyle and then who will marry them in our village?"*. Marriage was considered as the only viable option for girls. Moreover to get a good groom they were expected to be homely, respectful and compliant.

4.2b Number of Siblings

In India the birth of a son is a joyous event while the reaction to the birth of a daughter is very different. The difference in the upbringing begins from birth itself. This situation is

aggravated further when there are many siblings. The discussion with the girls showed that 35 out of 53 girls had 3-5 siblings (Refer to Figure 4). This was an important indicator to understand how the scarce resources were divided.
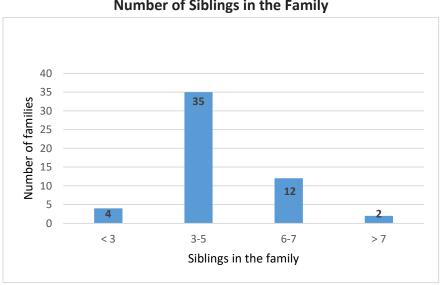
Figure 4
Number of Siblings in the Family

Nearly half of the interviewed families had 4-6 children with a single wage earner. Hence they were unable to send each child to school. The discrimination against girls was very clearly evident. Education of boys was given priority by the parents over that of girls because of the age old belief that the son would earn and look after them in their old age.It was meaningless to educate girls as they would get married and stay with their husband. The educational investment would not fetch them yields.
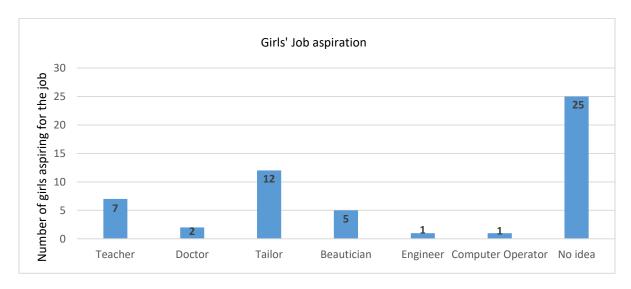
4.2c   Aspirations of the Girls

The discussion with the respondents revealed that girls were highly involved in balancing their household responsibilities and education simultaneously. They admitted that most of the time they avoided going to school themselves as they were too tired after doing their daily family chores. They were powerless against the gender roles imposed on them. They believed that their place was within the four walls of the house. The generational mindset of boys being cherished assets was ingrained in them too. They accepted their secondary status and gender bigotry. They were ignorant of how education could enhance their chances of employment and a better life.

25 out of 53 girls were clueless of what they wanted to pursue in future (Refer Figure 5). They had never contemplated on taking up any employment. Only two girls expressed their desire to become doctors, seven girls wanted to be teachers while twelve of them showed interest in tailoring. However none of them had ever shared their aspirations to either their parents or other family members. Many of them were not even aware of the job

opportunities available to them after graduation. It was assumed by the girls that they were born only to do household activities, raise children and support others in the family. Earning money and working outside the home was not for girls. They were set in the roles imposed on them and had resigned to their destiny.

Figure 5
Aspirations of the Girls

V.   Overall Inferences

Through the research it was inferred that the education of girl child is hindered by the family, community and the girls themselves. Girls never question the differential treatment meted out to them by their parents or the society. They know that their parents always prefer a male child and nobody in the family wanted them in the first place. The idea of sacrificing their share of resources and happiness is ingrained in them. They give up their food, clothes and education from the very early stages of their lives. They never demand education or equal opportunities of work like their brothers.Most of the girls accept the restrictions imposed on them. Even parents opine that teaching a girl child is a waste of resources. They believe that a girl's place is in the house and that is the only future for her. The girls acknowledge that getting married and managing a house was their fate.Today, they are enrolled in schools but not encouraged to continue their education. Some of the family members opined that educated girls may have more demands. They can raise their voice for a better life. This is unacceptable to the parents and their community.

To change the opinion of girls it is important to work with the parents

VI.   Conclusion and Recommendations

It can be concluded that girls in Tarunblock are treated with an indifferent attitude by their families and their immediate community. As the girls are socialized in a subjugated manner,

they too start believing that they do not have equal status and should not ask for equal status. Investment in education of girls is not at par with boys' education.

Though the government has provided schemes for education of the girl child in economically backward regions, they are found to be of inferior quality. Girls who do manage to complete higher studies are not allowed to work nor are there any employment opportunities available to them. This further creates disinterest towards education in them.

Brigham Young once said, "You educate a man; you educate a man. You educate a woman; you educate a generation."To see that education of girls is viewed favourably, it is important to change the opinion of parents. It is important to make them aware of the importance of educating girls. In this context PANI can organize focussed group discussions with parents on benefits of educating girls. Case studies of girls who have been educated and employed can be shared with the parents. This will motivate and encourage parents to educate their daughters.

To improve the quality of education in government schools, PANI should take active support of the government. It should provide for supplementary classes to facilitate quality education.

To change the opinion of girls it is important to work with the parents. An environment of learning and knowledge for girls needs to be created.PANI should engage with the girls to develop knowledge and skills in them. They need to counsel them on the significance of education and how it could transform their lives for the better. They should instil confidence in the girls to reach their full potential. Incentives like providing bicycles and scholarships for adolescent girl will go a long way in preventing dropouts. PANI needs to make girls conscious of their rights and entitlements.

To ensure that girls continue to attend school, PANI needs to continuously motivate the girls and their parents to let the former complete their education. This may require them to work out financial as well as moral support. A team of volunteers could be set up to sensitize the family and community.

To build a sustainable model of impactful education, it is important to engage local bodies as well. Discussions with principals and teachers of local schools and colleges need to be held by PANI to ensure quality education. They also need to make more determined efforts to enrol and importantly retain girls in the schools. To make sure that this is a sustained effort, monitoring and evaluation to measure the progress on a quarterly or yearly basis should be conducted.

To enhance the chances of gainful employment, PANI along with local and government agencies could organize vocational camps and training centres specially for girls. These camps could provide skills to girls for both employment and self employment. A few courses which could be taught include teaching, nursing, catering, stitching, handmade embroidery, craft products, jewellery making, painting and beautician work. Some courses teachinglife skills and English speaking could also be introduced.

Education would help the girls become independent andself reliant. Projects like Empowering Adolescent Girls and Government of India's initiatives like "BetiBachaoBetiPadhao" are a new beginning to empower many more girls for a better future and all efforts to make them successful should be made.

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Mapping Performance of Indian Dreams Foundation[17]

Abstract

Indian Dreams Foundation is focused on providing education and empowering underprivileged communities in India. They aim to empower every girl child, irrespective of her family circumstances, to achieve her potential through education. The paper reviews the programmes of the organization and suggests changes to enhance their performance. This paper is an outcome of Mr.Rohit Gupta and Mr.SahilAgarwal's 'We Care: Civic Engagement' internship with Indian Dreams Foundation in February, 2016.

