

CHAPTER - I

INTRODUCTION

Our society is organized around some given parameters and aims, the functionality of which is ensured by a set of systems and institutions. One of the most pervasive and widespread codes of organization that affects all aspects of the social functioning is the gender system. Gender is a socio-culturally determined identity of men and women. It could be understood as the process of acquisition of qualities, attitude, behavior patterns and roles through socialization by which biological categories of male and female becomes social categories of men and women. The gender differentiating ideology is frequently identified only at the level of the gender system's impact on women. Women are central, not marginal to the making of society and to the building of civilization. Women have been part of preserving the past, which has taken the form of the cultural traditions that provides the link between generations, and connects, past and future. This past is kept alive in poems, myths and symbols, which both men and women created and preserved in folklore, art and rituals. For long, what women have done and experienced has been neglected, left unrecorded and ignored in interpretation. Gender is to be seen in totality in understanding and analyzing women's subordination. The term subordination of women is wider in its usage and focuses more specifically in describing the condition of women. Subordination inherently includes the possibility of acceptance of subordinate status in exchange for protection and privilege, a condition, which characterizes so much of the historical experience of women. It shows the dominance of women by men within the society. The impact pertains to the manifestation of gender ideology in women's illiteracy, exploitation and low sex ratio, lack of economic autonomy or physical insecurity.

Gender inequity is a major human right concern in India. It cuts across all other forms of discrimination and represents an added bias denying women and men the freedom to choose the means for their development and growth.

Despite Government's increasing concern and endeavour to promote gender equity the disparities have grown vast and a resulting outcome in the poor socio economic condition of women.

In the context of Jharkhand there exists a major difference in the child sex ratio and life expectancy at birth of the state. An analysis of the above table also reflects the fact that the mortality rates are higher which is indicative of poor health services available to the masses in general.

Social status of Jharkhand women like any other community of India is realized on the traditional patriarchal form which since ages has succeeded in having a control over different areas of women's

lives. Their role is exclusively defined in terms of household management and matrimonial duties. They are subjected to expectation that they replenish the race by bearing children. For majority of them, life itself has been a long hurdle race, both within and outside the family.

Women in Jharkhand are not very different from women elsewhere in the country in terms of discrimination and disadvantages. There are a number of common characteristics, which the women of Jharkhand share with their counterparts, mainly their level of literacy and education, doing unpaid work, low participation in the work force, very little property rights and even discrimination within the family.

RATIONALE

The **Gender Profile** for the state of Jharkhand is aimed at presenting a holistic picture of the socio economic condition of the women in this tribal state. It is an attempt to bring into focus various issues affecting the lives of women, their social standing, their economic condition and the inhibiting factors. It is hoped that such an effort would assist the policymakers in developing appropriate policies and interventions for improving their condition.

During the visit of the NCW team to the state capital on 14-16 October 2003 the team members took stock of the ground realities through public hearings, interactions with NGO representatives and meeting with the officials of various government departments with a view to understanding the various inter-related issues concerning women of the state, their sufferings and deprivation, their strength and aspirations. To incorporate the various issues and capture the concerns related to women empowerment the following initiatives have been taken and this document proposes to capture some of those issues that might contribute towards providing a strategic direction in the future to policy makers with regard to women in Jharkhand.

CHAPTER - II

DEMOGRAPHIC PROFILE

Jharkhand was carved out of Bihar and came into being on November 15, 2000. The new state 'Jharkhand' stands for "*the land of forest*", the name given to the forest highland of Chotanagpur plateau. The land is eastern corner of 'Vindhya' mountain series and has distinct cultural identity and abundant natural resources. The state also envelops significant social and political history in its lap. Having an area of 79714 sq. km Jharkhand is a medium-sized state in terms of population. The annals of History speak volumes about the upheavals witnessed by the region during the British regime, namely – Pahariya, Tamar, Chuar, Chero, Birsa revolts etc. The land has also given birth to a number of patriots who have sacrificed their lives for the motherland. The state has three distinct geographical and cultural regions namely- Chotanagpur, Santhal Pargana, Singhbhum.

The state is nestled with five states- Bihar, Uttar Pradesh, Orissa, West Bengal and Chhatisgarh in contiguity to its border. By virtue of its geographical location, the state has got a heterogeneous culture thriving within it. The proximity of the neighboring states influencing the norms, values, tradition and the cultural system has led to the significant inter-regional variation within the state; the prevalence of 14 different languages within the state speaks a lot to validate the statement. The state has got a significant proportion of tribal population primarily including Munda, Oraon, Ho, Santhal, Pahariya, Birhor, Asur, Mal Pahariya and others. Out of these tribes, some of them are still adhering to their primitive culture and abstaining the shadows of modernization.

Every society is characterized by the culture of its own, code, social discipline and clear perceptions of dos and don'ts for women segment. Strong tribal culture as well as non-tribal jointly forms the cohesive culture of its own kind in Jharkhand. In case of tribal systems of culture they live in definite geographical areas with their own dialects, culture, art, folk songs, dance and different social norms. Their own traditional business and homogeneous social and economic institutions operate among them as unifying factor. A tribal society is largely isolated from other communities but closely knitted among themselves and organized on the line of kinship, wherefrom the qualities of truthfulness, honesty, duty-bound ness and simplicity have developed owing to collective property relationship. But, their culture is vanishing slowly by the impact of modernization.

The State is a vast reservoir of natural resources like coal, iron and various other minerals. The proximity to the rich mines has led to the establishment of a number of iron and steel industries in the state. In spite of these moves towards industrialization, the plight of the people in the state does not show a very rosy picture with some of the indicators of Human development Rank lowest among

the states of India. Large segment of population lives in the villages, which forms 76% of the total population of the state. Nearly two-third of the population (66%) lives below the poverty line. Agriculture mainly supports the livelihoods of the people settled in the rural areas. Caught in the vicious cycle of poverty and poor irrigation facilities, the farmers fall back upon mono cropping for the entire year. Jharkhand is one of the poorest and most backward states of the country with low per capita income, low literacy especially among women and high unemployment rates, compounding the problem even further.

According to 2001 census the total population of the state is 2.69 crore, with an average annual exponential growth rate of 2.1%. About 28% of the state population is tribal and 12% belongs to schedule caste. At the beginning of the century 60% of the total population of the region was tribal. Jharkhand is possibly India's richest state in mineral resources. The state is quite rich in natural resources including forest that cover about 30% of the total land area. Jharkhand has the potential to develop as the most financially viable State in the whole country owing to its mineral-based resources and the available industrial infrastructure. The estimated rural population is 2,09,22,731 i.e. about 77.75% and urban population is 59,86,697 i.e. 22.25%. Thus, the state continues to be predominantly rural.

The sex ratio of Jharkhand is 941 females per 1000 males. Literacy rate is 54.13 of which 67.94% is for males and 39.38% for females. Population density per sq. km is 338. Infant mortality rate is as high as 68.4%. The state's economy is poorly developed, irrigation network is poor and therefore drought is a periodic threat. Per capita income of the state is Rs.4,161, which is less than half of the national average of Rs.8399/-.

Broad Socio Demographic Profile

●	Area (in Square Kilometers)	:	79714
●	No. of Districts	:	22
●	No. of Blocks	:	211
●	No. of Revenue Villages	:	32615
●	Population	:	26909428
	Male	:	13,861,277
	Female	:	13,048,151
●	Annual exponential growth rate	:	2.1
●	IMR	:	68.4
●	MMR	:	400 / 1,00,000 live births
●	TFR	:	2.76
●	Literacy rate	:	54.13%
	Male	:	67.94
	Female	:	39.38

- Sex ratio (Female per 1000 males) : 941
- Percentage of child population : 17.82%
 - Age (0-6)years : 4,796,188
- Percentage urban : 22.25
- Population density (person per sq. km) : 338
- Decadal Population Growth Rate : 23.19
- Current use of any method of : 27.6
- Work participation
 - Male : 48.2
 - Female : 26.41
- Per capita income (Rs.) : 4,161
- Women's representation in Legislature : 2%
- Capital : Ranchi

Source: Census of India, 2001; NFHS II-SRS Bulletin, 2002
Ups; ups & orc macro, 2001.

Sex Ratio

Low social position of women in the society is due to the adverse sex ratio. The more disturbing trend is the declining female population, over the years, which has shown a fundamental bias and inequity against women.

Decadal variations in Sex Ratio of Jharkhand

Census year	Sex Ratio	Sex Ratio of ST	Difference Gen & ST
1951	961	1009	48
1961	960	1016	56
1971	948	1007	59
1981	940	996	57
1991	924	975	51
2001	941	975	34

Source: A.Prakash (2001) and Census Publication 1951-2001.

From the above table we can see the declining trend in sex ratio is quite disturbing. However, the situation has improved over the last decade. Sex ratio among ST population has been declining. However during the last decade it neither declined nor any increase was observed. It must be observed that the sex ratio among tribals is higher as compared to general population.

— Sex Ratio of total population	:	941
— Rural	:	963
— Urban	:	891
— Sex Ratio of 0-6 population	:	966
— Rural	:	973
— Urban	:	931

Whether its sex ratio of total females per 1000 males or of 0-6 age group, in rural areas sex ratio is better than in the urban areas. The sex ratio is tilted in favour of men perhaps due to:

- Poor health and nutritional status of women
- Lack of awareness, low social/economic status
- Rural to urban male migration due to economic motive.

Sex Ratio (0 – 6 years age)

India/State/Union territories*	POPULATION (0 - 6 years)			SEX RATIO (0-6 YRS) AGE GROUP
	PERSONS	MALES	FEMALES	
INDIA	157,863,145	81,911,041	75,952,104	927
Bihar	16,234,539	8,375,532	7,859,007	938
Jharkhand	4,796,188	2,440,025	2,356,163	966

(Source: Provisional Population Totals : India . Census of India 2001, Paper 1 of 2001)

As evident from the table above the sex ratio of Jharkhand, being 966 is much above the national figure of 927. However, if we compare the adult sex ratio of the state, which is 941 with the national average of 933, it is evident that there is a remarkable difference in the sex ratio of child and adult. This calls for greater concern and emphasis on the child mortality issues in the state. It is worthwhile to note that there exists significant difference in the child sex ratio of Bihar, which was the mother state of Jharkhand.

Adult sex ratio

States	Census year										
	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001
INDIA	972	964	955	950	945	946	941	930	934	927	933
Rajasthan	905	908	896	907	906	921	908	911	919	910	922
Jharkhand	1,032	1,021	1,002	989	978	961	960	945	940	922	941
Chhatisgarh	1,046	1,039	1,041	1,043	1,032	1,024	1,008	998	996	985	990

(Source: Provisional Population Totals : India . Census of India,2001)

If we look at the adult sex ratio figures for the state in the past 100 years it is observed that there had been a sharp decline from 1032 to 941; yet the state average is better than the national figure.

Average sex ratio of the state is 941 female per thousand males. Comparatively better sex ratio has been in the district of Koderma where sex ratio has been registered as 1001 females per 1000 males. Other district having comparatively better sex ratio, more than the regional average are Gumla(995), Chatra(964), Giridih(983), Dumka(961), Lohardaga(976) etc. Poor sex ratio has been in the district of Bokaro(895), Dhanbad(874), Deoghar(914), Purbi Singhbhum(930), Garhwa(935) and Sahibganj(943). Poor sex ratio is more marked in the districts having urban and industrial growth.

Infant Mortality Rate in association with women

Infant Mortality for the state ranks 8th and in all State comparisons child mortality ranked 14th according to NFHS II. Jharkhand shows high infant and child (under 5) mortality, which is strongly associated with high fertility of women and specifically frequent pregnancy. There are substantial variations in the infant and child mortality locationally. Children born to women of rural low income, illiterate adolescent mother are at a disadvantage than the privileged one. Neonatal death is directly related to mother's health, which continues to account for two thirds of infant mortality.

NFHS-2 provides estimates of infant and child mortality and factors associated with the survival of young children, although there is some indication that the mortality rates on the survey are likely to be underestimated. During the five years preceding the survey, the infant mortality rate was 54 (deaths of infants per 1,000 live births), much lower than the infant mortality rate of 78 in Bihar. The child mortality rate in Jharkhand was 25 (deaths of children age 1–4 years per 1,000 children reaching age one). In all, among 1,000 children born, 78 die before reaching age five.

Expressed differently, 1 in 19 children die in the first year of life, and 1 in 13 die before reaching age five. Child-survival programmes might usefully focus on specific groups of children with particularly high infant and child mortality rates, such as children who live in rural areas, children whose mothers are illiterate, children belonging to scheduled castes and tribes, and children from poor households. Along with various socioeconomic groups, efforts to promote child survival need to concentrate on very young mothers and mothers whose children are closely spaced. Infant mortality is more than 68 percent higher among children born to mothers under age 20 than among children born to mothers age 20–29 (102 deaths, compared with 61, per 1,000 live births). Infant mortality is more than 11 times as high among children born less than 24 months after a previous birth as among children born after a gap of 48 months or more (118 deaths, compared with 10, per 1,000 live births). Clearly, efforts to expand the use of temporary contraceptive methods for delaying and spacing births would help reduce infant mortality as well as fertility.

Life Expectancy at Birth	62.4	60.0
Death Rate	8.6	8.9
Infant Mortality Rate	67.8	70.0
Total Fertility Rate	2.85	2.86

(Source: NFHS 1998-99)

Comparing the figures in the above two tables it becomes logical to derive the conclusion that there exists a major difference in the child sex ratio and life expectancy at birth of the state. An analysis of the above table also reflects the fact that the mortality rates are higher which is indicative of poor health services available to the masses in general. Taking a cue from NFHS figures the percentage of people using government health facilities for sickness is only 19%, which calls for immediate strengthening of government infrastructure related to health facilities.

Marriage

Existing laws permit female marriage at the age of 18 years, but generally in Jharkhand, it is performed at lower age. Early marriage of girls is one of the factors contributing not only to high fertility, high maternal, infant and child morbidity but mortality, pregnancy loss, still births and abortions. Further, early age at marriage associated with young age of mother increases reproductive loss.

Percent never married among women age 15–19 — 62.3

Median age at marriage among women age 20–49 — 15.8

Women in Jharkhand tend to marry at an early age. Thirty-eight percent of women age 15–19 are already married (including 3 percent who are married but for whom *gauna* (leaving her parental home to stay with husband/in-laws) has not yet been performed), compared with 49 percent in Bihar. The median age at marriage among women age 20–49 in Jharkhand is 15.8, about one year later than the median age in Bihar. The age at marriage is much lower in rural areas (where 44 percent of women age 15–19 are married) than in urban areas (where only 20 percent of women age 15–19 are married). Older women are more likely than younger women to have married at an early age: 48 percent of women who are now age 45–49 married before they were 15, compared with 15 percent of women who are currently age 15–19. Although this indicates that the proportion of women who marry young is declining rapidly, the majority of women in Jharkhand still marry before reaching the legal minimum age of 18 years. On an average, women are nearly five years younger than the men they marry.

A study made by Prof. C.P. Prakasan observed that still-birth and spontaneous abortion experienced by teenage (less than 18 years) mothers was more than in the case of mothers in the age group of 20-24. The first birth interval and work status of women are found to have a significant effect on reproductive life of adolescent women. Hence, it is clear that women with early marriage and early child bearing are at a higher risk of pregnancy loss.

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years)	—	2.76
Mean number of children ever born to women 40–49	—	4.83
Median age at first birth among women age 20–49	—	19.0
Percent of births ³ of order 3 and above	—	53.7
Mean ideal number of children ⁴	—	3.1
Percent of women with 2 living children wanting another child	—	48.4

At current fertility levels, NFHS-2 estimated that women in Jharkhand will have an average of 2.8 children each throughout their childbearing years. However, it is clear that the survey substantially underestimated the level of fertility in the state, largely due to errors in the recorded timing of births in the birth history as well as omission of recent births. The percentage of higher-order (3+) births is about the same in Jharkhand and Bihar (54–55 percent). One-quarter of births in both Jharkhand and Bihar take place within 24 months of the previous birth. Efforts to lower fertility might usefully focus on groups within the population that have higher fertility than average. In Jharkhand, illiterate women, women from households with a low or medium standard of living, women from scheduled castes or other backward classes (OBC), and Muslim women have much higher fertility than other women. A more striking feature is the substantial level of childbearing among young women. The median age at first childbirth is 19 years, which is the same as in Bihar. Women age 15–19 account for 17 percent of total fertility. Studies in India and elsewhere have shown that health and mortality risks increase when women give birth at such young ages, both for the women themselves and for their children. Family planning programmes focusing on women in this age group could make a significant impact on maternal and child health as well as reducing overall fertility in the state. The appropriate design of family planning programmes depends, to a large extent, on women’s fertility preferences. Women may have large families because they want many children, or they may prefer small families but, for a variety of reasons, may have more children than they actually want. For 10 percent of births over the three years preceding NFHS-2, mothers report that they did not want the pregnancy at all, and for another 16 percent of these births, mothers say that they would have preferred to delay the pregnancy. When asked about their preferred family size, 28 percent of women who already have three children and 21 percent of women with four or more children respond that they consider the two-child family ideal. This gap between women’s actual fertility experience and what they want or would consider ideal suggests a need for expanded or improved family welfare services to help women achieve their fertility goals.

Women and Health

A database that reflects the health status of women in Jharkhand has been incorporated and the health problems related to maternal and child health significant to the state of Jharkhand has been incorporated in the report. The various issues highlighting the poor status of women have been incorporated and the problem to anaemia among pregnant women in Jharkhand has also been incorporated in the report.

Motherhood Health

Reproductive health of women is another matter of concern, which impacts their condition. Her role of replenishing the race by child bearing puts her health at risk. Their place of delivery, proportion of birth order and coverage of complete antenatal care, coverage of complete immunization and percentage of safe delivery, contraception, maternal mortality, prevalence of high risk sexual behaviour etc. are the status indicators.

Place of delivery of general and ST women in Jharkhand

Place	General	ST
Public	4.5	0.6
NGO/Trust	0.6	1.4
Private	8.8	
Home		
Own home	77.8	90.2
Parents home	6.8	3.3
Attendants assisting during delivery		
Doctor	11.7	3.3
ANM/Nurse/Midwife/LHV	5.3	2.6
Other Health Professional	0.5	00
Dai (TBA)	64.2	65.7

Source: NFHS II Jharkhand

- 43.1 % of tribal women did not receive any antenatal checkup.
- 38.7 % did not receive tetanus toxoid injections.
- Only 48.6% were given iron and folic acid tablets.
- 90.2% of tribal pregnant women delivered at home.
- 65.7% of all deliveries were attended by traditional birth attendants (Dai).

This reflects the lack of availability, accessibility and poor utilization of services more by tribal women than general. Tribal women are strongly guided by their culture and its code of society. Cultural taboos and their beliefs that dominated tribal women are the major drawbacks in the development of their over all health. Their culture taboos, beliefs and practices put women on the disadvantageous condition leading to even death. One such belief results in pregnant women eating less to reduce the size of foetus to avoid the pangs of labour (Singh, A.K.& Jaiswal, and A., 1994).

Most households in Jharkhand (70%) use private doctors or private hospitals for treatment of illness in family. Only 19% use public medical sector. Even among households with low income level only 16% normally use public medical sector when members get ill. Only 4% of women reported home

visit from health or family planning workers during the 12 months preceding the NFHS –II Survey which is very low.

Health Institution	State Requirement	Existing	Difference
Sub Centre	5232	4462	770
PHC/ APHC	830	561	269
Referral Hospital	51	37	14

(Source: *Globilization and tribal health (Jharkhand) BBL Sharma& Sherin 2003*)

A look at the percentage distribution of Cause Specific Maternal Mortality Deaths for the year 1998 will help us to have an insight into the significance of various factors that contribute to maternal mortality.

CAUSE	PERCENTAGE
Haemorrhage	29.7%
Anaemia	19.0%
Sepsis	16.1%
Obstructed labour	9.5%
Abortion	8.9%
Toxemia	8.3%
Others	8.5%

Source SRS-Fertility and Motality Indicators,1998, Registrar General of India, New Delhi)

ANAEMIA IN JHARKHAND : Prolonged iron deficiency leads to iron deficiency anaemia. Anaemia is the most common cause of maternal deaths accounting for a fifth of all maternal deaths. Severe anaemia accounts for 20.3% of maternal deaths. The risk of dying due to haemorrhage and infection is five to ten times greater in anaemic woman as compared to non anaemic women. Anaemia among women also compromises infant health by contributing to intra uterine growth retardation, low birth weight and ultimately pre natal mortality.

Anaemia in Jharkhand

	General population	ST population
● Mild	44.3	43.9
● Moderate	28.6	38.6
● Severe	1.8	3.1

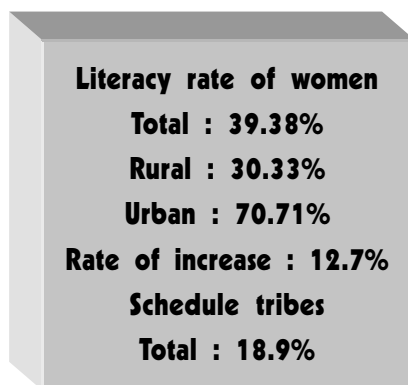
Source: *NFHS 2*

As evident from the above table Hemorrhage and Anaemia together constitute almost 50% of maternal mortality cases and are of serious health concern. Particularly in the state of Jharkhand anaemia is of serious concern due to poor food intake and absence of dietary diversification. Dependence on seasonal cropping pattern and inadequate food intake by women especially during pregnancy causes anemia and it is a major concern in this tribal state.