I.   Indian Dreams Foundation(IDF)

The Indian Dreams Foundation, founded byMr. PunitAsthana, was registered under the Society Registration Act 1860 in 2005 in Agra. The mission of the organization is to work towards achieving eradication of illiteracy and gender discrimination in underprivileged communities by educating them and creating awareness.

IDF works in the field of education, health, women empowerment and awareness of under-privileged communities towards betterment of their living. The current ongoing programmes of IDF as seen in Figure 1 below are: Dreams Learning Centre (Non Formal Education Programme), HonharLadki (Education Sponsorship Programme), NayiPahal and School Reform Programme.

> *The agriculture based income and extreme poverty restrict the access to education for both sexes*

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[17] Mr.Rohit Gupta and Mr. Sahil Agarwal,, MBA batch 2015-2017. They were placed as interns with Indian Dreams Foundation ,Tamil Nadu for the 'We Care: Civic Engagement' internship between February 2-21, 2016
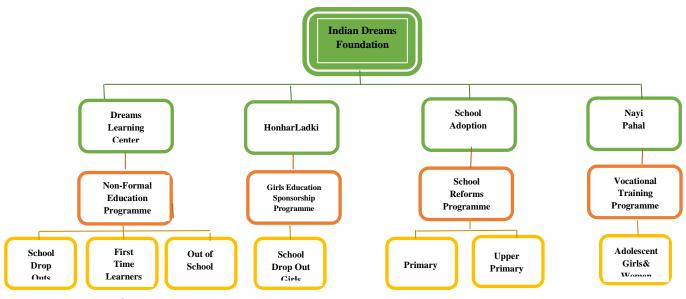
Figure 1
Programmes of Indian Dreams Foundation

II. Social Issue

India has made significant progress in its literacy rates from 12% in 1947 to 74.04% in 2011 (Census 2011). However it remains a matter of concern that many in India cannot still read or write. Illiteracy in India is also characterized by wide gaps between the urban and rural population, men and women and even among states. Kerala has the highest literacy rate in India whereas Uttar Pradesh lags far behind (Census 2011).

Agra, a city in Uttar Pradesh, is no exception. Census 2011 shows that 15% men and 38% women in Agra do not have any formal education and only about 30% men and 26% women have completed their education till 12[th]grade or more.The agriculture based income and extreme poverty restrict the access to education for both sexes.However the situation of women is worse with female literacy rate at just 17.6%.For girls the barriers to education include poverty, dowry system, early marriage and priority to son's education compared to daughter's education.Additionally households with lower incomes tend not to send girls to school, preferring them to stay at home to perform household and agricultural chores. The inappropriate school environment only adds to the high dropout percentage.

Against the backdrop of this social evil of illiteracy, particularly among girls, IDF's programmes work towards increasing literacy rates in India, while ensuring that every child obtains a holistic education.

IDF Initiative to promote girl child education

III. Project Focus

IDF works with children in underprivileged communities with a view to enroll them in formal, informal or vocational education. These programmes are supplemented by counselling sessions for families to highlight the importance of educating their children.The flagship programmes of IDF are mentioned below:

a) **School Reform Programme:**Thisprogramme was started in 2008 with the view of providing quality education to children from rural and urban government schools through adopting the schools.IDF has adopted three government schools in urban and rural slums of Agra district and plans to develop them as Model Schools.

b) **Dreams Learning Centre:** The non-formal education centres target children who are first time learners, school drop outs, out of school children and girls from backward communities. IDF has set up a centre in one of the slums of Agra in 2008. The goal of the programme is "to bridge the gaps in learning and enable children to br enrolled in formal schools as per their competency levels". Children are provided life skills to ensure their overall development.

c) **HonharLadkiProgramme (HLP):**Thisprogrammewas launched in July 2011 to sponsor education of socially and economically deprivedgirls in formal schools. They are provided financial and motivational support to achieve independence and to live a healthy and dignified life.

As IDF has been conducting these programmes since 2008, the organization requested NMIMS We Care interns to review these

The endeavor is to bring them at par with the best run schools in the area in terms of infrastructure, academic performance and a healthy environment in line with the Millennium Development Goals

programmes and suggest suitable changes to enhance the performance of the organization.

3.1 Methodology

Based on the data provided by IDF the interns analyzed the data on the basis of the following data points:-

Objective	School Reform Programme	Dreams Learning Centre	HonharLadki
a) To map the performance of the organization	a) Schools Adopted b) Total Students Enrolled c) Enrollment: Gender	a) Total Students Enrolled b) Enrollment: Age c) Enrollment: Caste d) Enrollment: Education level e) Enrollment/Inclusion: Mainstream School	a) Total Students Enrolled b) Enrollment: Age c) Enrollment: School d) Enrollment: Area wise e) Parents f) Family Income

IV.   Findings and Discussion

The findings of the data collated are discussed below:

4.1 School Reform Programme (SRP)

4.1a   Schools Adopted

Schools are the training grounds that prepare children for life. They play a very significant role in shaping their lives. Children spend a major part of their life in schools. This makes it important to provide children with the right learning environment and knowledge. However many government schools are dysfunctional and lack even basic facilities for children. Under the School Reform Programme, IDF adopts government schools and develops them into Model Schools. The endeavor is to bring them at par with the best run schools in the area in terms of infrastructure, academic performance and a healthy environment in line with the Millennium Development Goals.

IDF has adopted three schools under the SRP programme: two are primary schools and one is an upper primary school.
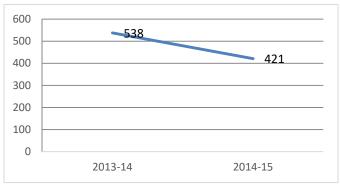

IDF volunteer scrutinizing the records of the school adopted under School Reform programme.

4.1b   Total Students Enrolled

Enrollment is an important parameter for schools under SRP. IDFconductscampaigns around these schools to increase awareness amongst parents on the need to educate their children. They put in substantial efforts to convince parents to enroll their children in the adopted schools. The increase in enrollment indicates the responsiveness and recognition of the changes being incorporated in government schools by IDF.

Figure 2
Number of Students Enrolled

IDF   made conscious efforts to enroll as well as retainstudents each year. Figure 2 above reveals the number of students enrolled for past two years. The numbers enrolled in 2013-2014 were 538 while in 2014-15 there were 421 students. Though the number of students has decreased because of relatively more number of dropouts cases reported in the given year, IDF was able to retain majority of the students and has brought about a positive impact on their future.
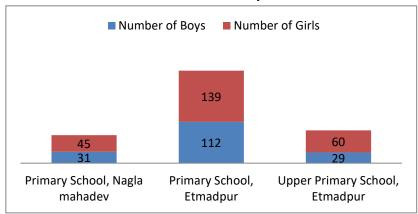

An IDF volunteer teaching students of a government school enrolled under SRP

Sons are considered as assets as they are insurance for parents' old age whereas girls are treated as a liability

4.1c   Enrollment: Gender

Gender inequality remains a matter of concern in India. Girls continue to face discrimination in all aspects of their life. They are frequently denied access to education and employment. Parents prefer educating their sons rather than daughters. Sons are considered as assets as they are insurance for parents' old age whereas girls are treated as a liability. IDF works towards promoting 'Education for All' but its central focus has been education of the girl child.

Figure 3
Gender of Students in Adopted Schools

IDF attempts to enroll maximum girls through its campaigns. IDF specifically enrolls girls living in close proximity to enable them to attend school without much inconvenience. Figure 3 reveals that in all the three government adopted schools, an average of 59% (244 out of 416) of enrollments are in favour of girls. This demonstrates that the efforts put in by IDF through education awareness drives have shown significant progress with time.

IDF found that the caste system was one of the barriers to education in the areas they worked. Many families were unwilling to let their children share the same space with children from other castes.

4.2 Dreams Learning Centre (DLC)
4.2a   Total Students Enrolled

Many children in India do not enter schools. While an equal number drop out of schools. Financial constraints often make education of children take a backseat. Gender discrimination is apparent as girls are kept back at home and expected to do household chores. The Dream Learning Centre focuses on providing basic education and skills to children, especially girls who are school drop outs or yet to begin their primary education.DLC aims to build their confidence academically and personally. This programme

readies children age-appropriately, to enable their enrollment in primary or secondary schools.
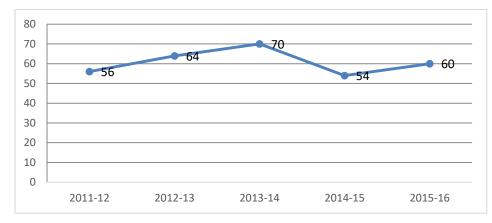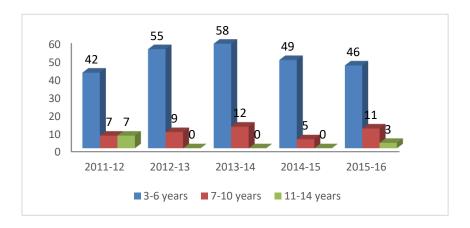
Figure 4
Total Students Enrolled

Figure 4 reveals the total number of children enrolled in DLC since its inception in 2011.This includes school drop outs as well as those yet to start schooling. There has been a steady increase in the number of enrollments from 56 to 70 students in 2013. It dropped in 2014 because of the limited number of students available for enrollment in the area of Freeganj, but picked up to 60 students in 2015. IDF is entirely committted to reducing the drop out rate and promoting education among people around Freeganj in Agra.

4.2b Enrollment Age:

Early education plays a vital role in training children for formal education. It lays the foundation for all round development of the child. IDF understands the importance of early intervention and works to ensure that maximum students benefit through this programme.

Figure 5
Age Wise Breakup

It is evident from Figure 5 that children between 3-6 years form majority of enrollments at DLC. 75% of children in 2011 were from this age group while in 2015 they have increased to almost 80%. Number of children between 7-10 years has also seen an increase over the past years. However students between 11-16 years age group is comparitively very low.

The higher figures of enrollment in the age group of 3-6 years can be attributed to formal education in government schools commencing from six years. Hence, parents from backward areas enroll their children at DLC to prepare them for formal education. The older children are later registered in government schools.

4.2c. Enrollment: Caste

The caste system in India divides people based on the caste they belong to. This has led to large social and economic inequities and the repercussions can be seen in education too. IDF found that the caste system was one of the barriers to education in the areas they worked. Many families were unwilling to let their children share the same space with children from other castes. IDF decided to break down these age old shackles and began enrolling students from all castes.
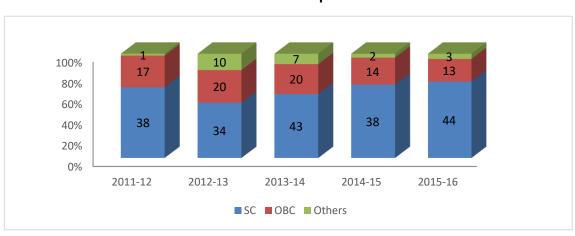
Figure 6
Caste Wise Breakup

The areas NaglaMahadev, Peer Kalyani, Dhuliyaganj where DLC operates have people belonging to Schedule Caste[18], Schedule Tribe[19].and Other Backward Classes[20] (OBC). Schedule Castes (SC) form the majority ofthe backward population in these areas. As seen in Figure 6, over the past five years, on an average 65% enrollments were from SC category,28% from OBC and 7% from the rest.

4.2d Enrollment: Education Level

One of the major objectives of DLC is to introduce basic literacy and numeracy skills to prepare children before they enter the formal education system. The attempt is to provide each student proper attention and learning to reach their age related education level.

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[18]Scheduled Castes (SCs)) are among the most disadvantaged socio-economic groups in India.
[19]Schedule Tribe officially regarded as socially disadvantaged.
[20]Other Backward Class (OBC) is a collective term used by the Government of India to classify castes which are socially and educationally disadvantaged.
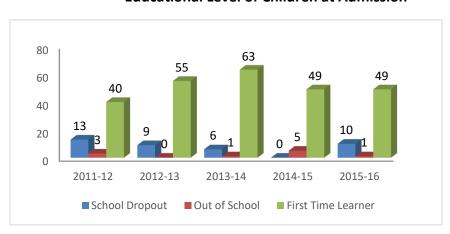
Figure 7
Educational Level of Children at Admission

Figure 7 reveals that most children enrolled were first time learners with no prior schooling. The focus of IDF has been to include maximum children from 3-6 years and as the data indicates majority of children are first time learners. IDF has not been very successful in convincing the older school dropouts and out of school children to get enrolled under the DLC programme. This is because these children either start earning daily wages for the family or get involved in the family chores. It is very difficult to persuade the family or child to recommence their education. However, IDF has been constantly scheduling counselling sessions to make the population of Freeganj realize the importance of education and reach out to older school dropouts and out of school children.