Women & Education

Jharkhand along with Bihar has the lowest female literacy rate of 39.98 %. More males are literate than women (67.94% compared with 39.38%). Variation in literacy of male and female is evident. Girls are still deprived of primary education, due to several factors such as inaccessibility of primary education, household duties, early marriage, early child bearing, gender bias associated drudgery, other socio-cultural factors such as parents perception, that education is more beneficial for sons. A large proportion of school age girls remain outside the school system due to important factors explained largely by low access of females to education system in the traditional value system play a greater premium on male than the female. Since resources are scarce, parents decide to send male children to school in preference to female. Acute poverty has proved to be a barrier to girls' education.

Even in the open learning systems (distance learning programmes) which are more flexible and are suited to the special needs of disadvantaged groups like women, the average participation of women is only about 30%.



Source: Prabhat Khabar, Aug 2003

- General women's educational status is much better off than tribal women or rural women.
- Out of 39.38% of the total literate women in Jharkhand, 30.3% from rural areas and 70.71% constitute urban women.
- However a large no. of girls belonging to scheduled caste and scheduled tribes remain un-reached, due to physical, economical and social inaccessibility.
- Girls from SC and ST tend to get the least access.
- Long-standing cultural taboos that dominate tribal society act as an inhibiting factor.

CHAPTER - III

OCCUPATIONAL STRUCTURE AND WORK PARTICIPATION

Women are still at the lower end of the labour market in pay and authority. They typically occupy lower-paid and lower status jobs. Women’s unemployment rate is higher than that of men and far more women than men work in the informal sector. In organized sector the number of women is significantly small even if they have the benefit of education and skills. Various factors are responsible for this:

- Socio-cultural and traditional patriarchal society, which discourages women’s working outside the house.
- Perception that women have domestic managerial role to play, leads to low female participation in formal employment.
- Society’s dictum of sparing females from being employed as wage labourers as social prestige
- Poverty-stricken people do allow their women who do not have any alternative for themselves and their families. She works on disadvantages.
- Since education and skills decide the level at which one can enter the labour market, most women are engaged in low-skill and low-wage work.
- Majority of them are found in vast rural and urban un-organized sector as landless workers and petty share-croppers in the agriculture sector and as contractual wage-labourers in mining and construction sectors and also as domestic help. They together form an exploited segment of population and contribute to the numbers below poverty line.

Statistics on Working Status of Women

Total workers (Main & Marginal)	Percentage of total population
Total	37.64
Female	26.40
Male	48.21
Main Worker	
Total	24.02
Female	37.22
Male	10.00

Total workers (Main & Marginal)	Percentage of total population
Marginal Worker	
Total	13.62
Female	11.00
Male	16.41
Non-Workers	
Total	62.36
Female	57.79
Male	73.60
Cultivator	
Total	38.59
Female	46.37
Male	42.90

Source: Census of India, 2001

- As evident from the table the total % of workers (main and marginal) is 37.64. The representation of women being 26.40% and that of males being 48.21%. These figures indicate a comparatively lower work participation of women with regard to men.
- Employment of tribal women is exploitive in the unorganized sector.
- These tribal women are mostly illiterate and work in various sectors on subsistence wage rate
- Mainly in private sector, as contractual labourers they have to work for maximum hours under difficult working condition.
- Women are treated as supplementary and secondary earners even if they are the main earners and this affects the wages they get even for the same work as men.

For the development of society it is necessary that all the sections of the society fully participate in economic activities and the opportunities of full development of potentials of women are available. As per the available data only 31.7% of the women have been employed in any form in past 12 months. More than 90% of this employment has been in the unorganized sector mainly comprising of agriculture and daily wages. It is evident from the table given below that female work participation is much less than male in the state.

State	Female work participation	Male work participation	Female by male ratio
India	25.7	51.9	
Bihar	18.8	47.7	0.39
Jharkhand	26.4	48.2	0.55
Chhatisgarh	40.0	53.0	0.75

Rate of growth of real Wages (% per annum)

	Females		Males	
	1983-93	1993-2000	1983-93	1993-2000
Manual work in agriculture	2.74	2.77	3.09	2.93
Casual labour in agriculture	2.75	2.79	3.09	2.94
Casual labour in non agriculture	2.39	3.70	4.08	4.07

(Source India development report 2002)

Over the period there has been significant increase in the contribution of females. However their wage pattern has shown stagnation except for casual labour in non-agriculture activities.

Information on Women

State

Name of the Department

Deptt. of labour Employment & Training, Jharkhand & Ranchi

Employment

1	Are there any special employment exchanges for women? If so, number and locations.	There are women section in each of four sub Regional Exchanges located at Jamshedpur, Bokaro Steel City, Dhanbad, Hazaribagh, Ranchi & Dumka.		
2	No. of Women registered for Employment and selected for categories: SC ST Others	2000-01	2001-02	2002-03 (Aug. 2003)
		i) 7189	2984	805
		ii) 8362	8555	2416
		iii) 18592	18652	4835
3	Is there any Entrepreneurial Development program for women? Please furnish.	Not Applicable		
4	No. of women trained in traditional, non-traditional entrepreneurial skills	2001-02	Traditional 44*	Non-traditional —
		2002-03 37*	—	—
		*Out of 176 seats in four women it is (Hazaribagh, Chaibasa, Dumka & Ranchi).		
5	Of the trained women number employed/self	N.A.		
6	Has any survey been conducted recently for finding employment potential for females in non-traditional areas like electronics, papa-medical, agro-industries etc? If so, please details.	No		

7	Whether there is any arrangement for dealing with complaints of sexual harassment of females at work place? If so, please give details.	Enforcing machinery of the Deptt. e.g. Labour Superintendent, Asst. Labour Commissioner, Deputy Labour Commissioner, Inspector of factories have been directed to enforce Hon'ble Supreme Court order passed in Vishakha vs. the Rajasthan State Case.
8	Are there social security measures for women workers covering maternity benefits, health, unemployment, accidents etc? Give a note.	<p>Maternity benefit measures are applicable enforced & insured under the maternity benefit Act, 1961 by the Inspectors of factories in respect of factories. Health care to women workers along with other workers are enforced & insured as per provision of factory Act, 1948 Sec. 45 by the Inspector of factories. Besides, under rule 71 (B) of the Jharkhand Factory rules the women workers along with other workers are subject to statutory medical examination who are engaged in canteen establishment of the factories rules, 1950. Regarding unemployment of women workers there is no such instrument in vogue in this State.</p> <p>In case of accident of women workers along with other workers, the benefit of the compensation in the event of accidental death or disability is insured under the workmen Compensation Act, 1923. The workers who are covered under ESI Act, the compensation is made available by the ESI establishment in the State.</p>
9	Are there any guidelines/orders for special incentives for providing to female employees/labourers facilities like crèche; education facilities, separate toilets, lunch facilities, etc. at work-site? A detailed note may be furnished.	<p>Under Sec. 48 of the Factories Act, 1948 the Statutory facility of crèche is enforced & provided in each of such factories where 30 or more than 30 female workers are ordinarily employed.</p> <p>Women workers along with other workers are subjected to under go training to make them aware of the risk & hazards in the process of production in the factories as provided in Sec. III (A) of the factories Act, 1948. Other than</p>

		this there is no provision of imparting general education by this department. Separate Latrine and urinals accommodation is enforced and provided to women workers along with separate dining hall & service counters are provided as per provisions in the rule 42, 46 & 67 of the Jharkhand Factories rules, 1950, respectively.
10	Any other scheme for employment of women? Please furnish details.	No.

Conclusions :

- As evident from the above information provided there has been a steady decline in the number of women registered over the period. This holds true for women belonging to SC/ ST/ General category.
- Considering the high percentage of women in the unorganized sector in the state there emerges a need to formulate policies and schemes to include these women within the development purview.
- The state Labour department can also initiate training of women in non traditional occupation which is the need of the hour and can act as income generating sources for women.
- The Vishakha Judgement as ordered by Honorable Supreme Court to be enforced and put into action by various Departments in the state.

CHAPTER - IV

SCHEMES FOR ECONOMIC EMPOWERMENT AND WELFARE OF WOMEN

The principle of gender equality is enshrined in the Indian Constitution in its preamble, fundamental rights, fundamental duties and directive principles. The constitution not only grants equality to women but also empowers the states to adopt measures of positive discrimination in favour of women.

The women's movement and a widespread network of NGOs, which have strong grassroots presence and deep insight into women's concerns, have contributed in inspiring initiatives for the empowerment of women. However, there still exists a wide gap between the goals enunciated in the constitution, legislation, policies, plans, programs and related mechanisms on the one hand and the situational realities of the status of women in India on the other hand.

The Government of Jharkhand is implementing the following schemes to bring about the advancement, development and empowerment of women in the economic sphere.

Support for Training and Employment Program (STEP)

STEP aims to raise the incomes of rural women by updating their skills in the traditional sectors, such as dairy development, animal husbandry sericulture, handloom agriculture, animal husbandry, dairy, fisheries, Khadi Gramodyog, wasteland development and social forestry. This programme envisages to enhance the productivity of women through income generating activities by giving them training in these fields.

Swayamsidha (Integrated Women Empowerment Project)

This Project envisages women of various services and help them to achieve economic independence. This programme is running in 24 blocks of the State. The aim of IWEP, is to empower women who will have enhanced awareness and improved skills, increased access to and control over material, social and political resources, demand their rights from family, community and government and be able to raise issues of common concern through mobilization and networking, awareness generation, convergence of various services and help them achieve economic independence. The budgetary provision for the programme is 45 lakhs in 2003-2004.

The objectives of this program are as follows :

- Establishment of self reliant women's groups.

- Creation of confidence and awareness among women regarding health, status, nutrition , education, sanitation, legal rights, economic upliftment etc.
- Improving access of women to micro credit
- Involvement of women in local level planning
- Convergence of implementation services of DWCD and other departments.

Stages of the Project

Stage 1 : Formation of Self Help Groups

Stage 2 : Facilitating the growth of the groups and providing stability to them.

Stage 3 : Making the groups self-dependant and leading them towards permanency.

Implementation of the Project

1. Baseline Survey
2. Block wise small level work plan
3. Formation of 100 SHGs by Project Implementation Agency in each block
4. Size and Profile: 15-20 members and 1 leader, homogeneous group, 2-3 literate women for account keeping.
5. Capacity Building of SHGs
6. Co-ordination between SHGs, PRIs and Govt. Officials
7. Community Oriented Activities
8. Other programs like NORAD, STEP, SEP, AGP etc. of Women and Child Development to be included in Swayamsiddha.
9. Different Central and State level programs to be incorporated.

Swa Shakti : This scheme aimed at enhancing the socio economic empowerment of women operates under the aegis of Department of Social Welfare.

Some of the achievements of the project can be quantified in the following sections :

Number of SHG formed	1678
Number of groups linked with Banks	595
Number of members received skill training	2788
Number of groups involved in Income Generating activities	1223
Number of groups linked with literacy programs	1293

The impact of the program can be briefed as follows :

- Improvement in leadership qualities through co-ordination and conduction of SHG activities.
- Enhancement in the self confidence of women by addressing relevant issues in theme camps and exposure visit.
- Self esteem has enhanced by undertaking SHG management initiatives.

Balika Samridhi Yojana (BSY), the prosperity of the Girl Child was launched in 1997 and revamped in 1999, with the specific objectives of changing community attitudes towards the girl child, and improving her enrolment and retention in school.

Swarna Jayanthi Gram Swarozgar Yojana Scheme (SGSY), the amended and merged version of the erstwhile Development of Women and Children in Rural Areas (DWCRA), Integrated Rural Development program (IRDPA) and Training of Rural Youth for Self Employment (TRYSEM), was launched in April 1999. It is a holistic credit-cum-subsidy program, covering all aspects of self-employment. The stipulated 40 per cent reservation for women will be implemented through the panchayat samitis (local self-government).

This scheme has also contributed greatly towards SHG formation and empowerment of women. The achievement of the program in physical terms can be stated as follows :

Number of SHGs formed	15292
Number of SHGs taken economic activity	2539
Total number of women SHGs formed	10464
Women SHGs taking on economic activity	1574

The Jawahar Rozgar Yojana (JRY) provides facilities for women through training and employment. The Indira Awas Yojana, an art of the JRY, aims at providing houses free of cost to poor people. The houses are allotted to female members, or in the joint names of the husband and wife to enable women to own assets.

The National Bank For Agriculture and Rural Development (NABARD) links banks with self-help groups with the objective of meeting the credit needs of the poor. As many as 85 per cent of the groups linked with the banks are women's groups.

Rural Women's Development and Empowerment Project (Swa Shakti Project), was launched in 1998, for strengthening the process of empowerment of women in six States through the establishment of self-help groups. This project is being implemented in 5 districts of Jharkhand, namely Ranchi, Hazaribagh, Gumla, Dumka and West Singhbhum in 22 blocks along-with 17 NGO partners. by Jharkhand Women Development

Rashtriya Mahila Kosh (RMK), a national credit fund extends credit facilities to poor and needy women. The RMK has extended loans to 20,000 self help groups of women and has a membership

of over 3,00,000 all over the country It is instrumental in encouraging women to take control of their own development, and has helped build confidence and political awareness. Till today, the RMK has been able to sanction credit limits of more than Rs. 773.6 million, with the help of about 688 NGOs which it works through, and has reached out to more than 3,49,752 women.

Training and Entrepreneurship Development: Economic independence is a very important component in the development of women. The state of Jharkhand has proposed to provide training to encourage small-scale industries using locally available resources so that the women can become self-dependants. The provision for the year 2003-2004 is Rs. 50 lakhs.

Women's Development Corporation: It has been proposed to set up a Women's Development Corporation in the department of Social Welfare and budgetary provision of Rs. 10 lakhs has been made for the year 2003-04. The formation of the corporation is in progress.

Norad : The objective of this programme is to set up employment and income generating training cum production units for women.

Working Women Hostel: This scheme envisages provision of cheap and safe accommodation facilities for working women, widows, divorcees and such working women whose husbands stay at far away places. These are to be run on the self-financing basis through a Management Committee. The Department proposes to set up such hostels in a phased manner in Ranchi, Jhamshedpur, Dhanbad, Bokaro, Dumka, Giridih, Hazaribagh and Daltonganj. The budgetary provision for this financial year (2003-04) in this scheme is 1.5 crores.

Self-Help groups

Self-help groups (SHGs) are women's groups formed to address the problem of economic hardship. SHGs aim to address issues of social and economic empowerment. In the state of Jharkhand the formation of Women's SHGs is being accorded utmost priority in every respect. These groups have been formed at village level and some of the many purposes they serve are as follows :

- Mobilizing the women at community level
- Development of groups and associated ownership with the group of women
- Encouragement to savings and thrift through regular monetary contribution
- Development of skills through trainings and various other forms of capacity building
- Intra loaning and loan extended in times of need to the women
- Initiation of income generation activities
- Development of revolving fund for initiating economic activities
- Scope for forward linkages
- Economic empowerment
- Social empowerment

In fact it can be stated that through the SHGs being functional it provides for a pathway for overall development and empowerment of women. The need of the hour is to encourage this concept and assist for it to percolate down to the community at large. The need of the hour is to strengthen these groups further and promote forward linkages of these groups to ensure sustainability.

Plans to organize these groups are on the way in the state of Jharkhand. It will be promoted that these SHGs unite and emerge as strong groups capable of contributing to community development and have the ownership of developmental programs being run to ameliorate the condition of the community at large and women in particular.

The State Government is also endeavoring to provide these groups with a milieu where they can be linked forward to various programs and also emerge as federals and federations at higher levels that can act as pressure groups for holistic women empowerment.

Qualitative Issues in Economic Schemes :

Various schemes as mentioned above are being implemented in the state. The crux of all these schemes being mobilizing and empowering women. However as discussed with various government Officials there exist certain common weak links in the implementation. Some of these links identified have been listed as follows :

- Self Help Groups are being formed but the forward linkages of these SHGs to provide them sustainability remains an issue of challenge for most of the programs. Forward linkage will not only provide them with sustainability but rather offer the women's groups with options that can be explored in terms of financial security.
- The trainings being imparted to the women's groups under the capacity building schemes are basically centered around traditional forms of employment. The need of the hour is to diversify the skills of concerned women in non traditional occupation also. The market value of the products produced by SHGs must be a consideration before initiating any form of occupational training for women of SHGs.
- The coordination of the SHGs with the various Government officials at local level is another area that needs attention. This coordination will not only enhance the linkages of SHG with various government programs but also provide for better opportunities to the members of SHGs.

An innovative plan of the Department of Social Welfare has recently been initiated wherein the women's groups are being provided with forward linkage and the groups have achieved sustainable economic independence and empowerment.

In order to provide nutritional support to the pregnant, lactating and Under 6 children through the Anganwadi Centres of ICDS local food model has been launched throughout the state.

In the districts of Giridih, East Singbhum and Lohardaga the supplementary food being provided at the Anganwadi Centers is being procured from the women's groups .This initiative has not only provided the women with economic independence but rather has paved a way towards forward linkage and sustainability of this innovation in the state.

Considering the entire process in totality there appears to be multi faceted advantages from this innovation. Firstly considering the mono cropping pattern and availability of food during one season of the year only the scheme has ensure the local women income generation through out the year. Secondly associated with the issue of poverty was the high rate of migration of women from this areas which had it's associated vulnerability factors in far off places. This plan has helped in reducing the rate of migration in the said districts. Moreover the local production and procurement also has ensured that the quality of food bring distributed from the AWC is of good quality.

Above all in the naxalite infested areas of Jharkhand it has provided appositive platform for the Government to associate grass root communities with the welfare schemes of Government. It has provided opportunities for the Government to have an entry point in the local communities and carry forward the various welfare schemes through the Anganwadis.

The learnings from this initiative of Jharkhand are being shared at state level and the analysis is being done to explore the benefits of this effort. In the districts opf Latehar and Palamu also the training of women's groups on this activity has been initiated and soon these groups will also be engaged in the processing of local food model.

The income details for the SHGs engaged in this activity can be summarized as follows :

# of AWC	Total supply in a month		Cost (Achieved)		Supply Cost		Total profit	Income for each woman
	Sattu	Murhi	Sattu @ Rs. 22/ Kg	Murhi @ Rs.12/ Kg	Sattu @ Rs28.50/ Kg	Murhi @ Rs.17.50/ Kg		
6	180.00	600.00	3960.00	7200.00	5130.00	10500.00	4470.00	301.00

It can be concluded that this innovation of the Department of Social Welfare has given a new dimension to the concept of economic empowerment of women which if carried forward will certainly lead to empowerment of women in various other spheres also.

CHAPTER - V

EDUCATION AND LITERACY

Education is the basis of development of human capital. It has a fundamental role to play in personal and social development. It is means available to foster a deeper and more harmonious form of human development and thereby reduce poverty, oppression, exclusion, ignorance and injustice. In Jharkhand State, the literacy rate as per the 2001 Census is 54.13 % (67.94% for males and 39.38% for females), which is below the national average of 65.38% (75.85% for males and 54.16% for females).

The Jharkhand State has 22 districts (4 new districts have been created after the State was formed). As per the 2001 Census all the districts of Jharkhand State have registered increase in literacy rates over the decade. Most of the districts have recorded increase of more than 10 percentage points in the literacy rates during 2001 Census vis-à-vis 1991 Census. For only three districts, viz. Godda, Sahibganj and Pakur, the rise is less than 10 percentage points. The Districts having higher literacy rates than the state average of 54.13% are East Singhbhum (69.42), Dhanbad (67.49), Ranchi (65.69), Bokaro (62.98), and Hazaribag (58.05). On the other hand Pakur district has the least literacy rate (30.54%), followed by Sahibganj (37.91%) and Garhwa (39.39%).