4.2 e   Enrollment: Inclusion in Mainstream School

Children need to enter mainstream education to avail opportunities for a better future. This requires them to be enrolled and retained in school. One of the core objectives of DLC is to make children school ready and integrate them into mainstream schools.
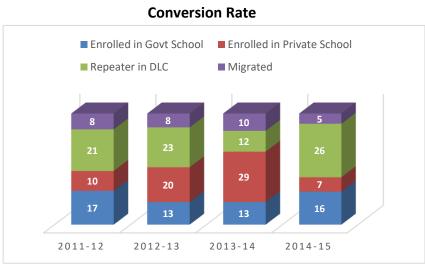
Figure 8
Conversion Rate

As per Figure 8, over the past four years, annually DLC has been able to successfully induct more than 50% (125 out of 238) of their students in government or private schools. This success can be credited to effective teaching, high level of personal attention and quality education imparted to students of DLC. The other major category in DLC is of repeaters: children who have to repeat class in DLC as they have not reached the eligible age of 6 years to get admission into government schools.

4.3HonharLadki Programme

4.3a Total Students Enrolled

Girls in India face constant disadvantages and discrimination in all aspects of their life. They easily fall into the trap of societal norms and roles. They get used to their secondary status and accept it as their fate. Girls get so caught up in the day to day household work that there is no thought or time to educate themselves. Education of girls is important for the progress of any nation. It plays a crucial role in the development of the family. IDF recognized this need and initiated the HonharLadki Programme to encourage education of girls.

Figure 9
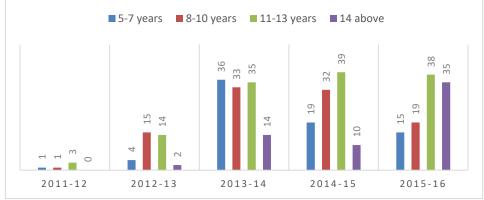**Number of Students Enrolled**

A careful analysis of Figure 9 indicates that since the inception of the HonharLadki Programme, IDF has been able to reach out to many girls in the slums of Agra. IDF promoted this programme as a campaign in nearby localities to make parents aware of the same. The success of any programme is directly proportional to the number of beneficiaries.HLP has witnessed a constant rise in enrollments over a period of time from only 5 girls in 2011 to 107 girls in 2015.

4.3b   Enrollment: Age

India has a high rate of school dropouts as many children leave school before reaching the upper secondary school.IDF observed many out of school children especially girls in the

areas where they worked. They found that girls are often not enrolled as their education is considered a taboo. Those enrolled also barely attended school and dropped out early. IDF decided to correct this gender imbalance through the HLP.
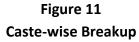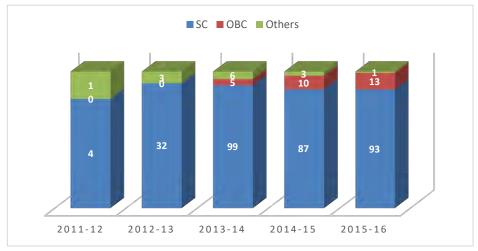
Figure 10

Age-wise Breakup

The age wise breakup in Figure 10shows thatthe majority of girls enrolled under this programme were of age 8 years and above. It was found that socialization, family issues and financial difficulties led to girls being taken out of schools. Scarce resources meant preference was given to educating boys.IDF worked to reduce this gender inequality and focused on enrolling and retaining girls in schools.

4.3c   Enrollment: Caste Wise

Life for a Dalit[21] in India holds many challenges. Lack of education carries particular hardshipsandhas a detrimental impact on the rest of theirlives. Since minorities are among the most deprived sections, IDF has constantly focused on enrolling girls from marginalized sections of society to give them an opportunity to be part of mainstream education.
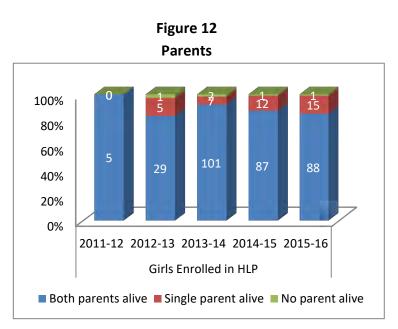
Figure 11

Caste-wise Breakup

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[21]Dalit means "broken people" and were formerly known as "untouchables". Dalits live at the bottom of India's rigid social order known as the caste system.

Figure 11 reveals girls belonging to SC have benefitted the most from this programme. The rationale being the areas in which IDF operates is majorly dominated by SC. There has been an increase in enrollment numbers of girls from OBC as well. These are results of sustained attempts by IDF to engage with parents and encourage them to send their daughters to schools.

4.3.d. Parents

Studies have shown that warmth in the parent-child relationship is related to positive outcomes for children. It leads to high self esteem,self confidence and academic competence in children.Children with a single parent are denied this emotional, academic and financialsupport. It is often difficult for them to complete their education.

Figure 12

Parents

.Low family income directly affects the education prospects of the children. Boys are sent to school whereas girls are forced to stay back at home to work.

It can be seen in Figure 12 that among all girls enrolled under HLP, 15 girls had a single parent. This demonstrates that the HLP initiative addressed community needs and provided the much needed financial support to the girls. The programme reached out to the parents through their campaign and created the required impact by providing scholarships.

4.3e Family Income

In underprivileged sections of India, earning a single meal a day is a challenge. Low family income directly affects the education prospects of the children. Boys are sent to school whereas girls are forced to stay back at home to work.
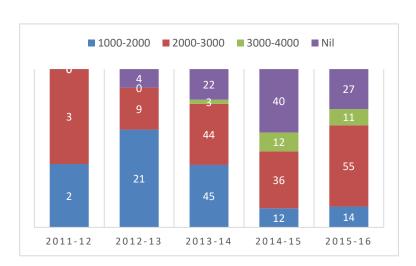
Figure 13
Family Income Distribution

Figure 13 reveals that the family income of the girls enrolled under HLP is less than INR 4000 per month. Most girls have big families and a meagre monthly income is one of the major reasons for their dropping out. The girls are forced to discontinue their education and contribute to household responsibilities. IDF motivates parents to retain their daughters into a formal education system. It provides financial scholarships for supporting girl child education. As a cascading impact of education, the chances of getting better employment are also discussed with both parents and girls.

V.   Discussion

The review conducted by the interns found that although the number of schools adopted by IDF under the School Reform Programme remained constant at three, the number of students enrolled has seen a slight downfall. The number of girls attending school has increased as parents were motivated with IDF adopting the schools. They believed that the schools were now safe and allowed their daughters to join these schools.

The evaluation of DLC revealed that the number of students enrolled in their centres has remained within the same range for past five years. Parents are motivated to send their children to DLC as it also serves as a day care centre for them. Women leave their children at DLC and go for work.Most of the students live within a radius of 2-3 kilometres. This creates a certain barrier because of a single caste majority in that region. Other families belonging to different castes do not want to enroll their children in the same school. However it is encouraging that girls from different castes and communities are part of the DLC programme.