Number of Literates		Percentage of Literates	
Persons	11,970,177	Persons	54.03%
Male	7,759,966	Male	67.94%
Female	4,291,211	Female	39.38%

(Source: Provisional Population Totals: India. Census of India 2001, Paper 1 of 2001)

DECADEL GROWTH IN LITERACY RATE FOR DISTRICTS OF JHARKHAND (IN PERCENTAGE)

SL No.	DISTRICT	TOTAL (%)	DECADAL GROWTH (%)	MALE (%)	DECADAL GROWTH (%)	FEMALE (%)	DECADAL GROWTH (%)
1	Garhwa	39.39	13.36	54.69	15.66	22.91	11.06
2	Palamu						
3	Latehar	45.67	12.15	59.76	12.19	30.50	12.29
4	Chatra	48.35	15.51	55.67	15.22	30.50	16.11

SL No.	DISTRICT	TOTAL (%)	DECADAL GROWTH (%)	MALE (%)	DECADAL GROWTH (%)	FEMALE (%)	DECADAL GROWTH (%)
5	Hazaribag	58.05	16.84	72.16	15.62	43.15	19.02
6	Koderma	52.73	14.21	71.57	13.45	34.03	15.42
7	Giridih	45.16	12.92	63.17	13.26	27.05	13.14
8	Deoghar	50.52	12.61	66.93	12.81	32.33	12.59
9	Godda	43.73	9.71	58.07	9.51	27.98	9.98
10	Sahibganj	37.91	8.54	48.33	8.82	26.78	8.51
11	Pakur	30.54	6.58	40.19	6.63	20.44	6.64
12	Dumka + Jamtara						
13		48.31	14.29	63.28	13.99	32.68	14.77
14	Dhanhad	67.49	13.25	80.03	12.21	52.93	15.93
15	Bokaro	62.98	11.84	76.99	10.91	47.17	14.32
16	Ranchi	65.69	14.17	77.76	12.64	52.77	16.20
17	Lohardaga	53.97	13.18	67.84	12.85	39.88	13.77
18	Gumla + Simdega						
19		52.35	12.68	64.14	12.44	40.56	13.08
20	West Singhbhum + Saraikela + Kharsawan						
21		50.70	11.78	66.23	11.48	34.81	12.37
22	East Singhbhum	69.42	10.37	80.08	8.90	57.95	12.45
	JHARKHAND	54.13	12.71	67.94	12.14	39.38	13.86

As evident from the above figures the literacy rate growth over the period has not been uniform across the state. In districts like Sahebgunj the growth rate is as low as 8.51% while in the capital Ranchi the figures are at 16.20%. this has its implications on the growth pattern of literacy rate and reflects that the rate in growth is scattered and taking place primarily around certain pockets that are urbanized while the rest of the sate in remote areas are lacking behind in terms of advancement in literacy rates.

The reluctance to educate girls is rooted in society's overall perception of the status of women. While educating a boy is regarded as an investment for future economic returns, educating girls is understood to give fewer returns. On the other hand, not educating girls is seen as bringing immediate benefits such as additional household help. Illiterate girls grow up into illiterate women. Without education women are unable to exercise their rights and access the health care services with confidence. Their opportunities for employment are also narrowed and restricted due to lack of education.

Demographics	India	State
Total Literacy	65.38	54.13
Male Literacy	75.85	67.94
Female Literacy	54.16	39.38

(Source: NFHS 1998-99)

An analysis of the literacy figures of the state compared with national figures enables us to arrive at the conclusion that the state needs to give special attention to the literacy status of population in general and women in particular. Ensuring education to women would enable them to access and utilize various other opportunities, which are at present un-harnessed.

Educational Profile : At a glance in the context of gender

Total no. of primary and middle schools	21,316
Total no. of primary schools	17,261
Total no. of middle schools	4,055
Total no. of Govt. High schools	567
Total no. of EGS centers (6-11 age group)	14736
Total no. of MSK centers (15-35 age group)	5
Total no. of Jagajagi centers (9-14 age group)	257
Total no. of Bal Jagajagi centers (3-6 age group)	340
Total no. of ECE centers (3-6 age group)	805
Total no. of Camp schools (9-14 age group)	24
Total population of boys (6-14 age group)	29,23,544
Total population of girls (6-14 age group)	27,57,304
Total Boys Enrolment (6-14) in Govt and aided schools	19,96,156
Total Girls Enrolment (6-14) in Govt and aided schools	15,95,947
Total Boys Enrolment (6-11) in EGS center	3,04,494
Total Girls Enrolment (6-14) in EGS center	2,90,271
Index of gender equity (in DPEP districts)	96.54
Index of gender equity (State average)	91.51

Source: Survey data/District reports

One disquieting feature coming to the fore is the gap between General and Tribal literacy rates. Similarly, there is a marked disparity in the level of literacy by gender and the gender gap is almost 38%

The State Government has initiated a number of steps through Sarva Shiksha Abhiyan, District Primary Education Programme; Mahila Samakhya etc. for improving the educational facility for the girl child. In addition, a special programme named "National Programme for education of Girls at elementary level" is being started from the current year 2003-2004. These interventions are being carried out by the Jharkhand Education Project Council (JEPC).

A special programme for low female literacy districts has also been started in 5 districts where the female literacy rate is less than 30%. Under the "Women Empowerment Project" (WEP). The Department of Woman and Child Development, Government of Jharkhand, in collaboration with the Indira Gandhi National Open University (IGNOU) has established a satellite-based teleconference system so that women of these districts can have direct access to educational/training input.

An intervention has been made under Swayam Sidha project and 45 SHG members have been selected for certificate course from IGNOU. This is an intervention for capacity building of women and these women can use the acquired skills and knowledge for promoting microcredit.

JHARKHAND EDUCATION PROJECT COUNCIL, RANCHI
Interventions for Girls Education & Women Empowerment

Status at a Glance (as on 31.03.2003)

1. Districts Covered	- 4 (Ranchi,Chatra, E.Singhbhum, W.Singhbhum)
2. No of Block Covered 2002-2003	- 15 Block
3. No of MSK Center	- 5 Center
4. No of Camp School	- 28
5. Villages Covered	- 1481
6. Trained Sakhis	- 3303
7. Mahila Samooh	- 1316
8. No of Women in Samooh	- 63273
9. Trained Samoohas	- 576
10. No of Saving Fund Accounts	- 1214
11. Amount Saved	- Rs. 91,32,944/-
12. Mahila Kutir	- 44
13. Jagjagi Centers	- 248
14. No. of Kishoris in Center	- 5528
15. No. of Women in Center	- 525
16. Bal Jagjagi center	- 340
17. No. of Girls in Bal Jagjagi Center	- 4989
18. No. of Boys in Bal Jagjagi Center	- 4322

19.	No. of Kishori Manch	-	353
20.	No. of Kishoris in Manch	-	5298
21.	Trained Kishoris	-	2373
22.	Enrolment in School from Jagjagi Center	-	4632
23.	Enrolment in School from Bal-Jagjagi(Girls)	-	4590
24.	Enrolment in School from Bal-Jagjagi(Boys)	-	3372

Bal Jagjagi

Bal Jagjagi centers have been started keeping in view the interest of women towards education. Here children 3-5 yrs. of age are given pre school training through plays, songs, stories, poems and puzzles. There are 340 Bal Baggage centers opened by Mahila Samakhya in their working area and their organizer of each center is called 'BalMitra' and the centers are managed by the Mahila Samooh.

Jagjagi Centers

After formation of Mahila Samooh in Mahila Samakhya districts and enhanced awareness has been seen amongst women i.e. In their demand for imparting education to girls. This demand has risen from samooh villages and tolas. As a result 248 Jagjagi centers are established for providing basic education to adolescent girls and women.

Kishori Manch

Jagjagi centers have boosted the enthusiasm of kishoris towards education in Jharkhand. Kishoris were encouraged to have meeting in their groups. Besides the kishoris of centers, other illiterate kishories have become member and good relationship have developed amongst them. Education and health related problems are raised from this Manch. Many child marriages were prevented by this Manch.

Mahila Shikshan Kendra

In the district of Jharkhand, since 1994, Mahila Sikshan Kendra has been started to educate Women/Kishoris. Mahila Shikshan Kendra is an Important component of Mahila Smakhya. These are residential teaching centers to educate Kishoris/Women(Illiterate & Semi Literate) of 11-30 years of age group. Centers are managed by Mahila Samakhyas. Here along with education, stress is given on literacy and self-dependency. Matters related with livelihood and vocational training is also provided to them.

Mahila Kutir

When Mahila Samooh started meetings regularly they felt the need of permanent and suitable locations and demanded for kutir. Kutir is their own house where they meet and implement other related activities. They provide land, labour and materials for construction of kutirs. Total 44 Mahila Kutir has been constructed in Jharkhand.

Camp School

The camp school (no 28) conducted courses of 9 months to mainstream the out of school adolescent girls.

Free Text Book

Provision for free distribution of text book to 14,25,000 girls (Class I-VIII) has been made and books are being distributed

JHARKHAND EDUCATION PROJECT COUNCIL, RANCHI NPEGEL PLAN PROPOSAL 2003-2004

Components of Plan Proposals

A modal cluster school for girls, as a modal girl-child friendly school at cluster level will be developed in all blocks.

Following interventions will be made in the 315 clusters during 2003-2004

(i) Civil works

An existing school will be identified for opening of 'Model Cluster Schools for Girls' having the density of SC/ST/OBC/Minority girls. A '**Model Cluster School for Girls**' will have the provisions of an additional classroom, supply of drinking water, electrification, toilet, etc for which one time grant up to a maximum of Rs. 2.00 lacs. Provision of Rs 706.00 Lakh made for construction in all 353 clusters including MS covered blocks.

(ii) Recurring Grant

For each cluster one or more of the following interventions will be undertaken within and overall annual ceiling of Rs 60,000/- per cluster.

(a) Recurring Grant to Model Cluster Schools:

A maximum amount of Rs. 20,000 per annum will be provided to each cluster to meet the requirements of expenditure on various activities for promotion of girl's education in that cluster including maintenance of the school and engagement of part time instructors.

(b) Student Evaluation, Remedial Teaching, Bridge Courses, Alternative Schools.

In addition to the provisions already available under the EGS and AIE component of SSA, a maximum amount of **Rs. 20,000 per annum** will be provided to each cluster for Student evaluation, Remedial Teaching, Bridge course and Alternative Schools. There may be two such clusters under one cluster. Provision has been made for Rs. 70.60 Lacs for all 353 clusters including Mahila Samakhya.

(iii) Learning through Open School:

The scheme will provide waiver of fees of girls for courses under national open school and state open schools, setting up of specially designed open learning centers. In this regard Rs. 17.65 lakhs has been proposed for 353 clusters including Mahila Samakhya.

(iv) Teacher Training :

Under this scheme Teachers and Teacher Educators will be trained for gender sensitization. A maximum amount of Rs. 4,000 per annum will be provided to each cluster for annual training of at least 20 teachers especially on gender aspects.

(v) Child Care Centers

Two child care centers per cluster run by community may be opened in the areas where there is no child care center under any scheme of the department of women and child development and/or the state government concerns. Each center will be opened under the 'Girls Education Component' of the SSA under recurring grant of Rs. 5,000 and non-recurring grant of Rs. 1,000 per annum per center. In this regard Rs. 26.16 lacks has been proposed only for 218 clusters excluding 135 centers.

(vi) Community Mobilization (Mobilization for Enrollment, Retention and Learning)

In addition to the provisions already under SSA, an amount of **Rs. 35,000 for this year has been proposed for the purpose of community mobilization through training, follow up of girls enrollment, attendance, achievement etc.** in each cluster. In this regard Rs. 76.30 lacks has been proposed only for 218 non Mahila Samakhya clusters. Fund is available under DPEP for 135 clusters under Mahila Samakhya. The total budget proposal for the year 2003-2004 comes to Rs. 1245.01 lacks.

JANSHALA 21

In 1998, a society called SPEED (State Programme for Elementary Educational Development) was formed to implement Janshala in Bihar. On 31 March 2001, the programme came under Jharkhand, as both districts in which the programme was operational had become part of the new state. At present, the programme is implemented by Jharkhand Education Programme Council (JEPC), Ranchi.

The programme has been implemented in three phases. In the first phase, from 1998 to 1999, two blocks of both Giridih and Deoghar districts were covered. In the second phase, from 1999 to 2000, three more blocks of both districts were added. In the current phase, the programme is operational in all 7 blocks of Deoghar and 12 blocks of Giridih. Since 2001, the reach of the programme has been extended to cover all blocks of these districts. Access to schools is a severe problem in both the districts, where large number of children are out of school and working. In Giridih, only 66 percent of the villages have access to primary schools.

An important feature of Janshala in Jharkhand is that it is working within the existing educational structure of the state. At the same time, community empowerment has been the main strength of the programme.

Other main features include capacity building of teachers and women's participation and empowerment.

Towards Empowered Community Schools

Quality of education was to bring the community closer to the school system. This was achieved through community sensitisation and mobilisation, community participation and support, and community ownership and sustainability.

Community sensitisation and mobilisation

Systematic activities were carried out to achieve the first stage of community empowerment. As a first step, a community sensitisation and mobilisation team (CSMT) was formed for generating awareness and community involvement in the management of schools. The blocks were entrusted with the task of identifying the mobilising groups and NGOs to participate in a workshop. Individual or voluntary groups interested in mobilising and sensitising the community were also invited to attend the workshop. A Community Sensitisation and Mobilisation Exercise (CSME) was conceptualised as a 20-day module with two aspects—environment building and forming and training of village committees. The CSMT conducted field visits. With the help of local youths called Uthpreraks, they conducted awareness campaigns through posters, banners, distribution of pamphlets, padyatras, streetplays, folk music and puppet shows; and meetings and conferences at all levels, involving government officials and NGOs.

In the third stage, the Uthpreraks collected detailed data from every village and conducted a school mapping exercise to obtain a rough estimate of the educational status of the particular village or tola. The data was recorded and tabulated, and is now available in the form of the micro-planning report.

Subsequently, the CSMT, with the help of the Uthpreraks, invited people in the "feeding area" of every government school for a meeting and elected a 15-member village education committee (VEC). In villages where access to schools was difficult, Prerak Dals (motivating groups) were formed, who took the initiative to provide alternative schooling facilities. An essential qualification to become a VEC member is regular attendance of the member's child. The VEC is headed by a chairperson and vice chairperson, elected with the consensus of VEC members. One-third of the members are women. Selected VEC members are given training by the CSMT.

Stage I : Community sensitization and mobilization

Increasing awareness about the importance of education and bringing the community together for this purpose.

Stage II : Community participation and support

Encouraging the community to actively participate in and support school-related activities to fulfill the needs of the school.

Stage III : Community ownership and sustainability:

Effective and efficient management of schools and a gradual building up of the desire to own and sustain the school.

JANSHALA 22

Effective planning with regard to enrolment and retention, maintenance of schools, school management, and other issues regarding education. The social mobilisation campaign took a very long time to complete, but the dividends have been invaluable. Effective CSM exercise has provided an ideal platform for the functionaries to move to the second stage of community empowerment, i.e. community participation and support.

Community participation and support

After the completion of the first stage, the community became involved in all school activities, thereby extending its support to fulfil the various needs of the school. Besides a committee at the school level, two other committees, one at the panchayat level and another at the block level, have been set up to increase community participation and ensure its proper representation at every level. These committees are the Panchayat Education Committee (PEC), comprising one member elected from every VEC of the particular panchayat, and the Block Education Committee (BEC), formed by selecting one member from every panchayat in a block. The VEC holds monthly meetings presided over by the chairman to review the progress of the school, as well as to formulate plans for its advancement. The PEC also holds monthly meetings, while the BEC meetings are held every quarter. Teachers have also been posted as resource persons (RPs) at the district and block levels to facilitate community empowerment. They organize awareness programmes, give further training if needed and hold meetings with government education officers to discuss problems related to their schools.

The VEC is given a grant of Rs 3000 per annum for school improvement. The basic purpose of giving annual funds to the VEC is to empower and motivate them and to instill in them a sense of responsibility, as well as association, with the school.

Community ownership and sustainability

During this phase, the community members visit the schools for overall inspection, as well as to ensure that both teachers and students attend school regularly. They also help in bringing out-of-school children back to the school as well as track down absentees; provide support in the form of "physical labour" such as cleaning the schools, maintaining the gardens, constructing approach roads to the schools, painting the schools, etc. Community members also donate material for construction.

Janshala 23

Training is one of the most critical means of empowering teachers. Prior to Janshala, instances of primary school teachers being given in-service training were rare. This not only affected the quality of teaching adversely, but also lowered the motivation level and involvement of teachers. Janshala

adapted the UJALA training module developed under the Bihar Education Project (BEP). Almost the entire target teacher population—2470 primary school teachers—was administered training. As a result of these efforts, approximately 88 per cent of teachers in Deoghar district have been trained. The training module focuses on increasing community contact, training in gender-sensitive teaching methods, developing communication skills and effective use of teaching aids. The module follows the interactive methodology, ensuring active participation of all teachers.

Some of the important aspects stressed in these modules are activity-based approach, teaching-learning materials (TLMs), and multi-grade and multilevel teaching. Teachers are trained to follow the activity-based approach. They are also taught to make the learning environment interesting through activities, which help the child find joy and meaning in the learning process. The teachers are trained to design learning activities to correspond with the child’s developmental stages.

Aspects	Deoghar	Giridih
No. of teachers trained	1310	1160
No. of teachers receiving TLM grant	1302	1121
No. of CRCs constituted	42	32
Strengthening of CRCs	25	25
No. of CRC meetings held	585	171
No. of CRC coordinators’ training	24	1
CRC coordinators’ meeting	29	4
MGT	5	Nil
TLM exhibition and workshop	16	Nil
Village mapping in Pipasad village, Deoghar		

Janshala 24

Teacher training centers

Teachers are trained at three teacher training centres, two at Deoghar and one at Giridih. Established primarily to train teachers from the project schools, these centres at times also provide training to teachers of community-based schools (CBS) and women community workers (WCW). As part of this exercise, teachers who had the talent to train were selected. Thereafter, a workshop was conducted to screen suitable and appropriate Master Trainers (MTs) from the group. The MTs conduct further training at the BRCs. So far, 12-15 MTs have been selected from each district.

Teaching-learning material

Teachers often use representative teaching-learning materials called TLMs to illustrate new words, as well as abstract relationships and concepts. Teachers are provided a sum of Rs 500 to buy materials to make TLMs. This serves as a motivating factor for teachers and also helps to make the

learning process joyful and interesting. Teachers are given special training in understanding the various uses of TLM and its importance in the learning process.

Cluster Resource Centers

In order to ensure that teachers get enough opportunity to share and reflect upon their experiences, Cluster Resource Centres (CRCs) have been constituted at various sub-block levels. Regular monthly experience-sharing meetings are held at these centres. These meetings facilitate the process of planning classroom activities, identifying classroom problems and exploring possible solutions in a participative manner. At times these monthly meetings also serve as refresher training programmes for teachers.

Some of the activities that take place during the monthly meeting of teachers at the Cluster Education Centres (CECs) are lesson demonstrations, planning of activities, TLM preparation, discussions on problem areas identified by the teachers, etc. At times, issues like shortage of teachers and interaction with parents and VECs, are also discussed. In every training programme, efforts are made to invite teachers from adjoining schools so as to encourage them to keep in touch after completion of their training programme, and to form a cluster. In a training session, approximately 30-35 teachers from 8-12 schools are invited. Close interaction during the residential training programme ensures that a strong cluster is formed. A Cluster Coordinator is selected from amongst the group and regular cluster meetings are held at the Cluster Education Centre every month.

Block-wise data on the number of trained teachers in Deoghar

No.	Blocks	Total	Trained
1.	Mohanpur	313	278
2.	Sarwan	275	222
3.	Sarath	257	221
4.	Palajori	209	177
5.	Madhupur	311	309
	Total	1365	1207 (88%)

Janshala 25

Towards Empowered Community Schools

These are also attended by the RP and BRC. Every two months, field visits are conducted by the RP along with the CRC. CEC coordinators are given five day training by the RPs at the block level, with modules on leadership, motivation as well as various aspects of pedagogy.

Improving access

Micro-planning revealed that there were several habitations without school within a radius of one km. Moreover, certain habitations had a primary school within this radius, but were still not accessible

to children because of physical and social barriers. Community-based schools are an important initiative to improve children's access to primary schools.

Community-based schools

Community-based schools (CBSs) and alternative schools were suggested to tackle the problem of inaccessibility. The most important aspect of these schools is the manner in which they are established and the manner in which they function, all with the active involvement and participation of the community. Over 400 CBSs with 2300 children (an average of 40-50 children per school), have been opened under the programmes in the two districts of Jharkhand. CBSs provide the opportunity of quality education to a large number of disadvantaged children in remote areas. Around 90% of the students enrolled in CBSs would not have had access to education, but for this programme. The activities of the community mobilisation team also included the formation of Prerak Dals (motivating groups) in unserved habitations, to generate demand in the community through mobilisation exercises. Over a period of time, as the role of the Prerak Dals grew, they were redesignated as Sahyog Dals (companions). Initiatives were also taken to form women's group, which primarily included mothers whose children did not attend schools. These women's groups, called Mata Samitis (mothers' committees) were given the responsibility of initiating and managing CBSs. At present, most CBSs are run by Mata Samitis.

There are now around 500 Mata Samitis in Deoghar and Giridih. The samiti members are trained by Resource Persons and Women Empowerment Workers (WCWs), before they are entrusted the task of managing a school.

The training creates awareness about the main issues in education, the importance and the process through which village members are to be initiated into the functioning of the schools, steps involved in opening a bank account, and most importantly the need to uphold a sense of gender equality.

Janshala 26

Around 55 per cent of the Mata Samiti members in Deoghar have received formal training and others have obtained guidance and support from WCWs. Moreover, each school is also given a grant of Rs 4100, and the chairman of the Mata Samiti or Sahyog Dals is responsible for using this money.

Teachers in CBS

The minimum qualification of a CBS teacher is matriculation, and females are preferred, so as to promote education among girls. However, the criteria are flexible. The teachers are given residential training of 30 days. During the first 15 days, theoretical background in subjects such as education, child development, women's empowerment and girl's education is taught. During the subsequent days, they are trained in new teaching methods. The teachers have monthly meetings with the District Resource Person (DRP) and Block Resource Person (BRP) to plan their teaching schedule and share their problems and experiences.

Children in CBS

Most CBS schools are single-classroom, single-teacher schools with children of different age groups. Therefore, multi-grade, multi-level teaching is a necessity. The children are assessed in many different ways throughout the academic year and teaching is joyful and activity based. The schools provide an environment which encourages self-expression in children in different ways like articulating their views, representing their ideas, illustrating the lessons with examples, clarifying their doubts with the teacher without any apprehension or hesitation and so on. Learning is completely child-oriented.

Women's empowerment

To enhance the status of women, the Women's Empowerment Programme has ensured that at least one Uthprerak out of two, in each habitation, is a woman. Rules have been formulated to ensure that at least one-third of VEC members are women. It has also been made mandatory that the office of either the chairman or vicechairman should be held by a woman candidate. The constitution of Mata Samitis has also proved to be successful in helping women come together to serve as a unit for action. Their ability to conduct tasks like running a school, holding a bank account, professionally interacting with men, has given them the needed impetus and self-esteem for further empowerment.

Janshala 27

Towards Empowered Community Schools

The representation of women as RPs, both at the district and block levels, as well as preference given to women teachers in CBSs, has helped in enhancing the status of women in the state.

Girls' Education

Owing to the poor female literacy rates, girls' education has been given primary importance in Janshala. Meena Week is one of the main programmes Children in an alternative school (CBS) conducted, along with door-to-door campaigns, to promote female education.

Meena Week

This is a weeklong celebration conducted every year, to generate awareness about the importance of girls' education. The spirit of festivity makes it an attractive programme for villagers. "Meena" is an animation character and represents an ordinary village girl who stands up for her rights and is bold enough to question the inequalities and discrimination faced by girls.

During Meena Week, panchayat meetings to discuss the importance of girls' education, as well as painting competitions with themes on girls' education, are organised. Bal Sabhas are held, wherein out-of-school and in-school children exchange views and share their experiences. It has been seen that many out-of school children are fascinated and motivated by the experiences of in school children and frequently express their desire to get enrolled in school. Such children are enrolled immediately.

Special Program for Low – Female Literacy Districts

As is evident from the table provided earlier, a total of 5 districts of the state have female literacy rates below even 30%. These districts are :-

S.N.	Name	Total Literacy (%)	Female Literacy (%)
1.	Pakur	30.54	20.44
2.	Garhwa	39.39	22.91
3.	Sahibganj	37.91	26.78
4.	Giridih	45.16	27.05
5	Godda	43.73	27.98

In Order to improve female literacy rate in these 5 districts and to reduce the gender gap, a special program has been launched in these 5 districts from 15th August ,2003. The objective of this program is to increase female literacy by 50% in these districts by March 2004 and the main components of this program are follows:

- (i) Capacity Building of Literacy functionaries and involvement of women group in literacy program.
- (ii) Convergence of literacy program with other female 'Self Help Groups'.
- (iii) Involvement of women functionaries in various government schemes to help empower women groups.
- (iv) Involvement of female volunteers in large scale.

Addressing Female Literacy in Jharkhand :

With a total number of 21386 schools in the state for 32260 villages , on an average only 65% of villages in Jharkhand have a school. In a typical Jharkhand village, there are around 10-12 tolas (habitations) and the distance between the tolas is sometimes more that 5 Kms. This indicates the difficulty in access faced by children in general and girl child in particular.

The recent trend initiated through community based schools have tremendous potential for improving the literacy rates. These programs involve community sensitization and mobilization, community participation and support and community ownership and sustainability. They empower the community to not only ensure education but also retention of children and especially girl child in schools.

These community based schools and alternative schools have addressed the problem of inaccessibility. The most important component of these schools being the manner in which they are established and the manner in which they function, all with the active involvement and participation of the community.

CHAPTER - VI

HEALTH AND FAMILY WELFARE

Through various health programs, the Government of India has made efforts to promote maternal and child health. As part of the Minimum Needs Programme initiated during the Fifth Five Year Plan (1974-79), maternal health, child health and nutrition services were integrated with family planning services. The recently introduced Reproductive and Child Health programme also integrates the safe motherhood and child health services. This chapter attempts to understand the antenatal care sought by women during their pregnancy, the type of supplementary nutrition that was availed during their pregnancy and lactation period. The type of preparation for delivery and family planning practices followed by the sampled women is also analyzed and presented in the following section.

Ante-natal Care

Ante-natal care (ANC) refers to the pregnancy related health care provided by a doctor or a health worker at home or in the health center. To prevent pregnancy related morbidity and mortality, the Reproductive and Child Health Programme recommends that as a part of antenatal care, women receive two doses of tetanus toxoid vaccine, 90+ iron and folic acid tablets or syrup to prevent and treat anaemia, and at least three antenatal check-ups including monitoring of blood pressure and other procedures to detect pregnancy complications. Information was collected on these aspects in the survey and the same is presented in the table.

(In the following table DS stands for Demonstration Site, HI stands for High Impact, CB stands for Capacity Building and these are different intervention strategies adopted by CARE for the health and nutrition interventions in Anganwadi Centres)

Percent women in different programme areas reporting having received ANC during pregnancy

ANC	Different program areas				Total (N=719)
	DS (N=270)	HI (N=97)	CB (N=98)	Others (N=524)	
A. Program Interventions					
1. ANC check up					
0	10.4	9.4	12.7	21.5	18.7
1	13.3	11.5	8.6	9.5	9.6

ANC	Different program areas				Total (N=719)
	DS (N=270)	HI (N=97)	CB (N=98)	Others (N=524)	
2	18.5	15.9	15.8	17.5	17.1
3	19.3	20.2	19.1	17.7	18.2
4 or more	38.5	43.0	43.7	33.8	36.4
2. Place of ANC check up					
PHC/SC/Govt. hospital	27.4	26.1	31.6	16.9	20.2
Private clinic	24.1	31.5	32.2	48.3	43.8
Dai	18.9	21.7	24.6	16.7	18.5
AWC/ Health Day	68.5	72.0	59.7	22.8	34.5
Home	15.9	18.3	21.5	30.6	27.7
None	10.4	9.4	12.7	23.8	20.3
3. Gestational age at first check up					
No ANC	10.0	9.8	13.1	20.9	18.3
First trimester	41.1	40.9	35.1	23.8	27.7
Second trimester	40.4	42.8	44.7	47.7	46.6
Third trimester	8.5	6.5	7.2	7.6	7.4
4. Recd. home visits for ANC					
None	18.1	19.4	28.9	39.7	35.5
Recd. home visits	81.9	80.6	71.1	60.3	64.5
Recd. 3+ home visits	50.7	48.5	39.2	27.4	31.9
5. Worker who made atleast three home visits					
ANM	6.7	4.8	3.3	3.1	3.4
AWW	31.9	30.2	21.7	8.1	12.9
Mahila Mandal member	0.7	0.4	0.2	0.7	0.6
TBA/Dai	5.2	5.0	6.1	6.0	5.9
Doctor (Pvt./Govt.)	1.5	1.3	1.7	3.0	2.6
6. Recd. advice/examination during ANC					
None	13.0	13.9	14.5	22.4	20.1
Examined eyes, tongue, feet, palms or nail	31.5	30.6	39.5	42.8	40.7
Examined abdomen/stomach area	75.6	75.4	77.4	70.4	72.0
Checked blood pressure	20.7	17.6	16.7	13.5	14.5

ANC	Different program areas				Total (N=719)
	DS (N=270)	HI (N=97)	CB (N=98)	Others (N=524)	
Took your weight	44.8	43.9	37.7	16.8	23.3
Advice you on eating or resting	58.1	54.8	50.2	48.6	49.6
Tested Urine	21.5	19.8	21.3	15.5	16.9
Tested blood	18.1	19.4	23.3	17.7	18.7
Advise for ultrasound	1.9	2.0	2.2	1.0	1.3
Others	1.1	0.9	0.6	1.9	1.6
Don't know/Don't remember	0.4	0.4	0.4	—	0.1
7. Recd. TT doses					
0 dose	11.9	11.1	13.1	27.4	23.2
1 dose	18.1	15.6	14.5	7.3	9.4
2 doses/Booster	60.0	61.3	60.8	48.8	52.1
More than 2	9.3	11.3	10.8	16.0	14.7
Don't remember	0.7	0.7	0.7	0.5	0.6
8. Recd. IFA tablets					
0	19.3	19.3	23.7	51.7	43.5
< 90	48.9	48.7	45.8	31.1	35.5
90 or more	31.5	31.9	30.1	14.1	18.7
Don't know/Don't remember	0.4	0.2	0.4	3.1	2.4
9. Consumed IFA tablets					
0	1.4	0.9	2.2	8.0	5.5
< 90	69.3	70.0	70.4	68.2	68.9
90 or more	28.9	28.9	27.5	22.9	24.9
Don't know/Don't remember	0.5	0.2	—	1.0	0.7
10. Recd. Iron from private doctor/clinic	35.6	36.3	36.6	40.1	39.1
B. Indirect Interventions					
1. Recd. deworming treatment	4.1	3.7	2.4	1.6	2.0

Source: NFHS II

Antenatal Check-up: Of the total women in the three project areas (HI, CB and others), about 19 per cent of the women had not undergone any ANC check-ups during their pregnancy. This percentage was higher among women in other area (22 percent). Another 36 per cent had availed 4

or more AN check-ups, while those availing 1 to 3 AN check up ranged between 10 to 18 per cent. To some extent, the percentage of women going in for check-ups is more in HI area as compared to CB and other project areas.

Place of Check-up: For 44 per cent of the women the place of AN check-up was private clinic and another 35 per cent availed it from the AWC or Health day. Government hospital/PHC/SC were the place of check up for 20 per cent and *Dai* conducted the check up for 19 per cent of the women. AN check up was conducted at home for 28 per cent. The contribution of AWC/health day as the place of AN check up was highest at 72 per cent in HI area and 69 per cent in CB area. While in the other area 48 per cent of the women sought AN check up at private clinic.

Time of First ANC Check-up: As per the norm, a pregnant woman should undergo her first ANC check-up as soon as she knows she is pregnant, that is, in the first trimester. Data indicates that only 28 per cent of the women in the project area had received the first check-up during the first trimester, while 47 per cent and 7 per cent had undergone the check up in the second and third trimester respectively. As compared to CB and other project area relatively higher percentage of women in DS and HI area had undergone their checkup within 1st trimester of this pregnancy. This indicates that early check up needs to be reemphasized in the intervention program. A pregnant woman can receive antenatal check up at home by a health worker. Data on the same indicates that the project areas are less visited by the PHC staff as 36 percent of the women did not receive any visits at home for ANC. Among those who received care at home, 32 per cent of the women reported more than 3 home visits. Workers who made at least three home visits were mainly AWW worker (13 per cent) then by TBA/*Dai* (6 per cent). Three home visits by doctor and ANM was less at 3 per cent each. It is interesting to note that across the programme areas, it is the home visits by AWW that differs, while the contribution of the other workers was almost similar. For instance, 30 per cent of the AWW made home visits in the HI area, while this was 22 per cent and 8 per cent in CB and other area.

Components of Antenatal Check-up: The effectiveness of antenatal check-ups in ensuring safe motherhood depends on the tests and measurements done and the advice given during the check-ups. The survey made an attempt to look into this, where in the women were read out various components of antenatal check-ups for which they had received either advice or examination during pregnancy.

Data indicates that in the three project areas of HI, CB and other areas, 72 per cent of the women had under gone abdominal /stomach area examination. About half of the women (50 per cent) had received advice on eating or resting. Components of physical examination like examination of the eyes, tongue, feet, palms or nails, weight measurement, checking blood pressure is still less at 41 per cent, 23 per cent and 15 per cent respectively. Examination that requires pathological intervention like urine and blood test was further less at 17 per cent and 19 per cent each. Among the project areas, the percentages for DS, and HI area are slightly better to the corresponding data of CB and other area.

Tetanus Toxoid Vaccination: The tetanus toxoid immunization programme for expectant mothers was initiated under the Expanded Programme on Immunization. As per the immunization schedule

norm, a pregnant woman should receive two doses of tetanus toxoid injection, the first when the woman is 16 weeks pregnant and the second when she is 20 weeks pregnant. Re-inoculation is recommended every three years. If two doses were received less than three years earlier, a single booster injection is recommended. Women were asked the number of doses of TT vaccine they had received during their last pregnancy. The table reveals that a little more than half of the women (52 per cent) in the three project areas had received either 2 doses of TT or a booster dose. Fifteen per cent had received more than 2 doses of TT, while 9 per cent had received only one dose. Twenty three per cent of the women had not received a single dose of TT. For this component too, the coverage of women was slightly better in DS and HI area, as compared to CB and other project area. For instance, 27 per cent and 13 per cent of the women were not immunized in other project area and CB area respectively, while this was 11 and 12 per cent each in HI and DS area.

Iron and Folic Acid Supplementation: Iron deficiency anaemia is the most common nutrient deficiency, which gets further enhanced during pregnancy due to the additional requirement for the foetal growth. A low level iron of this leads to low birth weight, lowered resistance to infection, impaired cognitive development, and decreased work capacity. To address this component the provision of iron and folic acid tablets to pregnant women to prevent nutritional anaemia forms an integral part of the MCH programme. The programme recommends that pregnant women should consume 100 tablets of iron and folic acid during pregnancy.

ANAEMIA IN JHARKHAND : Prolonged iron deficiency leads to anaemia. Anaemia is the most common cause of maternal deaths accounting to a fifth of all maternal deaths. Severe anaemia accounts for 20.3% of maternal deaths. The risk of dying due to haemorrhage and infection is five to ten times greater in anaemic woman as compared to non anaemic women. Anaemia among women also causes infant deaths by contributing to intra uterine growth retardation, low birth weight and ultimate peri natal mortality.

Prevalence of anaemia in Jharkhand :

	General population	ST population
● Mild	44.3%	43.9%
● Moderate	28.6%	38.6%
● Severe	1.8%	3.1%

Women were asked about the number of IFA tablets they had received during their last pregnancy. Data indicates that only 19 per cent had received 90 or more IFA tablets. Another 36 per cent of the women had received IFA tablets but the number was less than 90. However, 44 per cent of the women had not received any tablets. In this case too, the scenario in the other project area was poor as 52 per cent of the women had not received any IFA tablet, while the percentage goes on decreasing to

24 per cent in CB area and 19 per cent each in HI and DS area. This indicates that the coverage of IFA tablet is poor. A further attempt was also made to know whether the women had also consumed the IFA tablets. The data indicates that not all the women consume all the tablets that they have received. For instance, only 25 per cent of the women consumed 90 or more IFA tablets. Consumption of iron was found to be more or less the same in all the project areas. It may also be pointed out that 39 per cent of the women received the IFA tablets from private doctor/clinic. This was high in other (40 per cent) area. Moreover, 2 per cent ANC cases had received deworming treatment in the project area.

Percent* women reporting reasons for not consuming IFA tablets received during pregnancy

Reasons for not consuming IFA tablets received during index pregnancy	Percent reporting (N=115)
Did not feel need to take any more	11.5
Forgot to take tablets	16.0
Lost the packet	4.1
Did not like the taste	42.6
Tablets caused problems	25.2
Others	9.5

Problems During Pregnancy: For the most recent birth the mother was asked if at any time during pregnancy she experienced any of the following pregnancy related problems: excessive swelling of hands/feet; weakness, dizziness, giddiness; bleeding from vagina; fever; pain in stomach; decreased movement of baby; unusual vaginal rash; itchiness, soreness; convulsions; difficulty seeing at night; night blindness and any other problems. Though the potential health problem posed by each of these problems have different health implications, an assessment of this would help in the planning of services related to maternal morbidity. The information presented is, however, self reported by the mothers.

Of the total women interviewed, 38 per cent did not report any problem, while the remaining (62 percent) had experienced at least one problem .

Percent women reported health problems during pregnancy and treatment sought.

ANC	Different program areas				Total (N=719)
	DS (N=270)	HI (N=97)	CB (N=98)	Others (N=524)	
Health Problem					
No	39.3	42.6	40.6	37.0	38.3
Excessive swelling of hand/feet	19.6	17.8	18.6	23.4	22.0

ANC	Different program areas				Total (N=719)
	DS (N=270)	HI (N=97)	CB (N=98)	Others (N=524)	
Weakness, dizziness, giddiness	40.0	39.3	45.4	48.7	47.0
Bleeding from vagina	3.3	3.9	2.4	3.1	3.1
Fever	32.6	25.2	26.8	24.5	24.9
Pain in stomach	38.1	35.2	34.0	33.8	34.0
Decreased movement of baby	9.3	6.7	5.1	2.6	3.5
Unusual vaginal rash, itchiness, soreness	5.9	5.7	4.0	3.4	3.8
Convulsions	5.2	4.4	5.0	1.6	2.4
Difficult seeing at night, night blindness	9.6	8.3	9.9	7.3	7.8
	3.7	3.9	2.2	8.9	7.3
	0.4	0.6	0.2	0.1	0.2
Others					
Don't know/Don't remember	50.3	55.0	52.2	59.8	58.2
Seek Advice or Treatment					
Place of Treatment					
DAI/TBA	11.0	12.4	6.5	2.9	4.4
AWW/AWC	37.8	37.9	28.6	7.0	13.2
Subcentre/ANM	17.1	14.8	22.6	7.3	10.0
Other Govt. facility	15.9	13.6	15.5	10.2	11.2
Private health facility	51.2	53.3	56.0	79.9	73.9
Other	—	0.6	1.2	1.9	1.7
Person Referred					
Self	47.6	54.4	58.3	51.8	52.8
Relative/friend	76.8	76.9	83.3	84.3	83.4
Dai	2.4	1.8	2.4	0.6	1.0
AWW	14.6	15.4	6.0	3.2	5.0
ANM	4.9	3.6	1.8	—	0.6
Others	2.4	1.8	1.8	3.5	3.1

Source: NFHS II

The frequently reported problems were weakness, dizziness followed by pain in stomach, fever and excessive swelling of hands/feet. Across the programme areas a slightly higher percentage of

women complained of such problems in other areas. With regard the treatment seeking behaviour, around three-fifths (58 per cent) sought advice or treatment for their problem mainly from the private facility (74 per cent).

Information was also collected from the women who sought treatment on the person who referred them to the particular person/place. Data indicates that in case of about 46 per cent of the women relatives were instrumental in referring while in 31 per cent of the cases the woman herself was motivated to seek treatment.

The same information was cross-classified by background characteristics of the women to assess the category of the women that are more vulnerable. According to Table 4.1.3 a higher percentage of illiterate women, belonging to SC/ST community experienced more problem during pregnancy. With regard the treatment seeking behaviour these groups of people were less concerned about their health problem as compared to their counterpart who were literate and belonging to other high caste group. Further irrespective of the background characteristics, women approached private health facility for treatment and were mainly referred by their relative/friend.

Table 4.1.3 Percent mothers reporting ANC during pregnancy by (i) educational levels, (ii) caste groups, and (iii) block types

Characteristics	Education level				Caste group				Block type	
	Illiterate N=487	Primary N=89	Middle N=73	Middle+ N=70	SC N=138	ST N=246	OBC N=250	Others N=85	Rural N=262	Tribal N=457
A. Programme Interventions										
1. No check ups	23.5	18.2	8.5	5.9	19.6	22.3	18.3	15.3	20.0	19.4
2. 3 or more check ups	49.8	58.9	65.3	70.8	54.9	51.7	55.8	58.8	51.4	56.4
3. First check up during first trimester	23.5	28.0	33.6	50.1	28.0	25.3	28.9	30.1	24.3	29.6
4. Advised/examined during preg.	76.2	81.5	89.4	93.2	79.3	77.2	81.8	82.7	79.1	80.3
5. Recd. two doses/booster of TT	47.7	57.3	64.9	63.0	46.9	50.8	54.9	56.1	49.8	53.5
6. Recd. 90+ IFA tablets	14.7	27.3	24.2	29.1	13.3	23.0	18.2	16.3	10.1	23.6
7. Consumed 90+ tablets	11.7	20.7	17.8	18.5	10.6	16.5	13.6	14.1	8.4	17.3
8. Recd. iron from private doctor	30.2	48.9	66.3	60.4	33.7	26.1	49.4	55.3	45.0	35.8

Characteristics	Education level				Caste group				Block type	
	Illiter N=487	Primary N=89	Middle N=73	Middle+ N=70	SC N=138	ST N=246	OBC N=250	Others N=85	Rural N=262	Tribal N=457
B. Indirect Interventions										
1. Took de-worming treatment	2.0	1.7	1.3	2.6	1.2	1.8	2.0	3.6	1.4	2.3

Difference did exist in the percentage of women who did not go in for any ante-natal check up across the various categories. To some extent, it was higher among the illiterate (23 per cent), and those belonging to ST community (22 per cent), as compared to the women of the other category. Further, women who have availed three or more antenatal check-up varied from 59 to 71 per cent among women who were literate, while this was less at 50 per cent among the illiterate. Caste wise too comparatively higher percentage of women belonging to other caste had received 3 or more checkups as compared to their counterpart belong to other caste group. An almost similar trend was observed for other indicators too. The percentage of women who received two doses of TT and 90 or more IFA tablets increased from the illiterate category to those who had middle and above level of education. This indicates that the level of education of women makes a difference in seeking care during the antenatal period. However, intervention efforts are required at all levels even among those who are more educated, but more so among illiterate women.