HonharLadki Programme was found to be the most successful campaign of IDF by the interns. The enrollments have reached the number of 120. This is significant given the area covered by IDF is still small. Through the data, it can be inferred that there is a constant increase in the enrollment of girls between ages of 11 to 14 years. This indicates

that parents are now more open minded to educating their daughters and providing them an equal opportunity to live their dreams.

VI. Conclusion and Recommendations

It can be concluded from the above findings and analysis that IDF has come a long way in providing education for underprivileged children particularly for girls. Their journey has been fruitful but not without challenges and pressures of a rigid society. IDF has been able to create a ripple of awareness about child education in a small segment of Agra through its campaigns. The growth of the enrollments under their various initiatives has become considerably stable.

The schools adopted under SRP and the numbers of enrollments under all three programmes have been constant for past few years. To extend the reach of their initiative and replicate their models to other regions in Agra, IDF needs to collaborate with the government or private sector sponsors for more funds.

The objective of IDF's SRP programme is to provide all necessary facilities to children for their education. To ensure satisfactory services, IDF should have specific parameters to judge the performance of their programmes. Currently their focus remains on enrollment and daily attendance whereas they should have parameters based on the decrease in number of students failing in exams, increase in the average marks obtained by students and so on.

> *IDF needs to tie-up with government and private centres and groom the girls by providing them necessary vocational skills.*

To further improve their services, regular feedback from parents should also be taken. The school authorities must have regular meetings with parents to apprise them of school issues and decisions. Regular parent counselling and awareness drives by the school and IDF to make parents realize the importance of their efforts in the education of their children should also be undertaken.

There are a number of skills which can help girls attain employment. These skills could be stitching, embroidery, cooking, sports and other related areas. To encourage skill development of girls, IDF can organize frequent workshops related to these courses for girls. Modern age computer application skills are in huge demand in getting employment these days. There are various computer centers run by the government which offer basic learning. To provide computer based education,IDF needs to tie-up with government and private centres and groom the girls by providing them necessary vocational skills.

To create more impact and impart education and training to more girls, IDF needs to get into tie-ups with more sponsors and have further affiliations so that vocational training operations can be carried out on a larger scale in the city.

NGOs like India Dreams Foundation have emerged to fill the lacunae in the education system of India. The aim is to reach out and bring every child into the safety net of education with a special focus on educating girls and empowering them.

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Mamta Samajik Sanstha: Working Towards Skill Development of Women[22]

Abstract

Mamta Samajik Sanstha works on capacity building of women of weaker sections of the society. It aims to empower women through livelihood and skill development programmes. This paper maps the needs and skill preferences of adolescent girls and women and suggests a few recommendations for the development of a skills training programme. This paper is an outcome of Ms Abhilasha Jains's 'We Care: Civic Engagement' internship with Mamta Samajik Sanstha in February, 2016.

I.   About Mamta Samajik Sanstha (MSS)

Mamta Samajik Sanstha (MSS) registered as a society in 1992 was founded by Mr J.M. Singh and Ms BeenaWalia. Its mission is 'to enhance capacity and confidence of poor and disadvantaged people to have access to essential services, particularly women and children of weaker sections of the society, with comprehensive health care services and sustainable development interventions'. MSS works with a network of national and international NGOs, government departments and gram panchayatsinUttarakhand and western Uttar Pradesh.

MSS's projects consist of adult literacy including legal literacy, diversified agriculture, gender empowerment and community participation. MSS's major projects include IMPACT (girl child learning centres), adult literacy programme for tribal communities, programmes on women's rights, training on government schemes, nutrition and reproductive health programme, skill training programme and self-help group formation.

II.   Social Issue

India is in a demographic dividend phase with approximately half of its 1.2 billion populations under the age of 26 (Thomas Reuters, 2016). It is necessary to focus on inculcating and advancing the skill sets of the young population of the country. Skilled manpower for employment can be generated through effective use of vocational and skill development training (Misra, 2015). Skill building can be seen as an instrument to empower the individual and improve his/her social acceptance or value (Approach Paper to 12thFive Year Plan, 2012).

According to the McKinsey Global Institute Report, (2015, p.07) if female WPR is improved even by 10%, the country's GDP can be boosted by $2.9 trillion by 2025.

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[22] Ms. Abhilasha Jain, , MBA batch 2015-2017 He was placed as an intern with, Mamta Samajik Sanstha ,Uttar Pradesh for the 'We Care: Civic Engagement' internship between February 2-21, 2016

However, a vast majority of youth in India remain unemployed for lack of skills. Reports indicate that only 10% of the total workforce in the country receives some kind of skill training (2% with formal training and 8% with informal training). Further, 80% of the entrants into the workforce do not have the opportunity for skill training (Business Insider, 2016). Even more startling is the gender gap in the working population. Female workforce participation rate (WPR) is only 31.8% as against male WPR of 73.2% (Kapsos, Silverman &Bourmpoula E, 2014). According to the McKinsey Global Institute Report, (2015, p.07) if female WPR is improved even by 10%, the country's GDP can be boosted by $2.9 trillion by 2025.

Currently the Government of India has taken many initiatives to vigorously push the agenda of Skill India. However, it has been unable to provide skills to the vast number of unemployed in the country. Nonetheless it has given impetus to many non-governmental organizations to initiate skill development programmes, especially for women.

MSS has been working towards empowerment of women through many of their projects. It has trained more than 15,000 women and girls on rights of women, government schemes, health, nutrition, gender equality, livelihoods, sewing, food preservation, horticulture, agriculture, primary health care, pre-primary education, adult education, and Panchayati raj. One of their projects, SEWA, has trained 300 women in 'chikan' embroidery, leading to a number of women using these skills to earn money. MSS plans to bring more women into the working force by providing income generating skills to them.

> *MSS's projects consist of adult literacy including legal literacy, diversified agriculture, gender empowerment and community participation*

Door-to-Door Interviews for the Survey with women in Thano and Meedhawala villages.

III.   Project Focus

In order to bring more women in the workforce, MSS proposed to design a customized programme to impart income generating skills to adolescent girls and women in and around Dehradun. They intended to submit a proposal to HSBC under the HSBC Skills for Life programme for financial support. Therefore they needed to collate data for conceptualizing the programme based on the specific requirements of the target group. The We Care intern was asked to undertake a study with the following objectives:-

1. To map the needs of adolescent girls and women for income generation skills.
2. To provide recommendations for implementation of skill development programmes.