Caste wise no major statistical difference is reflected across the different caste groups. The behaviour is almost similar for the indicator across the caste groups. To some extent the percentage are on a slightly higher side for the women in the 'other' category, while it is on the lower side in the ST category. Similarly, the percentages were on the lower side among the women staying in the tribal area. The percentage who took deworming treatment was small ranging between 1 to 3 per cent across the education category and in both rural and tribal area. Women who had not consumed IFA tablets during their pregnancy were asked the reason for the same . As reported by them "did not like the taste of the tablets" (43 per cent) and "intake of the tablet caused problem" (25 per cent) were the major reason for which they avoided taking IFA. "Forgot to take tablets" was reported by 16 per cent. However, about 12 per cent of the women also mentioned that they did not felt the need to take the tablets. The intervention programme will have to make strategies as to how they could cope up with these reasons and subsequently motivate the women to take IFA tablets.

The typical characteristic associated with women in the state of Jharkhand in general and tribals in particular is heavy work load. The heavy workload and energy spent in fighting frequent infections causes energy depletion. Besides women have very little participation in family planning decision making and thus have limited control over fertility making them more susceptible to maternal mortality and morbidity. Most maternal deaths result from poor health. Maternal mortality is an indicator of disparity and inequality as regards appropriate health care and nutrition.

Birth Planning

The component of birth planning includes the components that assist in ensuring the safety of women during the process of delivering a child. This includes those components that need to be assured for ensuring the safety of mother and child and consist of the following preparations

- Identification of a safe place of delivery
- Identification of a vehicle in case of emergency
- Identification of a person who can accompany woman during emergency
- Setting aside of money for emergency

These measures contribute significantly towards the safe delivery. An attempt was made to assess these preparations during period of pregnancy through a survey.

The surveyed women were those who had given birth to at least one child in the last two years, an attempt was made to study if they had made any plans or decisions related to the delivery, especially on issues like use of disposable delivery kit, place of delivery, place where they should be shifted in case of any obstetric emergency, etc.

Since questions on planning and decision-making issues call for retrospection, there is always the possibility that women may not recall plans or decisions they made and would in turn give a desirable answer or what the general practice is. Women are more likely to remember what actually happened, what they did in practice rather than what they had planned or decided to do. In spite of this limitation, the data gives an insight into the general practices in the community.

The women were further asked if they had decided where the delivery would take place and who would be called to conduct the delivery. As evident, majority (81 per cent) of the women being illiterate, belonging to ST (82 percent) and resided in tribal areas (80 percent) responded that it was decided that the delivery would be at home. While around 50 per cent of the women with middle and above level of education reported about institutional delivery than those illiterate (10 percent). Further, decision about the person who would conduct the delivery shows that around 60 per cent of the women belonging all different category group had decided about it. Again, a higher percentage of women educated and belonging to OBC or other caste group reported that either they or their family members were aware of the emergency which might occur at the time of delivery, when the women should be taken to the health facility. However, it needs to be understood what these women consider as "emergency" which requires hospitalization.

Information regarding whether any effort were made by the women to keep some money ready to meet the cost of emergency treatment or cost of transportation during delivery indicates that higher percentage of women educated, belonging to other caste group had made some arrangement. This was 74 per cent among those who had more than middle level education and 72 per cent among the other caste group. Among ST women this was only 39 per cent. In an area where people's survival depends on their daily earnings, it is difficult to expect them to save money for health care.

In response to the question whether any decision was taken on who would accompany her/take her to the health facility during an emergency again education and caste of the women played a major role. A higher percentage of women with middle and above level of education (82 percent), belonging to other caste group (73 percent) replied in positive than their counterparts. By type of residence around 52 per cent each of the women in rural and tribal areas had taken the decision on the same. With regard vehicle for transportation, except women with middle and above level of education had decided before hand about it. Whereas planning of transportation is not considered as an important aspect of birth planning by most of the women belonging to other category group.

Women were further probed on the person who had helped in making the decision on the above mentioned issues. As can be seen from Table 4.3.2 in Bihar, family members played a major role as every decision of using DDK (68 per cent), person who would conduct delivery (89 per cent) by type of health facility to be approached in case of emergency (91 per cent) and person to accompany the women to the hospital (69 per cent) were taken by family members.

Percent women reporting on the person from whom advice was recd. on birth planning during pregnancy

Birth planning activities	Person from whom advice was received										
	Self	Family member	Relative/ friend	Dai/TBA	AWW	ANM	CBO Member	Other Govt. Functionary	Pvt. Health Functionary	Others	DK
Kept Disposable Delivery Kit ready (N=201)	48.6	68.2	12.4	11.1	34.6	4.5	—	0.4	5.2	1.4	0.1
Decided who will conduct delivery (N=519)	56.6	88.6	15.9	4.0	4.9	1.0	—	0.4	1.2	—	—
Decided on the health facility for emergency (N=367)	56.1	91.1	21.8	1.8	5.7	1.4	—	0.6	4.0	0.4	0.2
Decided on person to accompany to hospital (N=375)	69.4	68.5	11.7	7.1	0.8	8.5	—	—	—	—	—

* Husband

Among the women who did not use DDK 62 per cent mentioned lack of knowledge regarding the use of DDK during delivery as the reason (Table 4.3.3). Other reasons included 'nobody suggested' (28 per cent) and 'not available' (12 per cent).

Percent women reporting reasons for not deciding on health facility to be approached for emergency during pregnancy

Reasons for no decision	Percent women reporting place of delivery (352)
Did not feel the importance	42.4
Did not strike	17.9
Did not expect emergency	41.0
Others	9.3

Women who had decided to go for a home or institutional delivery were asked the reasons for the same. For more than half of the women (54 per cent), home delivery was the usual trend in the community and hence the same was also followed by the respondent in her last delivery. In another 53 per cent they could not afford the cost. About 18 percent of the women who had institutional delivery stated reasons thereof as 'family did not want to take risk' (63 per cent), some also went for institutional delivery because it was their first delivery and they wanted it to take place in an institution (23 per cent) or no skilled person was available for home delivery (31 per cent).

Percent women reporting considerations for conducting home/ institutional delivery during index pregnancy

Considerations	Pregnant women reporting place of delivery
1. Considerations for home delivery	
Usual trend in community	54.0
Could not afford the cost	52.9
Nobody to take care of house/children	16.4
No facility available nearby	10.3
Confidence in TBA	12.3
Others	8.3
Women who considered home delivery	530
2. Considerations for Institutional delivery	
Family did not want to take risk	62.9
First delivery should be at institution	23.1
No skilled person available for home delivery	31.3
Identified as high risk pregnancy	17.5
Suggested by health care provider	10.9
Others	6.2
Women who considered institutional delivery	133

Delivery

Major emphasis is being made by the Reproductive and Child Health Programme to encourage deliveries under proper hygienic conditions under the supervision of trained health personnel. For the delivery that the women had experienced in the last two years data was collected on the place of delivery, person who conducted the delivery and whether the clean practices were followed during delivery.

The table shows that of the total women in the HI, CB and other area, 81 per cent had home delivery, while institution delivery was only 18 per cent. Project area wise institutional delivery ranged between 11 per cent in CB area to 20 per cent in other area. In deliveries that had taken place at home, in 48 per cent it was attended by an untrained dai, followed by a relative and others (11 per cent). Only 5 per cent home deliveries were attended by trained personnel (ANM or Dai or any doctor).

Percent women in different programme areas reporting practices at index pregnancy delivery

Practices	Programme areas				Total
	DS	HI	CB	Others	
B. Indirect Interventions					
1. Place of delivery					
1. Institutional					
a. SC/PHC/ Govt. hospital	5.2	5.9	4.2	4.3	4.5
b. Pvt. doctor/ hospital	7.0	7.2	7.0	16.0	13.6
2. Domiciliary	87.8	86.9	88.4	79.0	81.3
Others	—	-	0.4	0.6	0.5
DK	—	-	-	0.1	0.1
Total Women	270	97	98	524	719
2. Attendant at home delivery					
1. ANM alone	0.4	1.7	2.1	1.4	1.5
2. ANM & Dai	-	0.6	3.1	0.5	0.9
3. Govt. doctor/ Nurse	-	0.4	0.4	0.2	0.2
4. Pvt. doctor/Nurse	0.8	1.5	0.4	2.7	2.2
5. Trained Dai alone	23.2	19.8	13.9	13.8	14.2
6. Untrained dai alone	49.8	50.7	62.8	43.7	47.5
7. Relative & others	20.3	17.9	8.7	10.2	11.1
8. Self	0.4	0.9	0.4	0.5	0.5

Practices	Programme areas				Total
	DS	HI	CB	Others	
3. Practices followed at home delivery					
1. Attendant washed hands	90.3	91.7	90.0	89.5	89.9
2. Cord cut with a new clean blade	97.0	97.2	95.4	95.7	95.9
3. Cord tied with new thread	97.5	97.4	95.6	96.0	96.2
4. Cord was kept clean- without powder	69.2	74.4	72.6	68.6	70.1
5. Was delivered on clean surface	96.2	96.6	96.5	96.2	96.3
6. Weight was taken at birth	19.0	13.6	4.8	1.7	3.9
7. Weight was below 2500 Gm. Of those who were weighed	11.1	10.1	-	9.1	8.4
Women who had home delivery	237	84	87	414	585

Practices that were used by the person who conducted the delivery at home was also looked into. Data shows that cleanliness with respect to washing of hands, using new blade for cutting of the cord and using new thread for tying the cord ranged between 89 per cent to 96 per cent. In only 70 per cent of the cases the cord was kept clean without using any powder on it. Weight of the newborn child was taken in only 4 per cent of the cases.

All the discussed indicators discussed above were analyzed with the social characteristics of the women. In the case of place of delivery, there is a difference in the place of delivery by the level of education and the caste group. For instance, among the illiterate only 10 per cent had availed the institutional facility for delivery, while this was 47 per cent among those who were educated above middle level. The corresponding home delivery in these two categories was 90 per cent and 52 per cent respectively. Caste wise too the institutional delivery ranges from 7 per cent among ST women to 45 per cent among the other caste group. However, location of the household in the rural or tribal area also make same difference in the utilization of institutional facility for delivery. Again the use of trained personnel for delivery at home was relatively more among those educated above middle level (12 per cent) than among the illiterate (4 per cent). Caste wise analysis of data indicate that use of trained personnel for the same was very low in case of SC group (4 per cent) as compared to other group (8 per cent).

Percent women in different (i) educational levels, (ii) caste groups, and (iii) block types, reporting practices at index pregnancy

Characteristics	Education level				Caste group				Block type	
	Illiterate	Primary	Middle	Middle+	SC	ST	OBC	Others	Rural	Tribal
B. Indirect Interventions										
1. Place of delivery										
1. Institutional										
a. SC/PHC/ Govt. hospital	3.7	4.2	6.3	9.2	5.1	2.7	4.0	10.7	5.8	3.8
b. Pvt. doctor/ hospital	6.9	18.3	28.3	38.2	13.5	3.7	16.3	34.1	23.3	8.0
2. Domiciliary	89.0	77.3	63.7	51.7	81.4	93.2	78.5	55.2	70.2	87.7
3. Others	0.4	0.2	1.7	0.9	-	0.4	1.2	-	0.7	0.5
Total Women	487	89	73	70	138	246	250	85	262	457
2. Attendant at home delivery										
1. ANM alone	1.2	2.0	1.5	4.9	0.2	2.5	1.6	-	0.3	2.1
2. ANM & Dai	0.5	2.8	1.5	1.5	0.9	0.6	1.4	0.4	0.3	1.1
3. Govt. doctor/ Nurse	0.2	-	0.4	0.5	-	0.2	0.4	-	0.3	0.2
4. Pvt. doctor/Nurse	2.1	0.9	3.5	4.9	3.4	1.2	1.7	6.7	4.5	1.2
5. Trained Dai alone	12.8	14.7	21.2	20.2	11.8	12.5	17.1	15.9	12.7	14.9
6. Untrained dai alone	70.6	65.6	62.0	65.4	74.5	67.2	68.2	68.0	72.2	67.5
7. Relative & others	11.8	12.6	9.8	2.0	8.7	14.7	8.9	8.2	9.2	11.9
8. Self	0.6	0.3	-	-	0.6	0.9	0.1	0.4	0.3	0.6
9. Other	0.3	1.2	-	0.5	-	0.3	0.6	0.4	-	0.5
No. of home deliveries	433	69	47	36	113	229	196	47	184	638
3. Practices followed at home delivery*										
1. Attendant washed hands	89.5	93.3	89.6	88.1	86.9	89.6	90.7	95.0	86.6	91.4
2. Cord cut with a new clean blade	95.4	97.6	94.8	100.0	97.6	94.9	96.0	96.2	96.9	95.4
3. Cord tied with new thread	96.1	97.0	93.4	99.5	98.2	96.5	95.7	91.8	96.9	95.8

Characteristics	Education level				Caste group				Block type	
	Illiterate	Primary	Middle	Middle+	SC	ST	OBC	Others	Rural	Tribal
4. Cord was kept clean-without powder	69.6	72.5	69.7	70.9	73.8	71.9	68.0	60.5	66.1	71.9
5. Was delivered on clean surface	96.5	95.8	95.8	95.6	95.6	96.4	96.8	95.2	95.9	96.5
6. Weight was taken at birth	2.6	5.2	10.0	7.9	1.3	5.3	3.3	5.4	1.7	4.8
7. Weight was below 2500 Gm. for those who were weighed	4.7	27.5	7.7	-	-	4.4	21.1	-	-	9.7

* Percentage based on total women.

Family Planning

The Family Welfare programme in India aims to promote contraceptive use among the couples with the clients' choice of contraceptive, assuring high quality care. Information on the same was collected from the currently married women

Percent women in different programme areas reported use of family planning methods

Family Planning Practices	Programme areas				Total (719)
	DS (270)	HI (97)	CB (98)	Others (524)	
B. Indirect Interventions					
1. Currently practicing FP methods					
1a. If index child was male	13.0	11.5	12.5	8.2	9.2
1b. If index child was female	17.6	14.0	11.9	9.2	10.2
2. Methods currently being practiced					
IUD	6.8	8.3	13.1	6.8	8.0
Condom	5.7	6.5	10.3	2.9	4.9
Oral Pills	34.3	33.9	20.6	13.2	18.1
Injection	74.3	66.1	63.2	36.8	46.6
Norplant	-	-	2.9	-	0.5
Withdrawal	2.9	1.6	5.9	-	1.4
Periodic abstinence/Rhythm	-	-	2.9	7.4	5.3
Herbs	2.9	1.6	5.9	-	0.5
Other	8.6	4.8	7.4	2.9	4.1

Family Planning Practices	Programme areas				Total (719)
	DS (270)	HI (97)	CB (98)	Others (524)	
3. Motivated by					
Self	2.9	1.6	-	2.9	2.2
Husband	8.6	8.1	13.2	39.7	29.5
AWW	54.3	58.1	60.3	54.4	56.1
ANM/LHV	5.7	11.3	8.8	1.5	4.5
Friend/relative	-	-	5.9	-	1.1
Private Doctor	25.7	17.7	8.8	4.4	7.5
Others	5.7	3.2	1.5	-	0.8
4. Told about other methods also					
Yes	65.7	67.7	42.6	33.8	41.2
Number of current users	35	11	12	43	66
5. Av. duration (months) of use of spacing/ traditional methods	14.4	9.5	5.2	18.9	14.0
6. Source of spacing method					
AWW/AWC	7.4	14.3	18.9	3.2	9.7
ANM/Subcentre	3.7	6.1	17.0	6.5	9.0
Govt. facilities	3.7	4.1	9.4	9.7	8.3
NGO facilities	-	-	3.8	3.2	2.6
Pvt. facilities	40.7	42.9	28.3	51.6	43.7
Shop	44.4	32.7	20.8	25.8	26.1
Others	-	-	1.9	-	0.5
Number of users of spacing method	28	9	10	20	39
7. Ideal spacing reported*					
< 2 yrs.	3.3	2.2	1.7	3.7	3.2
2 - 3 yrs.	75.2	77.0	82.4	75.8	76.9
3+ yrs.	8.5	9.4	8.3	4.3	5.6
DK	13.0	11.3	7.7	16.1	14.3
8. Has current knowledge of spacing methods					
OCP	64.4	64.4	68.6	44.1	50.2
IUD	5.6	7.2	9.2	11.4	10.5

Family Planning Practices	Programme areas				Total (719)
	DS (270)	HI (97)	CB (98)	Others (524)	
Condom	33.7	32.4	25.4	13.5	17.6
Injection	10.0	9.3	8.6	2.2	4.0
Narplant	1.1	0.9	1.7	0.1	0.4
Safe period	6.6	8.0	8.5	4.2	5.3
Withdrawal	25.6	28.7	28.9	33.5	32.2
Herbs	9.3	9.8	9.2	7.2	7.8
Others	45.2	41.7	34.6	45.3	43.3

* Percentage based on total women.

The average duration of using spacing methods was 14 months. Private facilities was the source of supply for the spacing method for 44 per cent of the women. Around 26 per cent availed the supplies from the shop. ANM/sub-centre and AWW/AWC constituted 10 and 9 per cent respectively as the source of supply for spacing method. Women were also asked about the ideal spacing between two births, 77 per cent of the women reported a gap of 2 to 3 years, while another 6 per cent mentioned more than 3 years.

Analysis of certain family planning indicators was done by the social characteristic of the women. Use of contraceptives does show a variation by the education level of the women. For instance 6 per cent of the illiterate women were using contraceptive, while this was 27 per cent for women educated above middle level. Similarly the use of a spacing method was more among those educated above middle level. Use of contraceptive increases with the number of living male children a woman has.

Percent women reporting FP practice by (i) Educational levels, (ii) Caste groups and (iii) block types

FP Practices	Education level				Caste group				Block type	
	Illiterate N=487	Primary N=89	Middle N=73	Middle+ N=70	SC N=138	ST N=246	OBC N=250	Others N=85	Rural N=262	Tribal N=457
B. Indirect Interventions										
1. Currently practicing terminal methods	2.1	5.4	3.3	9.6	2.4	1.8	4.9	5.0	3.8	3.1
2. Currently practicing spacing methods	2.8	6.6	13.1	14.0	2.3	5.7	5.1	10.3	3.4	6.6
3. Currently practicing traditional methods	0.9	0.4	1.3	3.2	0.5	1.2	1.0	2.4	0.5	1.5

FP Practices	Education level				Caste group				Block type	
	Illiterate N=487	Primary N=89	Middle N=73	Middle+ N=70	SC N=138	ST N=246	OBC N=250	Others N=85	Rural N=262	Tribal N=457
4. Currently practicing any FP method	2.9	6.0	11.4	15.2	0.6	5.7	7.4	11.7	3.0	8.1
If living children are less than 3	6.1	13.7	18.1	61.7	5.2	9.3	15.6	24.9	12.9	12.6
If living children are 3	7.2	21.8	28.2	28.7	11.4	9.6	11.0	19.0	10.9	11.5
If living children are more than 3	2.6	5.6	7.3	19.8	-	5.4	6.8	16.4	-	10.2
If no living male child	5.0	12.8	18.5	23.9	3.8	8.0	11.2	15.7	8.1	9.9
If 1 or 2 living male children	7.8	19.5	22.1	89.5	12.6	10.0	11.0	20.5	12.7	11.4
If more than 2 living male children	4.5	0.8	1.1	-	4.7	3.1	3.4	0.8	4.1	2.8
5. Ideal spacing reported										
< 2 yrs.	73.4	84.3	84.2	83.8	66.2	79.4	77.5	85.2	71.6	79.9
2 - 3 yrs.	4.2	4.9	9.7	11.4	3.6	5.6	5.2	9.7	4.3	6.3
3 + yrs.	17.9	10.0	5.0	4.9	25.5	12.0	13.9	4.2	20.0	11.1
DK	38.9									
6. Current knowledge of spacing methods by method type	5.0									
Oral pills	10.6	61.2	82.3	80.3	38.1	44.9	54.1	73.6	45.0	53.2
IUD	3.1	12.5	23.8	33.0	4.4	6.7	12.7	25.2	12.3	9.6
Condom	0.2	17.7	39.9	42.9	8.8	16.3	19.2	31.1	12.0	20.9
Injection	1.9	3.2	6.0	9.1	1.7	4.5	4.5	4.8	0.5	6.0
Norplant	1.8	0.4	0.7	1.7	0.1	0.5	0.5	0.6	-	0.7
Periodic/Abstinence/Rhythm	28.8	3.1	5.6	6.5	1.6	4.4	1.5	4.4	1.0	4.0
Withdrawal	5.1	1.5	4.4	5.5	1.7	2.0	2.4	4.8	1.2	3.1
Tubectomy	8.5	32.9	42.3	44.4	34.3	22.5	38.0	40.2	43.3	25.9

FP Practices	Education level				Caste group				Block type	
	Illiterate N=487	Primary N=89	Middle N=73	Middle+ N=70	SC N=138	ST N=246	OBC N=250	Others N=85	Rural N=262	Tribal N=457
Vasectomy	41.4	7.8	15.3	18.6	4.2	6.9	9.7	11.0	7.9	7.8
Herbs	0.8	3.9	8.7	8.3	5.6	10.7	7.7	4.5	3.8	10.3
Others	52.1	28.5	12.8	7.7	43.6	41.8	29.5	21.2	37.3	34.4
7. Reasons for not practicing FP methods										
No reason										
Presently lactating	4.7	-	0.3	0.7	0.6	0.6	0.8	-	0.3	0.8
Currently pregnant	11.4	51.8	62.6	60.2	61.6	45.6	54.1	63.8	61.0	49.4
Fear of side effects	12.0	3.2	8.1	10.8	6.0	3.1	7.8	3.5	6.0	5.0
Want son	34.1	12.6	18.9	6.5	11.0	10.4	11.8	18.1	13.5	10.9
Want more children	12.7	13.7	16.6	18.1	11.7	14.7	12.3	13.4	11.9	13.9
Not aware of family planning methods	9.9	40.8	41.3	36.7	33.7	34.1	38.4	36.8	33.2	37.3
Do not know where/how to get supplies	3.1	11.4	2.3	3.1	12.4	11.6	10.3	6.8	13.0	9.5
Do not believe in family planning	2.2	8.0	1.2	6.7	13.5	7.4	7.7	6.2	11.9	6.6
Religion does not permit use	6.1	1.3	1.6	1.9	1.4	2.3	3.0	4.7	3.6	2.0
Husband stays away from me	1.6	4.4	0.3	3.1	0.5	1.8	3.1	5.6	0.8	3.3
Mother-in-law objects	4.0	9.4	9.8	18.4	3.6	4.4	10.6	17.6	10.4	6.3
Husband objects	4.2	2.8	2.6	2.2	0.6	1.6	2.6	2.9	0.8	2.5
Do not like	43.2	4.9	3.8	5.9	2.9	5.0	5.0	1.8	2.1	5.5
Not aware	8.8	6.0	3.1	4.6	2.6	4.7	5.2	3.9	2.3	5.5
Supplies not available	3.9	31.7	14.2	11.0	47.4	41.7	29.9	21.1	38.4	35.4
Others		10.1	7.2	8.3	10.9	8.4	7.8	9.5	10.1	8.0
		6.7	5.9	8.6	4.9	4.2	5.0	5.9	5.2	4.6
Women not practicing FP	461	78	61	52	131	226	225	71	243	410

Only 28 percent of married women in Jharkhand are currently using some method of contraception, compared with 48 percent at the national level and 24 percent in Bihar. Contraceptive prevalence is

considerably higher in urban areas (40 percent) than in rural areas (25 percent). Female sterilization is by far the most popular method: 21 percent of currently married women are sterilized. By contrast, only 1 percent of women reported that their husbands are sterilized. Overall, sterilization accounts for 80 percent of total contraceptive use. Use rates for the pill (2 percent), IUD (0.3 percent), and condom (1 percent) remain very low. One percent use traditional methods of family planning. Contraceptive prevalence varies widely among socioeconomic groups. Rural women, illiterate women, Muslim women, scheduled-tribe women, and women belonging to households with a low standard of living have much lower levels of contraceptive use than other women.

Urban women, women with at least a high school education, and women from households with a high standard of living are all more likely than other women to use the three modern spacing methods (pill, IUD, and condom), but the use of these methods does not exceed 16 percent in any group. Given the near-exclusive emphasis on sterilization, women tend to adopt family planning only after they have achieved their desired family size. As a result, contraceptive use can be expected to rise steadily with age and with the number of living children. In Jharkhand, contraceptive use does indeed go up with age, peaking at 44 percent for women age 35–39 and 45–49. Use also goes up with the number of children, peaking at 41 percent for women with three living children. It is the highest (55 percent) among women having three children of which two are sons. Son preference has a considerable effect on contraceptive use. Among women who have two or more living children, those who have one or more sons are more likely to use contraception than are those who have the same number of children but have only daughters.

Among women with two living children, contraceptive use is only 14 percent if both children are daughters, 23 percent if there is one daughter and one son, and 41 percent if both children are sons. Among currently married women who have never used contraception, the main reason for not currently using contraception is the desire for more children, which is reported by 42 percent. Eleven percent of currently married women are not using contraception but say that they want to wait at least two years before having another child. Another 10 percent are not using contraception although they do not want any more children. These women are described as having an 'unmet need' for family planning. One-fifth of women in Jharkhand (21 percent) have an unmet need for family planning, compared with one-quarter in Bihar (26 percent). The unmet need for spacing declines from 24 percent among women age 15–24 to less than 2 percent among women age 35–39. Women age 40 and above have no unmet need for spacing. The unmet need for limiting increases with age to a peak of 19 percent among women age 30–34 and declines among older women. These results underscore the need for strategies that provide spacing as well as terminal methods in order to meet the changing needs of women over their lifecycle.

For many years, the Government of India has been using electronic and other mass media to promote family planning. Exposure to mass media is quite low in Jharkhand, where only 32 percent of rural residents live in villages that are electrified and only 3 percent live in villages that have a cable connection. Overall, only 18 percent of ever-married women listen to the radio at least once a week and only 20 percent watch television at least once a week. As in Bihar, almost three-quarters of women

in Jharkhand are not regularly exposed to radio, television, or other types of media. Exposure to each type of media is much higher among urban women, more-educated women, women not belonging to a scheduled caste, scheduled tribe, or other backward class, and women from high standard of living households. Thirty-seven percent of women saw or heard a family planning message in the media during the few months preceding the survey. In addition to radio and television, wall paintings and hoardings are important sources of exposure to family planning messages in Jharkhand. As with the exposure to mass media itself, exposure to family planning messages is much lower among rural women, illiterate women, women belonging to scheduled tribes, and women from households with a low standard of living. Only 13 percent of currently married women in Jharkhand have discussed family planning with their husbands and very few women have discussed family planning with other relatives, friends, or neighbours.

More than four-fifths (78 percent) of women who use modern contraception obtained their method from a government hospital or other source in the public sector. Only 18 percent obtained their method from the private medical sector. The private medical sector, along with shops, is the major source of pills and condoms, however. The private medical sector plays a larger role in urban areas (where it is the source of modern methods for 30 percent of users) than in rural areas (where it is the source of modern methods for 13 percent of users).

An important indication of the quality of family planning services is the information that women receive when they obtain contraception and the extent to which they receive follow-up services after accepting contraception. In Jharkhand, only 13 percent of users of modern contraceptives who were motivated by someone to use their method were told about any other method. Only 18 percent of women were told by a health or family planning worker about possible side effects of the method they adopted at the time of adopting the method. Eighty-one percent of contraceptive users, however, received follow-up services after adopting the method.

From the information provided in NFHS-2, a picture emerges of women marrying early, having their first child soon after marriage, and having about two more children by the time they reach their mid-20s. At that point, about one-fifth of women get sterilized. The median age for female sterilization is now 27.3 years. Very few women use modern spacing methods that could help them delay their first births or increase the interval between pregnancies.

Reproductive Health

Promotion of maternal and child health has been one of the most important components of the Family Welfare Programme of the Government of India. One goal is for each pregnant woman to receive at least three antenatal check-ups plus two tetanus toxoid injections and a full course of iron and folic acid supplementation. In Jharkhand, mothers of only 42 percent of the children born in the three years preceding NFHS-2 received at least one antenatal check-up, compared with 65 percent in India as a whole and 35 percent in Bihar. Mothers of only 24 percent of these children in Jharkhand received at least three antenatal check-ups. Mothers received the recommended number of tetanus

toxoid vaccinations for 51 percent of children in Jharkhand (compared with 60 percent in Bihar). Mothers received iron and folic acid supplementation for 33 percent of children in Jharkhand (compared with only 22 percent in Bihar). Coverage by all three interventions is much lower for rural women and women in disadvantaged socioeconomic groups than for other women.

The Family Welfare Programme encourages women to deliver in a medical facility or, if at home, with assistance from a trained health professional and to receive at least three check-ups after delivery. During the three years preceding NFHS-2, only 14 percent of births in Jharkhand were delivered in a medical facility. Among births delivered at home, only 4 percent were assisted by a health professional (76 percent were assisted by a traditional birth attendant). Only one out of seven births outside a medical facility were followed by a postpartum check-up within two months of delivery. Overall, these results show that utilization of health services in Jharkhand during pregnancy, during delivery, and after childbirth remains very low. They also point to the important role of traditional birth attendants for the large majority of births that occur at home.

Forty-five percent of currently married women in Jharkhand report some type of reproductive-health problem, including abnormal vaginal discharge, symptoms of a urinary tract infection, and pain or bleeding associated with intercourse. The situation is similar to Bihar, where 44 percent report some reproductive health problem. Among women in Jharkhand with a reproductive health problem, 74 percent have not sought any advice or treatment and only 4 percent sought advice or treatment at a government medical facility. These results suggest a need to expand reproductive-health services and information programmes that encourage women to discuss their problems with a health-care provider.

Nutrition of Children and Women

The Government of India recommends that breastfeeding should begin immediately after childbirth and that infants should be exclusively breastfed for the first four months of life. Although breastfeeding is nearly universal in Jharkhand, very few children begin breastfeeding immediately after birth—only 9 percent in the first hour and 31 percent in the first day. Moreover, for 62 percent of children, mothers squeezed the first milk from the breast before feeding the baby, contrary to recommended feeding practices. Fifty-six percent of children under four months of age are exclusively breastfed. The median duration of breastfeeding is more than three years, but the median duration of exclusive breastfeeding is only 2.3 months. At age 6–9 months, all children should be receiving solid or mushy food in addition to breast milk. However, only 26 percent of children age 6–9 months receive the recommended combination of breast milk and solid/mushy foods.

NFHS-2 uses three internationally recognized standards to assess children's nutritional Status—weight-for-age, height-for-age, and weight-for-height. Children who are more than two standard deviations below the median of an international reference population are considered underweight (measured in terms of weight-for-age), stunted (height-for-age), or wasted (weight for-height). Stunting is a sign of chronic, long-term under nutrition, wasting is a sign of acute, short-term under nutrition, and underweight is a composite measure that takes into account both chronic and acute under nutrition.

STATUS OF MALNUTRITION

Based on international standards, 54 percent of children under age three years are underweight, 49 percent are stunted, and 25 percent are wasted. In Bihar, the percentages of underweight, stunted, and wasted children are 54, 55 and 20, respectively. In Jharkhand, undernutrition is higher in rural areas than in urban areas and is particularly high among children from disadvantaged socioeconomic groups such as children from schedule tribes, children of less educated mothers, and children from households with a low standard of living. The percentage of underweight children is about the same for girls as for boys, but girls are somewhat more likely to be stunted while boys are somewhat more likely to be wasted. More than four out of five children age 6–35 months are anaemic, including a large majority of children in every subgroup of the population. The percentage of children who are anaemic is very high (96 percent) among scheduled tribes, while urban children, older children, and children whose mothers have completed at least high school are less likely to be anaemic.

Based on a weight-for-height index (the body mass index), two out of five women in Jharkhand (41 percent) are undernourished. Nutritional deficiency is somewhat more serious for working women who are employed by someone else, women from households with a low standard of living, women from scheduled castes, and Muslim women. Women who are undernourished themselves are also much more likely than other women to have children who are undernourished. Overall, 73 percent of women in Jharkhand have some degree of anaemia, compared with 60 percent in Bihar. Twenty-nine percent of women in Jharkhand are moderately to severely anaemic, compared with 18 percent of women in Bihar. Anaemia is a serious problem among women in every population group in Jharkhand, with prevalence rates ranging from 56 to 87 percent. Pregnant women are more likely than nonpregnant women to be moderately to severely anaemic.

Morbidity

The survey collected information on the prevalence of tuberculosis, asthma, malaria, and jaundice among all household members. Disease prevalence based on reports from household heads must be interpreted with caution, however. The survey found that about 1 percent of the population in Jharkhand suffers from tuberculosis, 1 percent suffers from asthma, 8 percent suffered from malaria during the three months preceding the survey, and 2 percent suffered from jaundice during the 12 months preceding the survey. The prevalence of asthma, tuberculosis, and malaria is much higher in rural areas than in urban areas, but the prevalence of jaundice is higher in urban areas. Men are more likely than women to suffer from tuberculosis and jaundice, but women are slightly more likely to suffer from asthma and malaria.

Quality of Health Care

Most households in Jharkhand (70 percent) use private doctors or private hospitals or clinics for treatment when a family member is ill. Only 19 percent normally use the public medical sector. Even among households with a low standard of living, only 16 percent normally use the public medical sector when members become ill. Most respondents are generally satisfied with the health care they

receive. Ratings on the quality of services are lower for public-sector facilities, where at least half of respondents are somewhat critical of staff attitudes and the cleanliness of the facilities.

Overall, only 4 percent of women received home visits from health or family planning workers during the 12 months preceding the survey and the few who did receive home visits were not visited regularly. A large majority of the women who received a home visit expressed satisfaction with the amount of time that the worker spent with them and with the way the worker talked to them.

HIV/AIDS

Although the spread of HIV/AIDS is a major concern in India, nearly 9 out of 10 women in Jharkhand (85 percent) have not heard of AIDS, compared with 60 percent for India as a whole. In fact, knowledge of AIDS is lower in Jharkhand than in any other state except Bihar. Awareness of AIDS is particularly low among women in rural areas and among women who are socioeconomically disadvantaged. Among women who have heard of AIDS, 83 percent received information about the disease from television and 49 percent from radio. Among women who have heard of AIDS, however, one-half (49 percent) do not know of any way to avoid infection. Survey results suggest that health personnel could play a much larger role in promoting AIDS awareness. In Jharkhand, only 1 percent of women who know about AIDS received information about the disease from a health worker.

Kishori Shakti Yojana targets the adolescent girls for their holistic development especially emphasizing on their health, knowledge about hygiene, development changes in the body and holistic personality development. Kishori Shakti Yojana (KSY) is a step by the Government to mobilize, empower and encourage families and communities to focus on adolescent girls and offer them a better quality of life. At present it is running in 66 blocks of Jharkhand and the government has sanctioned the programme in 104 new blocks. The budgetary provision for the programme is 72.6 lakhs in 2003-2004.

PROGRAMS FOR COMBATING MALNUTRITION

ICDS

Integrated Child Development Services is the world's largest community based program. The scheme is targeted at children upto the age of 6 years, pregnant and lactating women mothers and women in 16-44 years of age group. The scheme is aimed at improving the health, nutrition and education of the target community. Launched on 2nd October 1975, the scheme had completed 25 years of implementation. The main objectives for which ICDS operates are as follows :

- To improve health and nutritional status of children in the age group of 0-6 years
- To lay the foundation of proper physical, psychological and social development of the child
- To reduce the incidents of mortality, morbidity and malnutrition
- To achieve effective coordination of policy and integration among various departments to promote Child development

To achieve the above objectives the services offered under the scheme are as follows :

- Early Childhood education
- Supplementary Nutrition Program
- Immunization
- Health Check Up
- Nutrition and Health Education
- Referral Services

Integrated Nutrition and Health Program (INHP)

This program initiated by CARE aims to enable the vulnerable families to achieve sustainable improvement in the nutritional and health status of women and children. The key interventions under the program are as follows :

- Antenatal care (with enhanced focus on nutrition education and birth planning)
- Maternal and child Immunization
- Infant Feeding
- Supplementary feeding for children under 6 and pregnant and lactating women
- Vitamin A supplementation
- Newborn care at community level

Working in collaboration 16,689 Anganwadi Centres across the state it identifies the ICDS as it's nodal department along with Health at various levels for the implementation of this program.

In recognition of the relationship between gender and health status , INHP efforts address the strategic and practical gender needs. CARE has been supporting Government and other stakeholders in incorporating a gender focus in the implementation of the health and nutritional projects.

Dular Strategy:

Dular Strategy is a process of family and community empowerment assisted by UNICEF, to improve the Health and Nutritional status of women and children based on Life Cycle Approach, It lays emphasis on capacity building at all levels of functionaries responsible for service delivery and its inter-sectoral coordination. The Nodal Officer is Director, Social Welfare and the nodal Implementing Agency is ICDS. Under this strategy we have been able to successfully converge the various departments of Health, Social Welfare, Education and PHED. At present it is running in four selected districts of Ranchi, East Singhbhum, West Singhbhum and Saraikela Kharsawa.

Complementarity between programs

Both the programs of INHP and Dular have greatly addressed the issues as envisaged in the program of ICDS. Dular is working in 4 districts whereas INHP, the program of CARE is operational in 21 districts. Both the programs have generated several innovative approaches towards improving early childhood nutrition, care and development. The programs also addresses the issues of maternal health and nutrition and safe delivery components. These two programs have creatively addressed many of the lacunae in ICDS. The programs have in past worked for the capacity building of ICDS and health functionaries and have made efforts to strengthen the convergence between ICDS and Health.

In order to strengthen the capacity building INHP has formed District and Block Training Teams that not only impart training by CARE but also are assisted by CARE in further imparting training to sector level functionaries as well as community members.

In a nutshell it can be stated that these programs of ICDS, INHP and Dular have made significant contribution towards addressing the issues of maternal and child health and nutrition and in future it can be envisaged to have a better coordination between them to improve coverage rates.

CHAPTER - VII

POVERTY

For the development of society it is necessary that all the sections of the society fully participate in economic activities and the opportunities of full development of potentials of women are available. The comparative poverty ratio of the state with the national figures is given below.

	1987-88	1997-98
India	54.88	35.97
Jharkhand	50.03	69.83
Bihar	61.91	54.96

(Source Health and development challenges, VHAI)

As per the available data only 31.7% of the women have been employed in any form in past 12 months. More than 90% of this employment has been in the unorganized sector mainly comprising of agriculture and daily wages. It is evident from the table given below that that female work participation is much less than male in the state.

State	Female work participation	Male work participation	Female by male ratio
India	25.7	51.9	
Bihar	18.8	47.7	0.39
Jharkhand	26.4	48.2	0.55
Chhatisgarh	40.0	53.0	0.75

Rate of growth of real Wages (% per annum)

	Males		Females	
	1983-93	1993-2000	1983-93	1993-2000
Manual work in agriculture	2.74	2.77	3.09	2.93
Casual labour in agriculture	2.75	2.79	3.09	2.94
Casual labour in non agriculture	2.39	3.70	4.08	4.07

(Source India development report 2002)

Over the period there has been significant increase in the contribution of female however their wage pattern has shown a stagnation except for casual labour in non agriculture activities.

Initiatives taken by Department of Labour Employment and Training has started yielding results Special women sections have been opened to cater to the needs of employment of women. These women sections are in each of the four Regional Exchanges located at Jamshedpur, Bokaro Steel City, Dhanbad, Hazaribagh, Ranchi and Dumka. The number of women registered under these sections is as follows :

Category	2000-01	2001-2002	2002-2003(Aug 03)
SC	7189	2984	805
ST	8362	8555	2416
General	18592	18652	4835

The poverty is not a standalone problem nor can it be attributed to any single cause. It is a combination of various factors that lead to this dismal scenario in the state. Closely linked to the poverty issue is the concept of food insecurity. As per the World Food Program and MS Swaminathan Foundation the food insecurity issue in Jharkhand can be classified as follows

Food availability	Extreme problem
Food Access	High problem
Food Insecurity	Extreme problem
Food absorption and utilization	Extreme problem
Environmental sustainability	Moderate problem

(Source Health and development challenges, VHAI)

Poverty Alleviation Program

The Rural Development Department Jharkhand implements several programmes aimed at rural poverty alleviation through creation of infrastructure and providing sustainable employment opportunities for the rural poor. It provides credit and subsidies for self-employment, employment generating assets to the families below poverty line with the coordination of financial institutions. It also monitors the Panchyat Raj institutions for active participation of rural people in the rural development programmes.

The major schemes which have been undertaken by the rural development department for enhancement of income and employment opportunities to the rural poor fall into two categories: -

- a. Centrally Sponsored Schemes: -The Swarn Jayanti Gram Swarojgar Yojna (SGSY), Jawahar Gram Samridhi Yojna (JGSY), Indira Awas Yojna (IAY), Employment Assurance Scheme (EAS) and the Drought Prone Area Programme (DPAP). These programmes are funded by centre and State in the ratio of 75:25.

- b. State plan schemes: -The Community Development Programme, Basic Minimum Services, Panchayat Raj and Minimum Needs Programme.

(A) CENTRALLY SPONSORED SCHEMES: -

- (1) Swarn Jayanti Gram Swarojgar Yojna (SGSY):-** The SGSY has been launched from April 1999. This is a holistic programme covering all aspects of self-employment such as organisation of the poor into self help groups, training, credit, technology infrastructure. The State Govt. has earmarked Rs 3635.43 lakhs toward State share during 2000-2001. A sum of Rs 1343.604 lakhs have been released as State share against central release of 1999-2000 and Rs 100.05 lakhs against Central release of 2000-2001. Besides this a sum of Rs 268.00 lakhs have been released for DRDA Administration and Rs 371.538 lakhs were released to meet establishment cost of Block strengthening for year 2000-2001. During 2001-2002 the State Govt. has earmarked a sum of Rs 3549.67 lakhs to meet the State share schemes for this programme. It includes the establishment cost of Block strengthening, Direction and Administration at the headquarter and contribution towards State share of DRDA Administration.