3.1 Methodology

To fulfil the above objectives, primary data was collected from the urban slum areas of Dehradun around Bindal and Ballupur and the surrounding rural areas including Adhoiwala, Meedhawalagao and Thano village. In all 86 respondents consisting of 31 girls between the ages of 9-19 and 55 women in the age group of 20-45 were interviewed. From the 86 respondents of the study, 47 belonged to the urban area and 39 to rural areas. Primary data on personal profile, skill and location preferences was collected through focussed group discussions and informal interviews.

Interactions with urban woman and girls in Ballapur area (Top)
Group Interaction with women and slum leader in Bindal (Bottom)
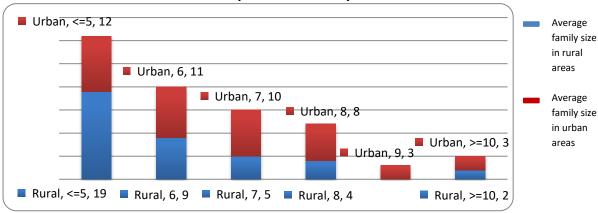
IV. Findings and Discussions

A brief snapshot of the personal profile of the respondents is given below:-

4.1. Respondents: Personal Profile

4.1a Family Size

The size of the family plays a significant role in the life of women. A large family size is the cause of financial and emotional stress. It results in managing multiple responsibilities for women within a limited amount of time. The resources often fall short and the need for an alternate source of income becomes more prominent.

Figure 1
Respondents: Family Size

It is assumed that people in villages have larger families and less education due to unavailability of resources. However, as seen in Figure 1, the average family size in the rural areas was 6.2 whereas in the urban slums it was a slightly more at 6.5. One urban slum had an average of 8 people per family and in all 5 women had families of more than 10 people. This meant women spent most of their time in fulfilling family responsibilities. They could hardly spare any time for skill development or earning an income.

4.1b Family Income

Many households in India have little or no disposable income. They are barely able to meet their daily living expenses. It was found that in most families of women interviewed, the husband or the father was the prime bread winner of the family. Some were supported by the women who worked as domestic helps or construction workers. The family income was scarcely enough for the entire family to survive. This did not leave much to spend on education or skill training for their children.

Women spent most of their time in fulfilling family responsibilities. They could hardly spare any time for skill development or earning an income.
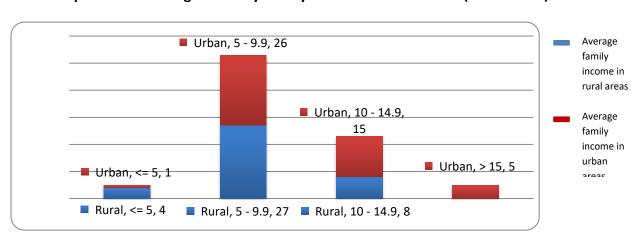
Figure 2

Respondents: Average Monthly Family Income of the Women (in 1000 INR)
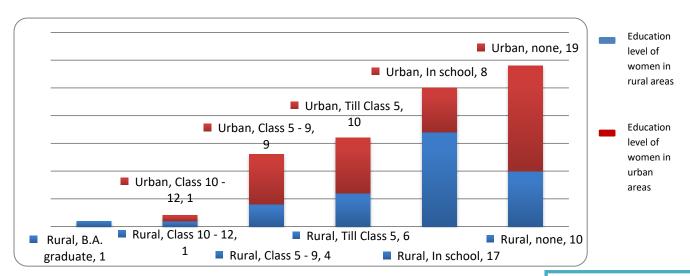

The average monthly family income of the women in rural areas was INR 8,152 whereas that in the urban areas was slightly higher at INR 10,856. It indicated that even with better opportunities to earn in the urban areas, the income levels were only slightly better.Also, with larger family sizes on an average, the urban slum families had lesser resources per person than their rural counterparts. Some women shared that their husbands were alcoholics and did not work. The entire responsibility of earning for the family fell on them. Consequently women took multiple jobs and even sent their young daughters to work. This led to girls missing school and ultimately deprived them of education. Women with larger family sizes expressed their inability to go out to learn a new skill due to paucity of time.

4.1c   Education Level

One of the pivotal tools for socio-economic progress of a country is education. Earlier a woman's place was considered to be at home taking care of her family, while educating a girl was considered wasteful. Society has slowly understood the importance of education for all regardless of gender. Women have shown their capability to share men's burden of providing for their families. Education of girls can play an important role in the development of the society. It can also add much value to their lives.

Today, increasing importance is being given to the quality of education rather than the quantity (i.e. number of enrolments in schools and classes cleared). Inadequate funds lead to lack of quality education which results in low income jobs thereby forming a vicious cycle of poverty.

Figure 3
Respondents: Education Level

Though there is a high literacy rate of 84% in Dehradun, the education levels of the respondents were disappointing. As seen in Figure 3, the education level of women in the rural areas was higher than the urban areas. 40% of the urban women interviewed had never gone to school compared to 26% in the rural areas. A major reason was the expectation from young girls in urban areas to serve as domestic helps. Higher living expenses in the urban slums made women take up more jobs than they could manage. They relied on their daughters to fulfil their responsibilities whenever they were unable to do it themselves. It was observed that young girls are preferred to older women for domestic help since they are more obedient. This may have led to the lower education level in the urban slums.

However, it was encouraging to find that all young girls interviewed were enrolled in schools. They showed keen interest in completing their basic education. However, the quality of education seemed to be poor. For instance, a class VI student when asked to count from 1-50 was found unable to do so either in Hindi or English.

Though there is a high literacy rate of 84% in Dehradun, the education levels of the respondents were disappointing.

4.2. Skill Training Preferences

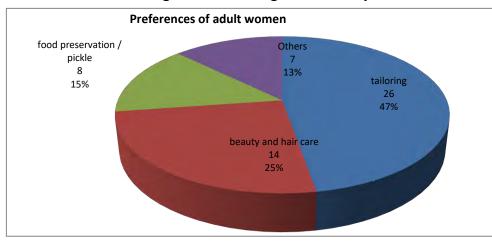The preferences for skill training of the respondents are elucidated below:

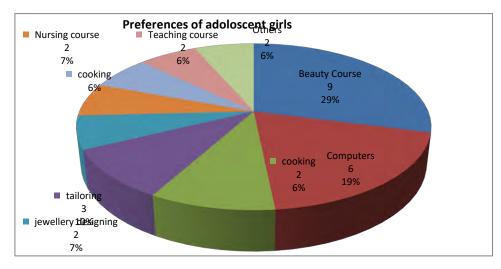**4.2a   Skill Training Preferences: Age - wise Analysis**

Most women from economically weaker sections are constrained by domestic work and prevented from leaving home. They opt for manual labour as it is easily available but this is not enough for them to escape the cycle of poverty. The belief that a girl is a liability

needs to be dismantled. They need to be helped to recognize their own potential. There is a huge need today to make this significantly large workforce of women skilled to make them a part of the economy through better jobs.

Figure 4
Skill Training Preferences: Age - wise Analysis

Preferences of adult women

food preservation / pickle
8
15%

Others
7
13%

tailoring
26
47%

beauty and hair care
14
25%

Preferences of adoloscent girls

Nursing course
2
7%

Teaching course
2
6%

Others
2
6%

cooking
6%

Beauty Course
9
29%

cooking
2
6%

Computers
6
19%

tailoring
3
10%

jewellery designing
2
7%

As seen above in Figure 4, 55 adult women and 31 girls were interviewed for their skill preferences. Nearly half the adult women wanted to learn tailoring or knitting whereas 9
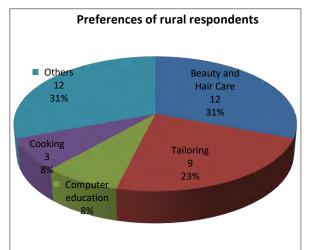
out of 31 girls showed a preference for beauty and hair care courses. Computer course option was selected by 6 girls.
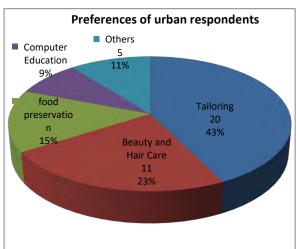
A differential skill preference among girls and adult women was observed as older women perceived it as just an alternate source of earning. The girls saw in it an opportunity to make their career. Another common issue amongst the older women was the challenge of leaving their home (especially for those with young children). The young girls on the other hand displayed enthusiasm for learning new technologies even if it meant going to a training centre away from their homes. It was an opportunity for them to achieve independence.

4.2b   Skill Training Preferences: Area – wise Analysis

Women living in villages or the countryside were educated, lived in pucca to semi pucca houses and worked as daily wage earners. The women living in slums inside city premises were mostly uneducated and worked as either maids or rag pickers. Their living conditions were worse than their rural counterparts owing to lack of space and hygiene in their homes. The average age of marriage was below twenty and consequently women faced family challenges from an early age. Learning a new skill meant an opportunity to earn an income. Both groups displayed an equivalent interest in sewing, cooking or making pickle as a means of livelihood. These skills are handy both to manage their homes as well as earn a surplus income.

Figure 5

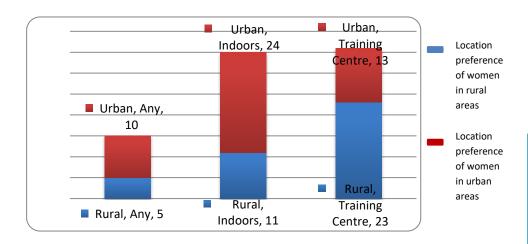**Skill Training Preferences: Area – wise Analysis:**

There was no considerable difference observed (Refer Figure 5) between the skill preferences of respondents in rural and urban areas. They focussed majorly on tailoring,

beauty & hair care and food preservation. Tailoring was the preferred choice for 9 women in the urban areas whereas 11 rural women preferred beauty courses making it the most favoured choice in the rural areas. Discussions with girls in Meedhawala village revealed that besides skill training, they wanted classes on learning how to read and write a letter, basic finance and budgeting. They showed keen interest in acquiring soft skills like communication skills, etiquettes and decision making.

4.3. Location Preferences

Since women manage multiple family responsibilities, it is often difficult for them to travel to skill training centre which are far from their residence. Figure 6 below gives the responses of respondents on their preferences for group learning at a centre vis-à-vis individually at their homes.

Figure 6
Respondents: Location Preferences

Women in rural areas showed a keen interest in learning in groups at training centres as they believed it would be more effective for them. Women in urban slums, however, preferred to stay within their homes as they feared being denied permission from their husbands and elders in the family. One woman commented,*"My husband drinks and comes home every night. I have to take care of the young children. I do not have time to go out to a training centre. However, if someone could come near my house to teach a skill, it would be very helpful for me to earn some extra money to provide for them."*Some girls were worried that they would not be able to manage time with their school, domestic jobs and other commitments if the classes were at a distance from their home.

V.   Analysis

It can be summarised from the research that women were mostly engaged in household chores. Some of them earned an extra income working as

It was also observed that women did not have much exposure to the wide variety of professions available and the skills required for them.

domestic help or as labour at construction sites. Women with larger family sizes were burdened with more responsibilities and found it extremely difficult to take out time for any skill development. It was found that family incomes are no better in the cities than in the villages. However, the cost of living in cities was higher leading to young girls in urban slums taking up jobs along with their school. As a result, their education suffered and they gave up formal education for traditional employment. It was evident that most women did not even complete basic high schooling.

At the time of the study it was found that there was no skill development programme in any of the areas assessed. It was also observed that women did not have much exposure to the wide variety of professions available and the skills required for them.

The choices of women were limited mostly to tailoring and beauty courses. Some young girls understood the importance of computer education in modern times and were open to exploring new avenues for work. It was observed that the choices did not differ much in the different rural and urban areas surveyed. However women did express their reluctance to travel far from home for any skill training due to housework. Financial constraints, household work, low levels of education and lack of awareness were all huge barriers for women and girls in pursuing any skill training.

These challenges need to be addressed by MSS to make the programme feasible and beneficial for the women and girls.

VI.   Conclusion and Recommendations

Skill development programmes are the need of the hour since poverty along with high illiteracy rate is a common phenomenon in India especially among the rural people, of which women form the majority. Women and adolescent girls are most vulnerable to discrimination and social pressures. Their empowerment is a high priority for MSS and the proposed programme represents a 'make or break' transition which can change their future.

To provide competencies and skills that enable women to become employable or self-employed, MSS needs to work towards an attitude shift in girls and their families. MSS could collaborate with other local NGOs and panchayats on informing women and their families on the advantages of vocational education which can lead to employability.

To ensure employability MSS must plan customised training programmes to meet aspirational as well as market needs. Additional courses in new technologies should be implemented.

A big challenge for MSS to execute this programme involves finding trainers willing to go to the rural areas. The inaccessibility of the region and poor transport facilities is a huge barrier. To address this issue MSS could form self-help groups of women who could be trained to be master trainers. These women in turn could carry the programme further by training others.

To make the training accessible for women, the location of training centres is critical as women showed reluctance to travel far from home. MSS could ensure trainings are conducted in the community itself or locations convenient for girls and women.

The time spent towards skill development would mean women would have to give up existing employment or leave household chores undone. It is equally difficult for girls to attend the programmes as they would have to spare time from their academics or if they work as domestic helps it would mean loss of pay. It would also be an extra burden on their mothers. All these could be deterrents to their attendance. To address the loss of income MSS would have to communicate the long term benefits of skill development to women. A cost-benefit analysis of the skill training and the gains that would accrue to them should be explained to them.