The physical achievement of this program since it's inception can be highlighted as follows :

Number of SHGs formed	15292
Number of SHGs having taken up economic activity	2359
Number of women SHGs formed	10464
Number of women SHGs having undertaken economic activity	1574

- (2) Jawahar Gram Samridhi Yojna (JGSY):-** The critical importance of rural infrastructure in the development of village economy is well known. A number of steps have been initiated by the Central and State Govt. for building the rural infrastructure. The public works programme has also contributed significantly in the creation of durable assets in the form of School building, Rural roads and other infrastructure. However under these programmes the creation of wage employments overriding priority and the effect was to see that in the process of creating employment durable assets were created. During 2000-2001 a sum of Rs.4039.83 lakhs was earmarked to meet the State share of this programme. An amount of Rs.2873.02 lakhs has been released as State share during the 2000-2001. A sum of Rs.4947.33lakhs has been provided by the State Government as State share for the year 2001-2002. The establishment cost of the program has been worked out to be Rs.1493.04 lakhs against this a sum of Rs.1362.94 lakhs has been provided in the State budget.

Employment generation under JGSY (in lakh man days)

Among SC population	47.62
Among ST population	65.56
Others	63.98
Total	177.16

- (3) Employment Assurance Scheme (EAS):-** A sum of Rs.2585.95 lakhs has been earmarked to the State share of this program during 2000-2001. Against this a sum of Rs.1413.42 lakhs has been released as State share.

A sum of Rs 2125.85 lakhs has been provided to meet the State share of the programme for the financial year 2001-2002.

- (4) Indira Awas Yojna(IAY):-** This programme has been launched to provide housing facility to rural people below the poverty line. The State Govt. earmarked a sum of Rs. 3111.20 lakhs towards the State share during 2000-2001 out of this a sum of Rs.1167.11 has been released upto March 2001. A sum of Rs.2799.08 lakhs has been provided as State share for the financial year 2001-2002 for this programme.

The number of houses completed for various categories under the above scheme are as follows:

Houses completed for SC	9479
Houses completed for ST	20075
Houses completed for disabled	193
Houses in the name of male	16710
Houses in the name of female	27067

- (5) Drought Prone Area Programme (DPAP) :-** A sum of Rs. 322.86 lakhs was provided as State share to implement this programme during 2000-2001. The State Govt. has enhanced the allocation for this programme and a sum of Rs. 2500.00 lakhs has been provided as State share for the financial year 2001-2002.

(B) COMMUNITY DEVELOPMENT SCHEMES

- (1) Legislative Schemes:-** Under this scheme a sum of Rs. 100.00 lakhs has to be provided to each member of State legislative. During 2000-2001 a sum of Rs. 5467.00 lakhs was provided in the State budget to meet total allocation for each member of undivided Bihar had released a sum of Rs. 50.00 lakhs per MLA, and not had to be provided by State of Jharkhand. A sum of Rs 5330.00 lakhs has been released for this scheme during 2000-2001.

A sum of Rs 8100.00 lakhs has been provided for this programme for the financial year 2001-2002.

- (2) Construction and reconstruction of Block buildings:-** A sum of Rs. 666.67 lakhs was provided for this construction of Block building during 2000-2001. Out of this a sum of Rs. 166.14 lakhs only has been released for the construction of Block building. A sum of 1100.00 lakhs has been provided for this purpose during financial year 2001-2002. Necessary steps has been taken up to repair and reconstruct the old damaged buildings and for the construction of new Block buildings.

(3) Bihar Institute of Rural development (BIRD):- Bihar Institute of Rural Development provides training facilities for the Rural Development Programme in the State. A sum of Rs. 83.72 lakhs has been proposed to meet the establishment cost of BIRD Ranchi during 2001-2002.

(4) Basic Minimum Services (BMS):- A sum of Rs. 5165.03 lakhs has been earmarked for the year 2000-2001. Out of these no amount could be released. A sum of Rs. 4345.35 lakhs has been provided for the year 2001-2002 to construct additional Indira Awas in consonance with guidelines of IAY under PMGY.

(5) Panchayat Raj:- A sum of Rs. 64.00 lakhs has been provided for fulfilment of Panchayat requirement for the following schemes.

(a) Head quarter Establishment	6.00 lakhs
(b) Establishment of DPRO	48.00 lakhs
(c) Establishment of Training Institute for Training of Non Govt. Member of Panchayati Raj	10.00 lakhs
Total	64.00 lakhs

(6) Rural roads:- A separate organisation namely Rural Engineering Organisation (REO) is working to execute minimum needs programme in Rural areas of the State. In this programme Rural roads Culverts, Primary Health Centres and other Rural Development Works are executed through this organisation.

A sum of Rs. 1467.59 + 943.35 = 2410.94 lakhs was provided for the financial year 2000-2001. This includes works and establishment cost. Out of this a sum of Rs 2083.33 lakhs has been released during 2000-2001.

A sum of Rs. 11365.00 lakhs has been provided for the year 2001-2002. Out of this a sum of Rs 2265.00 is for establishment cost and Rs. 9100.00 lakhs has been earmarked for construction of Rural Roads.

MIGRATION

Women in Agriculture and forestry face several problems. The work is seasonal, and they have few alternatives for income generation at other times. They are constantly looking for wage to supplement their income. There is an increasing trend towards seasonal migration to the regions of intensive agriculture in Punjab and Haryana in the north and west Bengal in the east, from the states of U.P, Bihar and Jharkhand. They work for long hours, but the wages are low. In addition, as agricultural and forest labourers, these women are vulnerable to harassment and sexual abuse by their employer, contractor or forest guard. Instability and insecurity in their livelihoods, specially in the case of migrants, leads to a deprivation of primary health and education facilities for themselves and their children.

Migration to other areas also emerged, as problem during discussions of NCW and it appeared that there were no facilities for women who migrate to cities. Rescue efforts need to be organized. Dhanbad has a lot of outsiders, who marry local women, then leave.

A very high proportion of migrants are women. A large proportion of women are working in industries, domestic work. It was also informed by the Departmental Secretary that any agent taking 5 or more person has to register, but there are no registered agents. Somehow they are able to bypass the law. How many are going has no official record.

Police registered a few such cases. However most of them escaped owing to their networks and placement at strategic locations like railway stations and bus stands. It seems to be an organized syndicate.

A SP in Punjab found some women, who belonged to Jharkhand. A team was sent from Gumla. Some women returned, some did not want to return. Agents are coming from outside to procure girls. *(As discussed during NCW visit to the state)*

Inter-state migration Act says that there should be registration and should bring people back. They should be given compensation when they return.

Displacement of women in the coal mines in Jharkhand

Displacement and a depleting resource-base have made women in the coalmines of Jharkhand victims of gender-specific poverty.

In the background of the overall displacement of the people of Jharkhand and alienation of their land a very conservative estimate is as follows:

Displacement in Jharkhand (in lakh persons)

Mines	25.50
Major irrigation	16.40
Factories	12.50
Animal sanctuaries	11.00
Total	65.40

(Source: "Alienation, Displacement and Rehabilitation" by Sanjay Basu Mullick)

Barely 10 km from Hazaribagh town, the highway forks abruptly towards the left to Barhi, a Naxalite hotspot. The dusty pot-holed track runs through the semi-urban settlement till it reaches a cluster of low hills. From here, it meanders into the coal country, pausing briefly at Central Coalfields Limited's Tapin (north), Parej (east and west) and Pindra collieries before veering into Tata Steel's sprawling West Bokaro open cast project. The terrain, once lush and spectacular, is now pockmarked with more than a dozen mines, stray heaps of slag and boulders dumped in careless abandon by over-zealous prospectors. The general ambience is one of decay— as bleak as the thick curtain of soot that shrouds the foliage.

According to the study, over 90 per cent women in the Hazaribagh-Chhatra districts have lost their agricultural land to mines and only 40 per cent of them know exactly how much land they have lost. With the influx of outsiders, destruction of forests and erosion of primary economic activities—agriculture and collection of forest produce — gender equilibrium has gone for a toss. As women form the bulk of the active workforce in the tribal society, they have been sucked into the seamy underbelly of progress. Crime statistics (from the district police files) cite that six rape cases are reported on an average every month in the coal belt of Dhanbad-Jharia and Hazaribagh alone. This adds up to roughly 72 cases every year, with many more going unreported. In most cases, the victims are tribals and the perpetrators from different (upper and backward) caste groups that call the shots in the respective areas.

Beena Stanis, a Hazaribagh-based social researcher, says: “One of the most alarming fallout is the dislocation of the women labour force. Women who earlier worked on the fields and at home suddenly find themselves jobless and in a way, homeless, too. Unable to find steady jobs at the mines, they work as daily wage earners at the construction sites and at the brick kilns between Ranchi, Ramgarh, Barhi and Hazaribagh. Exploitation of these women at the kilns is high because most of them migrate without their husbands and families. This breakdown of the ethnic family system has led to a spurt in desertions, broken marriages and polygamy among the floating labour force. Women are picked up by single men at the kilns and dumped after being used.” Last month, a 19-year-old Santhali kiln labourer from Hazaribagh was gangraped and murdered by an upper-caste (Rajput) kiln owner, the son of a village *mukhiya* and their henchmen on the outskirts of the city. Such incidents are common.

Women’s traditional control over land in a tribal society is not in terms of ownership, but in the right to use the land. They till the land, harvest the crop and even sell the produce. Thus, land acquisition by mining companies reduces women’s role on the field. It confines them to the home and binds them to domesticity. Since the projects are capital intensive, opportunities to pick up new skills are scant, more so for women. So they are forced to work as contract labourers and as domestic help in urban centres, vulnerable to sexual abuse. Besides, they are also exposed to domestic violence and health hazards, as mine owners often encourage the tribal labourers to drink and distribute free liquor to keep a leash on them.

Dwindling forest produce has changed the traditional diet. Cereals like rice and wheat have replaced the staple fruits, vegetables, *mahua*, *bajra*, pulses and maize grown on the fields. As payments in mines are erratic, the labourers cannot afford to buy cereals at the market rate as the public distribution system has broken down in most of these areas. Women often stay hungry to ensure adequate food for the family. This has led to a spurt in malnutrition, calcium deficiency and blood-related diseases among them. Unwanted pregnancies are also on the rise.

Central Coalfields officials, however, refuse to acknowledge the skewed gender scenario. At the Ashoka-Piprawar projects, officials claim that the villagers have not lost their homes. “We have trained the women in vocational courses like carpet weaving, poultry and livestock farming,” claims a senior official. But a study by a non-governmental organization reveals that less than half of them have benefited from these.

Kuntala Lahiri-Dutt, a senior faculty member at Burdwan University and an activist, argues in her study: "What is seen in these mines is a classic example of feminization of poverty, when development brings about gender-specific poverty. A decaying agricultural base, depleting resources and near-absence of opportunities in this mono-industrial region have completely alienated poor *adivasi* and lower-caste women from the mining sector."

Since there is not much of organized activism among women miners in the region, protests, mostly sporadic, are limited to the individual level. . These trade unions seldom rush to the aid of women who lose their husbands and sons in mine disasters. As a result, most of the destitute women take to illegal mining— manual extraction of coal from abandoned pits — to eke out a living. The abandoned mines are potentially hazardous and cave in at random. According to a rough estimate by the Hazaribagh-based Prerna Resource Centre, over 400 women have been killed in "illegal" mine mishaps since 1998. Since the police and the administration deny the incidents and the victims' kin remain silent fearing legal reprisal, the deaths are eventually hushed up.

CHAPTER - VIII

SOCIAL AND POLITICAL EMPOWERMENT

"Empowerment has, in recent years become something of a catchword. It has been used in the gender and development discourse with insufficient clarity of meaning. The absence of strong debate has left it less analytically sharp than it could have been, leaving it open to fuzzier interpretation¹". There has been discussion among scholars on whether empowerment is a usable approach or not. Some think that it is possible to measure empowerment and others do not. Some think that the idea of empowerment is more important than measuring it.

Empowerment for women can be defined as a process in which women gain increased power, challenge existing male-dominated power structure and finally reach a situation where men and women have equal control over sources of power and equal power to control or influence political, social and economic decision-making.

Historical view of Government's strategy towards women empowerment:

During the freedom struggle, it was recognized that economic development must include women. Gandhiji encouraged women to actively participate in freedom struggle. However, once the first generation of women who were actively involved outside the home had reached a certain level of employment, it was felt that women had started becoming part of the development process automatically. It was only in the 1970s when the economic crisis around the world deepened and the problems of mass poverty, malnutrition, unemployment, imbalances in socio-economic development came into the limelight that attention was focused on the unfavourable status of women. The years, 1975-1985, celebrated as the International Decade for Women saw renewed efforts to discover the reasons behind the deterioration in the condition of women. There were important policy decisions during this period. After years of efforts for women's development, women in India are still marginalized and it is important to make concerted efforts for their development through specially designed programs for them.

The women's movement gave birth to the National Commission of Women (NCW) in 1992 which provides a platform for realizing the aspirations of millions of women all over the country and enables them to participate on an equal footing in the development process of the country. As an autonomous statutory body, the commission has worked since its inception towards this goal. It has adopted a holistic multi dimensional approach towards empowerment of women, taking up cudgel against legal, cultural as well as political barriers to their advancement.

¹ Batliwala, 1994, p. 129

The 73rd and 74th amendments of 1993 to the Indian Constitution providing for reservation of seats for women in panchayats and municipalities are a giant stride in the empowerment of women.

In the context of Jharkhand it must be emphasized that since the last 25 years the Panchayati elections have not been held and the state does not have the Panchayati Raj institution as envisaged at national level. This raises a serious concern regarding the establishment of self rule and the concept of organized community mobilization.

In order to mainstream Gender into all activities of Government and other agencies the Government of India formulated National Policy for Empowerment of Women in 2001. The main objectives of the Policy are:

- Creating an environment through positive economic and social policies for full development of women to enable them to realize their full potential;
- The de-jure and de-facto enjoyment of all human rights and fundamental freedom by women on equal basis with men in all spheres political, economic, social, cultural and civil;
- Equal access to participation and decision making of women in social, political and economic life of the nation;
- Equal access to women to health care, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security and public office, etc.;
- Strengthening legal systems aimed at elimination of all forms of discrimination against women;
- Changing societal attitudes and community practices by active participation and involvement of both men and women;
- Mainstreaming a gender perspective in the development process;
- Elimination of discrimination and all forms of violence against women and the girl child;
- Building and strengthening partnerships with civil society, particularly women's organisations.

In broad terms, three main thrusts areas of the activities were:

Legislative Reforms

- During the year, there was a focus on reviewing existing legislation and proposing new legislation to ensure that existing provisions that are discriminatory to women are removed and to ensure that their rights and interests are protected. This included review of all the laws which are under the Department of Women & Child Development, namely, Indecent Representation of Women's Act, Sati Act, Immoral Traffic (Prevention) Act, Dowry Prohibition Act and also the finalisation of a new Bill on Domestic Violence (Prevention). Other concerned Departments were also asked to review their laws. some of those which are already under consideration are the Child Marriage

Restraint Act, Indian Succession Act, etc. It was also proposed to review the National Commission of Women Act in order to enhance its powers.

- Further, two Sub-groups formed under the Task Force on Women & Children have also reviewed, in a comprehensive manner, the following laws concerning women:

Sub-Group I

1. Child Labour (Prohibition and Regulation) Act, 1896
2. Beedi and Cigar Workers (Conditions of Employment) Act, 1966
3. Bonded Labour System (Abolition) Act, 1976
4. Cine Workers and Cinema Theatre Workers (Regulation of Employment) Act, 1981
5. Contract Labour (Regulation & Abolition) Act, 1970
6. Employees' State Insurance Act, 1948
7. Equal Remuneration Act, 1976
8. Factories Act, 1948 (as amended in 1976)
9. Inter State Migrant Workers (Regulation of Employment and Conditions of Service) Act, 1979
10. Legal Practitioners (Women) Act, 1923
11. Maternity Benefit Act, 1961
12. Minimum Wages Act, 1948
13. Payment of Wages Act, 1936
14. Plantations Labour Act, 1951
15. Workmen's Compensation Act, 1923

Sub-Group II

16. Commission of Sati (Prevention) Act, 1987
17. Dowry Prohibition Act, 1961
18. Indecent Representation of Women (Prohibition) Act, 1986
19. Immoral Traffic (Prevention) Act, 1956
20. Family Courts Act, 1984
21. Provisions of IPC
22. Provisions of Cr. PC

A question was raised by the NCW Chairperson regarding programs on Awareness. This issue was responded to by the Development Commissioner who said that it was the need of the hour to have social sector programs, specific to the culture of Jharkhand. It has to be accompanied with general social awareness programs. Female illiteracy was stated to be another reason for this menace prevailing in the state. Investment to bring women to mainstream needs to be initiated. DGP, Jharkhand attributed the high ignorance rate of women to their lack of education and knowledge on legal issues.

Referring to the incidents of witchcraft in the state the DGP said that in these cases entire villages ganged up and there were no witnesses available. Empowerment is the best solution. The Gram Sabha could be an institution for creating awareness. Village headman should be empowered.

Mahila Samakhya

Over the past two years a quiet revolution is taking place in at least three districts of Bihar and two in Jharkhand as a result of a Mahila Samakhya-WHO health initiative that trained some 720 rural women from 360 village groups as barefoot health workers in a year long initiative. The districts were those which had the women's empowerment component of the [undivided] Bihar Education Project: Rohtas, Muzaffarpur, Sitamarhi, Chatra and Ranchi.

The specially designed course covered some 24 different issues among which were studies of the impact of gender, nutrition, work and violence on women's health; mental well-being; access to health care; Panchayat and women's health; folk health traditions; malaria; tuberculosis, water and sanitation;; male and female reproductive health; pregnancy; adolescent health; healthcare during pregnancy; delivery and postnatal care; abortion; barrenness; contraception; reproductive tract infections ; HIV/AIDS; cervical cancer, breast cancer, tobacco. .

The 'barefoot health workers' carried the information to their own villages, and this has initiated visible change in pre-natal and neo natal care. Some of the women trained were local midwives who immediately put into practice the more hygienic birthing practices. Demand for health services from the government health centres has increased along with immunization figures in almost all the 360 villages. Sessions on sexual health has increased awareness among the women

CHAPTER - IX

STATUS OF PROPERTY RIGHTS

Property Rights of women

Inheritance or property laws existing in India are primarily governed by religious and personal laws of different communities (Hindu, Muslim, Christian and Parsi). In addition to these there are customary laws embodying substantial gender inequalities. Besides inheritance, inheritance laws in India are limited to their applicability especially in the area of land rights. This is due to the fact that devolution of tenancy rights in respect of agricultural holding continues to be the subject of state level tenurial legislation or custom.

Hindu Succession Act of 1956 makes women absolute owners of the property and daughters are recognized as class I heir to the fathers' property on par with the sons, but with the retaining of Mitakshara, women continue to be excluded from being heirs to ancestral property and daughters have very limited right in the father's house. The right to make a will included in the Hindu Succession Act has also contributed to disinheriting women due to the prevalent social and gender biases.

The Christians residing in Jharkhand are governed by the Indian Succession Act 1935.

Unlike the other communities in India, Parsis have more gender egalitarian rules of succession. With the passage of the Indian Succession (Amendment) Act 1991, the difference in succession between the male and female has been removed and put on an equal footing.

The Muslim religious law is derived from the Quran and the Quran provides a set of heirs who take their specified share and the rest of the property is distributed among the pre Quranic heirs. The Islamic rules of succession are very sophisticated but a general principle that discriminates against women is that if there are female and male heirs of the same degree that is daughters and son; the female heir gets half the share of what the male gets. In general, all the schools of Islamic law recognize Muslim women's' inheritance rights in immovable property although unequal to those of men.

The status of tribal female inheritance in society is based on customary laws. Although women shoulder heavy economic responsibilities as compared to men, but, the Tribal customary laws deny them equal property rights like any other non Tribal societies. The system of inheritance among most of the tribes unquestionably favours men. Generally women are entitled only to maintenance rights and expenses for marriage while men inherit land and all other moveable and immovable property. Several women amongst Ho and Santal choose to remain unmarried in order to retain their rights to land.

During the NCW visit and public hearing a significant number of cases reported were related to the property rights issue. As per the tribal laws the women do not hold property rights and the cases related to this aspect has been compiled. Chhotanagpur Tenancy Act: The matter came before the Hon'ble Supreme Court and their lordship of the Hon'ble Supreme Court in the decision reported in 1992 Vol 1 SCC Page 102 considered the case relating to the succession and inheritance of female heir as per the customary law prevalent among the members of Scheduled tribe and the matter was referred to the Full bench and the same is under consideration.