Girls and women earn just enough to survive. It will be impossible for them to pay any fees for the training programme. To ensure sustainability of the programme MSS would have to raise funds through Corporate Social Responsibility for the programme. MSS could work with government agencies or other NGOs offering skill development trainings. They could take advantage of the various skill development schemes provided by the Government of India. They could approach private companies to help in funding the programme through cash/kind support via CSR initiatives.

> *Women empowerment through vocational training programmes has been seen as a great weapon in curtailing illiteracy, poverty, discrimination and over dependency on men which robs women off decision making in the family and in the society at large*

Women empowerment through vocational training programmes has been seen as a great weapon in curtailing illiteracy, poverty, discrimination and over dependency on men which robs women off decision making in the family and in the society at large. Therefore, a better chance for women and girls climbing the social ladder of development faster as identified in this paper is by engaging in skill training programmes for them. This will not only make their lives easier by providing additional income but also impact their personality by making them independent and improving their socio-economic status. It would lead to a better future for them and their families.

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Epilogue

The Global Gender Gap, compiled by Geneva-based World Economic Forum (WEF),is a framework that captures the magnitude of gender-based disparities and tracks their progress over time. The rankings are designed to create global awareness of the challenges posed by gender gaps and the opportunities created by reducing them. According to the Global Gender Gap Index Report, 2016, India was ranked 87th out of 144 countries on the index.

The Report states that India has closed its gender gap by 2 per cent in a year and its gap now stands at 68 per cent across the four pillars that WEF measures; economy, education, health and political representation. On the educational attainment front, India was ranked at 113th position; in terms of health and survival, it was placed at a lowly 142, while on political empowerment it was among the top 10 countries. The major improvement has been in education where "India has managed to close its gap entirely in primary and secondary education", WEF said, adding that in the economic sphere, "much work remains to be done". India ranks 136th in this pillar out of 144 countries.

The rankings clearly demonstrate that India still has a long way to go. This was corroborated by the experience of the We Care interns whose papers have been published here. They personally observed the exclusion ofwomen in India in social, economic and political domains. They were exposed to unequal gender relations prevalent in India's urban and rural areas. This publication is a collection of their interactions with the girls and women. It documents the unheardvoices of women who face innumerable obstacles and barriers in all aspects of their lives.

The We Care interns were placed in non-governmental organizations (NGOs) working on empowerment of women. The MBA students personally interacted with various stakeholders. They discovered that across India, gender inequality is present in sectors including health, education and employment. They got an opportunity to gain first-hand knowledge as well as experience the status of women in India, the issues faced by them, and the programmes to empower them.

The students found that the girl child is unwanted, considered a curse, and a burden; the son a blessing and good fortune for the family. The deprivation that begins at birth for a girl continues for her lifetime. Girls are deprived of basic nutrition and proper diet. The students' discussions with women also revealed the reproductive health inequities faced by them. There is a lack of awareness and facilities for pregnant women. This is a major cause of concern affecting maternal and child mortality. Discussions with the girls exposed how they are brought up to be selfless, submissive, and sacrificing. Investment in their education is seen as a waste. Marriage and managing the house is their destiny. Their entire existence revolves around the family and for the family. Their roles and responsibilities are still set in the traditional mode. Women in India are personified as Shakti, the powerful, strong She. However in reality women across all ages, religions, caste or creed are victims of the patriarchal culture.

The students discovered that women were denied participation in social, economic, or political activities. Traditions continued to exist within the household, impacting women's lives in the public and private sphere. They were confined to the four walls of the home. There was no scope of education, skill development or employment for them. Although the Constitution of India has given women many legal rights, and Government of India has implemented various laws, in reality women are completely unaware of their rights and entitlements. The internship made the students understand the role they could play in reducing gender disparity and changing the society.

The interns shared their professional learning with their internship organizations and prepared proposals, action plans and gave recommendations to ensure women's participation and empowerment. However their personal experiences were a lifetime of learning for them. The time spent with the beneficiaries and other stakeholders enriched their knowledge and skills. The students understood the need of creating inclusive societies where women are given equal rights. If women are empowered socially, economically, intellectually and politically it will only add to the growth and development of the country..As future business leaders they realized how increasing women and girls' education levels could contribute to higher economic growth. Gender inclusivity would help women be self-reliant; this economic equality was good for business too. Empowered women meant sustainable development for the family, community and country.

The Mckinsey Global Institute Report, 2015, states, 'Gender inequality is not only a pressing moral and social issue but also a critical economic challenge. If women—who account for half the world's population—do not achieve their full economic potential, the global economy will suffer.' They suggest six types of interventions which are necessary to bridge the gender gap: financial incentives and support; technology and infrastructure; the creation of economic opportunity; capability building;advocacy and shaping attitudes; and laws, policies, and regulations. NMIMS believes in gender equality and works towards supporting girls to achieve their full potential. It aims to create awareness about the gender bias in society and the right of women to live a life of dignity.

NMIMS aims to sensitize our students to understand the ground realities of the Indian society. This would enable them to make conscious and mindful decisions that are beneficial to both men and women leading to a more equitable society. NMIMS endeavours to create leaders who understand the implications of continued inequities in society. The purpose is for them to work towards removing barriers, changing attitudes and making women equal partners. This would profit their business and society. As when women raise their voices, they will help shape the destiny of the country.

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NMIMS

About the Jasani Centre for Social Entrepreneurshipand Sustainability Management

The Jasani Centre for Social Entrepreneurship and Sustainability Management, NMIMS, has been established to execute social commitments of NMIMS University. The centre addresses social concerns through its comprehensive academic, training, research, and field interventions. Its interventions include contributions to the professional development of executives working for the social sector, capacity building for the resource poor and social entrepreneurship development. The centre supports a variety of curricular, extracurricular and career programs to provide MBA students as well as corporate executives with the tools and opportunities to engage effectively with the social sector. The centre offers a uniquely architectured MBA programme in Social Entrepreneurship which aims at developing a new generation of change makers/leaders who can create global social impact by combining passion of a social mission along with a business-like discipline, innovation, and determination.

As a catalyst and innovator, the centre's mission is to create a new generation of business leaders and social entrepreneurs who areknowledgeable about and are committed to create a sustainable society. The centre's objectives serve as a bridge between academia, the corporate world and the civil society organizations. The research, as well as the teaching strengths combined with the experiential learning approach and guiding principles of the centre, connect sustainability focused knowledge and research to students, businesses and the civil society organizations. The centre has increasingly been involved in research and providing consultancy in areas of management of social enterprises, CSR, micro-enterprise management, disaster management, impact assessment and conducting social audits