The status of the female heir of the Scheduled tribe is not yet clear as the matter discriminating the female inheritance is under challenge and the same is under consideration in view of the above referred decision of the Hon'ble supreme Court.

CHAPTER - X

VIOLENCE AGAINST WOMEN - A DOUBLE DISCRIMINATION

Violence in general is a coercive mechanism to assert ones will over another, in order to prove or feel a sense of power. It can be perpetuated by those in power against powerless or by the powerless in retaliation against coercion by others, to deny their powerlessness. Any hierarchical system of social organization where there are categories of dominant groups and subordinate groups is inevitably accompanied by the victimization of the latter through various means- subtle pressure through the power of ideology through mechanism of socialization.

Women have to face several difficulties within and out of the family such as harassment for dowry, rape, molestation, discrimination and denial of their property rights. In addition to these difficulties, there are several other kinds of harassments that women have to suffer. These cruelties are mainly physical. If we look at the national statistics almost 31 women are raped everyday and there is a report of physical molestation after every 15 minutes. These figures relate only to the reported cases. Data related to all the reported cases of violence against women in Jharkhand between the year 2000-2002 is presented below.

Atrocities on women in Jharkhand in 2000-2002

S. No.	Year	Rape	Abduction	Dowry Death	Sexual Exploitation	Domestic Violence	Child Abuse	Polygyny	Total
1	2000	553	82	187	213	396	NA	NA	1430
2	2001	578	75	168	239	402	NA	NA	1462
3	2002	679	207	235	190	298	NA	NA	1609

Source: Crime Investigation Department, Jharkhand

Atrocities on women in Jharkhand between 1998-2002

S. No.	Year	Murder	Dowry Death	Severe Injury	Rape	Eve Teasing	Dowry Cases	Torture	Total
1	1998	36	190	10	466	158	251	421	1532
2	1999	36	149	8	477	146	244	524	1584
3	2000	53	187	8	553	212	272	478	7863
4	2001	65	163	8	578	239	270	477	1805
5	2002	105	235	15	679	190	286	505	2015
	Total	295	929	49	2753	945	1323	2405	8699

Source: Crime Investigation Department, Jharkhand

Both the tables depict an increasing trend of violence against women in the state of Jharkhand.

Violence against Women*(1990-1999)

Year	Rape	Dowry Death	Torture
1990	9,518 (13.9)	4,826 (7.1)	13,450 (19.7)
1996	14,846 (12.8)	5,513 (4.8)	35,246 (30.8)
1999	15,468 (14.4)	6699 (4.9)	43,823 (32.3)

Note : Figure in the parentheses are percentages.

* Selected crimes

Source: Crime in India, 1999,National Crime Record Bureau,M/o HA, Gol

The national figures also show a growing trend in cases of violence against women.

Violence against women in districts of Jharkhand

Districts	1999	2000	2001	2002 (May)
Ranchi	66	68	81	21
Gumla	60	51	40	08
Simdega	—	05	23	04
Lohardaga	15	15	17	04
W. Singhbhum	56	45	40	06
Seraikela	—	—	16	07
East Singhbhum	47	53	67	23

The above data depicts a fall in the number of rape cases in the coal belt of Jharkhand.

Many women don't approach police for fear of dishonour or that they will be dismissed or further abused. Many *tribals* are not aware of their rights under special legislation designed to protect them, and it is rare for police to voluntarily inform them.

Police are also accused of withholding and destroying evidence in many cases, usually at the behest of the accused with whom they may have caste or other links. Witnesses often withdraw their testimony after taking a bribe or being threatened by the accused and medical evidence is lost because simple procedures are not followed. The length of time it takes to pursue a case of torture through the courts encourages victims to make compromises under pressure.

Domestic Violence

In recent years, there has been growing concern about domestic violence in India. NFHS-2 found that in Jharkhand there is widespread acceptance among ever-married women that the beating of wives by husbands is justified under some circumstances. Almost two-fifths (38 percent) of ever married women accept at least one of six reasons as a justification for a husband beating his wife. Domestic violence is also fairly common. Twenty-two percent of even married women in Jharkhand have experienced beatings or physical mistreatment since age 15, and 16 percent experienced such violence in the 12 months preceding the survey. Most of these women have been beaten or physically mistreated by their husbands. Domestic violence against women is more prevalent in rural areas, among illiterate women, among women from households with a low standard of living, and among working women.

Profile of Domestic Violence in Jharkhand

Age	% of women beaten	% of women beaten by husband	% of women beaten by relatives	% of women beaten by others
15-19	13.5	11.8	2.8	3.7
20-29	21.4	19.7	2.5	1.9
30-39	26.6	25.2	2.4	2.0
40-49	17.6	16.6	1.0	2.7
After 5 yrs. of Marriage	13.6	11.5	2.1	1.4
Between 5-8 yrs. of Marriage	19.2	18.6	1.6	1.3
After 10 yrs. of Marriage	24.4	23.1	2.2	2.0

Source : *Prabhat Khabar* date 2.10.2002

NFHS-II found that in Jharkhand there is a widespread acceptance among ever-married women that the beating of wives by husband is justified under some circumstances. Almost 2/5th (38%) of ever married women accept at least one of the six reasons as justification for a husband beating his

wife.22% of ever married women in Jharkhand have experienced beating or physical mistreatment. Domestic violence against women is more pronounced notice of Commission in rural areas, among illiterate woman, among women from households with low standard of living.

Eve Teasing

During the interaction with NCW Chairperson the incidents of eve teasing was reported and the Principal of one of the woman's colleges in the district of Jamshedpur said that in most cases police do not register a complaint since "nothing happened".

Dowry

"Dowry" means any property or valuable security given or agreed to be given either directly or indirectly-

- (a) by one party to a marriage to the other party to the marriage; or
- (b) by the parents of either party to a marriage or by any other person to either party to the marriage or to any other person;

at or before or any time after the marriage in connection with the marriage of said parties but does not include dower or *mahr* in the case of persons to whom the Muslim Personal Law (*Shariat*) applies.

Dowry Prohibition Act, 1961.

It extends to the whole of India except the State of Jammu and Kashmir.

Penalty

For Giving or Taking Dowry

If any person, after the commencement of this Act, gives or takes or abets the giving or taking of dowry, he shall be punishable with imprisonment for a term which shall not be less than five years, and with fine which shall not be less than fifteen thousand rupees or the amount of the value of such dowry, whichever is more:

Provided that the Court may, for adequate and special reasons to be recorded in the judgment, impose a sentence of imprisonment for a term of less than five years.

- (2) Nothing in sub-section (1) shall apply to or, in relation to,-
 - (a) presents which are given at the time of a marriage to the bride (without any demand having been made in that behalf):

Provided that such presents are entered in a list maintained in accordance with rule made under this Act;
 - (b) presents which are given at the time of marriage to the bridegroom (without any demand having been made in that behalf):

Provided that such presents are entered in a list maintained in accordance with the rules made under this Act:

Provided further that where such presents are made by or on behalf of the bride or any person related to the bride, such presents are of a customary nature and the value thereof is not excessive having regard to the financial status of the person by whom, or on whose behalf, such presents are given.

Demanding Dowry

If any person demands directly or indirectly, from the parents or other relatives or guardian of a bride or bridegroom, as the case may be, any dowry, he shall be punishable with imprisonment for a term which shall not be less than six months but which may extend to two years and with fine which may extend to ten thousand rupees:

Provided that the Court may, for adequate and special reasons to be mentioned in the judgment, impose a sentence of imprisonment for a term of less than six months.

The Code of Criminal Procedure, 1973 (2 of 1974), shall apply to offences under this Act as if they were cognizable offences-

- for the purposes of investigation of such offences, and
- for the purpose of matters other than-
- matters referred to in Sec. 42 of that Code, and
- the arrest of a person without a warrant or without an order of a Magistrate.
- Every offence under this Act shall be non-bailable and non-compoundable.

Burden of Proof

Where any person is prosecuted for taking or abetting the taking of any dowry under Sec. 4, or the demanding of dowry under Sec. 4, the burden of proving that he has not committed an offence under those sections shall be on him.

The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002

The pre-natal diagnostic techniques like amniocentesis and sonography are useful for the detection of genetic or chromosomal disorders or congenital malformations or sex linked disorders, etc. However, this technology is misused on a large scale for sex determination of the foetus and mostly if the foetus is pronounced as female, this prompts termination of the pregnancy and brings to an end the unborn child. This has led to decline in child sex ratio. According to Census 2001 reports child sex ratio in the age group 0-6 years has declined from 945 in 1991 to 927 in 2001.

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was enacted and brought into operation from 1st January, 1996. Rules have also been framed under the Act. The Act prohibits determination and disclosure of the sex of foetus . It

also prohibits any advertisements relating to pre-natal determination of sex and prescribes punishment for its contravention. The person who contravenes the provisions of this Act is punishable with imprisonment and fine.

No Court shall take cognizance of an offense under this Act except on a complaint made by-

1. The Appropriate Authority concerned or any Officer authorized in this behalf by the Central Government or State Government, as the case may be, can only lodge a complaint.
2. A letter to the Civil Surgeons of the Districts authorizing them to act as 'Appropriate Authority' as been sent from Health Secretary, but Government Notification in the Official Gazette empowering the Civil Surgeons of the districts as ' Appropriate Authority' is also needed.
3. Family Courts Act 1984: Section 23 of this Act stipulates that State Government may after consultation with the High Court by Notification make rules for carrying out the purposes of this Act framing of rules is required.

Immoral Traffic Prevention Act 1956

The title, immoral traffic itself gives special connotation to sexual morality. Otherwise no need for immoral, since trafficking itself is an immoral act. The word prostitution is used to define trafficking and sexual exploitation. Prostitution and prostitute are derogatory terminologies originated in a period when women were not considered as citizens and it is not suitable to a democratic setting. This gives allocation to interpret the situation according to each ones mentality which often leads to reinforce patriarchal values which deny the agency of women in sexuality matters. Prostitution is used synonymous with trafficking arbitrarily. The conclusion is that Trafficking = prostitution = money transaction in sexual interaction.

Hence the definition of trafficking is extremely important. It should not give thrust to the purpose but to the violence, coercion and deception involved in it. This has been repeatedly demanded by different organizations and there is a change in perception in international conventions which is not followed by countries like India.

Because of the above mentioned reasons sex workers are penalized repeatedly. For this, section 7 and section 8 of ITPA are used. These are for soliciting in public place and also for sexual activity in the premise of public place. Originally it might have meant to punish the traffickers, because the whole spirit of PITA is to protect women. With this mentality one cannot imagine that women solicit for themselves. But it is seen that women do it. To solve this contradiction the women are labeled as criminals and put into prison. There is no point in denying the fact that sexual transaction can take place without trafficking and with the consent of adult women. The lack of clarity to distinguish between forced activity and consensual activity is because of the adherence to anti-women moralistic mentality. Our experience is that it is not helping the women from being trafficked. Instead, it further punishes and harasses women in sex work.

Most often no distinction is made between children and adult women. In the discussions both get mixed up. It is taken for granted that there is not much difference between children and adults because of the notion that no woman will do sex work with their consent.

This notion is the basis of most of the rescue and rehabilitation programs. Women are harassed in the rescue centers also. Women's choices to be in the rescue home, go back to the home or continue in sex work are not considered. The women are not seen as a total human being who needs social and sexual relationships. Putting a woman in a rescue home is a form of slavery. Instead of rescue homes, womens homes are needed where their freedom to express as a full citizen is not denied.

Reported cases of trafficking against women in Jharkhand

	2000	2001	2002 (May)
Trafficking	01	08	04

Source : CID, Jharkhand, Ranchi

Compliance of Section 13 which is very essential for Jharkhand since child and female trafficking in the name of providing jobs is rampant in the tribal dominated areas A draft note on amendments to the immoral Traffic (Prevention) Act received from GOI with a request to furnish comments on it is being studied and comments are being prepared to widen its scope and make its implementation more effective.

Trafficking of women on the rise in Jharkhand

Jharkhand has to tackle a number of serious issues, among them the trafficking of women, says the National Commission for Women

According to the National Commission for Women (NCW), a growing number of tribal women and young girls from Jharkhand are being trafficked, lured by promises of employment and marriage, to Punjab, Haryana, Delhi, West Bengal and Maharashtra. "The girls are promised good jobs by touts but they end up as domestic help, bonded agricultural labourers and brick kiln labour," says NCW chairperson Poornima Advani.

Claiming that the reason for this was acute poverty and illiteracy, Advani stresses that the touts are hard to trace, as there is no system of registration of agents or touts by the state government. "In fact, crimes against women seldom get reported. The conviction rate is hardly four per cent and the accused get off scot-free," she says. Advani recommends that the Jharkhand government introduce mandatory registration of agents who take five or more persons out of the state.

Pointing to the lack of coordination between the home ministry and the labour department in the state, Advani emphasises that a single unified agency should implement the inter-state Migration Act.

In response, the director-general of police and several other policemen say they will carry out sensitisation programmes for the police in every district within the next six months. A report will also be submitted to the NCW.

The National Commission for Women has identified several issues such as domestic violence, atrocities in the name of witchcraft (daain pratha), property disputes, dowry-related harassment, eve-teasing, polygamy, desertion by husbands, sexual exploitation, inadequate mechanisms for compensation and alimony — all of which need urgent attention in the newly-formed state of Jharkhand.

The Prevention of Witch (Daain) Practices Act 2001

The object of this Act is to provide for effective measures to prevent the witch practices, branding of women as witch and their oppressions, mostly prevalent in the tribal areas and elsewhere in Jharkhand, and to eradicate women's torture, humiliation and killing by the society and any other matter connected herewith.

The act has assumed importance off late due to the rise of killing of women under the pretext of Witchcraft. The Penal Sections of the Act are Section 3,4,5&6, which are as follows:

Identification of Witch (Daain)- Whoever identifies any person as witch (Daain) and does any act towards such identification either by words, actions or manner shall be punished with imprisonment for a term which may extend 3 months or with fine of Rs. 1,000 or with both.

Damages for causing harm- Any person who causes any kind of physical or mental torture to any women by identifying that her as a Witch (Daain) whether deliberately otherwise shall be punished with imprisonment for a term which may extend to 6 months or fine of Rs. 2,000 or with both.

Abetment in the identification of Witch (Daain)- Any person who intentionally or inadvertently abets, conspires, aids, instigated any other person or persons of the society whether in identification of any woman as a Witch (Daain) with an intention to cause by anyone to that to harm shall be punished with imprisonment for a term which extend to 3 months or with fine of Rs. 1,000 or with both.

Witch (Daain) curing- Whoever does any act of so healing allegedly or purportedly and of curing any women said to be Witch (Daain) by doing any act of "JhardPhook" or "totka" and thereby causing any kind of physical or mental harm and torture to that person identified as Witch (Daain) in any manner shall be punished with imprisonment for a term which may extend 1 year or with fine of Rs. 2.000 or with both.

The sentences prescribed and the paltry amount of fine has proved to be ineffective in dealing with this social menace. Such taboos and dogmas are required to be dealt with firmly by making the penal Provisions stringent. Sections 3,4,5 &6 should be amended to enhance the period of sentence to a minimum of three years. No anticipatory bail (Section 438 Cr P.C.) should be provided in this Act to the accused.

Witch Killing in Jharkhand

Year	Murder	Cases
2000	31	96
2001	34	154
2002	42	170
2003	14	101
Total	121	521

Source: *Hindustan Times*, Oct 13 2003

The data reveals that although there has been an increase in witch cases till the year 2002, year 2003 saw a significant decrease in the same.

Awareness generation is going on regarding legal rights of women and action is being taken to create awareness about the adverse consequences of women due to the prevalent Dain Pratha in the predominantly tribal state of Jharkhand. Ojhas, Sokhas, Bhagats and other influential people brand a female member of a particular family's a dain who is said to be responsible for the illness, calamities and deaths in the community. The real motive of the killers is to grab the property or to settle personal scores with the victims. They brand the female member as dain so that they are able to muster support of the co-villagers in torturing and killing the victims. The innocent villagers believe that the woman is responsible for the illness, death, drought and despair that overwhelm their lives.

As the factors that lead to the evil practice of Dain pratha have been reviewed, it was found that the best strategy that the Government can adopt is-

- (i) Strict enforcement of the "Dain Pratha Pratishedh Adhiniyam, 2001" for effective prevention of dain practices, identification of women as a dain and to eliminate the women's torture, humiliation and killing by the society for any other concerned matter.
- (ii) Sensitization of Police and Welfare Department Personal, and NGOs working for prevention of dain related atrocities.
- (iii) To distract the people's attention from such evil practices and apply their energy for more constructive purposes.

Seeing the increase in witch hunt cases the administration under the leadership of sri Amit Khare Deputy Commissioner, West Singhbhum started a campaign against superstition and Dain Pratha in every block from October 1995. The campaign was known as "anti superstition campaign". Jila Mahila Samiti worked side by side with the Govt. in organizing padyatras and public meeting against Dain hunt. The combined effort of the administration, voluntary organizations, schools and the well-wishers had a positive effect in containing dain hunt in West Singhbhum. Ever since this campaign Jila Mahila Samiti members mainly a group of local women have taken it upon themselves to fight against dain

hunt in the district. The other districts may also take up such exercises so that this social evil is prevented. Organizing Women's groups at village level and drawing up creative plans in consultation with such groups to enhance their self-confidence and economic independence.

Women oriented schemes like Swayamsidha and Swa-shakti, which are being implemented in the state, have an in-built component to make the women aware of their legal and social rights and to empower them so that they become financially independent.

One step that can be taken may be to set up special cell at state and district levels for follow-up of awareness generation regarding legal rights of women and monitoring of dain evidences/cases lodged regarding dain violence.

A feature quite relevant to the context of Jharkhand is the "Dain " (Witch) concept under which the woman is declared as Dain and imparted severe forms of punishment by the community. This practice has acquired a new connotation wherein the men and family members outcaste a woman from the family and capture her property or remarry as\ the case maybe. Even during the public hearing organized by NCW 6 such cases\were brought and relief was sought.

During the interactions with the women during the NCW visit a major area highlighted with reference to violence against women was regarding the prevailing **WITCH** tradition in Jharkhand wherein a particular woman is declared a witch and oppressed. Several case histories have been documented and newspaper cuttings have been collected for compilation. Data related to the prisons and the condition of women in it is being documented. "2001 was declared by the Indian government as the Year of Empowerment of Women. Majority of the government policies are confined to paper alone". Amnesty International has called on the government to consider implementation of the Policies and comprehensive recommendations, which would help make the rights of women a reality in India."

Mahila Lok Adalat

In order to translate National Commission for women's mandate and objective into action setting up Mahila Lok Adalats periodically in all districts or commissionaires will provide speedy justice to women in matrimonial maintenance and property right case. One such Mahila Lok Adalat was held at Hazaribagh on 22 December 1996 under the aegis of National Commission for Women.

Lok Adalats : of the women for the women

- Parivarik Mahila Lok Adalat Centres to be set up in Districts for speedy redressal
- The scheme, when implemented, would supplement efforts of the district Legal Aid and Advice Board for redressal and speedy disposal of cases related to women.
- The objective is to generate awareness among public regarding conciliatory mode of dispute settlement and encourage parties to settle their face-offs outside the formal set up.

Nari Niketan

The state has initiated the process of construction of homes for the destitute and divorced women who have been abandoned by their relatives and have no other place to live. The budgetary provision under this scheme is Rs, 1,52,50,000.

Family Courts

During the course of discussions with NCW President it was informed that the state has a total of 6 Family courts but none of them have female Judges. The Commission also took note of the fact that none of the Family Courts had any Counselors which was an integral part of the functioning of any Family Court in India.

CHAPTER - XI

CONCLUSION

Having examined the functioning and performance of the various agencies – Governmental as well as non-governmental, working for the welfare of women in the state, the schemes in operation and their achievements and the various social, economic and health indicators, one comes to the conclusion that we have to cover a long, arduous journey on the path of gender equity in Jharkhand. Given the deep-rooted prejudices prevalent in the society against women, it is going to be an uphill task. Rural societies being more traditional and hence more resistant to change and nearly 76% of population of the state being rural, further compounds the problem. This however, does not suggest that gender bias does not exist in urban areas. However, if the measures suggested by NCW are taken with all seriousness and the institutions involved make a determined effort, the results can become visible soon.

It is apparent from the analysis of various issues that the state lacks not only the institutional infrastructure needed for ensuring welfare of women in general, the existing institutions leave a lot to be desired – be it the police system or the health care system. There is a clear manifestation of apathy to the women's cause in the public hearings conducted by NCW. *Gender sensitization of the functionaries of different departments seems to be the first step in realizing our goals.* An appropriate intervention in this direction is likely to prove rewarding.

Creation of the necessary institutional infrastructure like the State Women's commission, Women's Cells in all districts would facilitate the process of providing the much needed support to the women. This needs immediate attention of the policymakers.

Illiteracy is the greatest patron of all social evils. The abysmally low literacy level of women in the state and the resultant lack of awareness of their rights has made them all the more vulnerable to atrocities. One of the most inhuman and shameful forms of atrocity prevalent in the state – declaring a woman as a "witch" and then throwing her out of the society, essentially thrives on illiteracy and ignorance. It is hoped that with the various schemes put in place by the Government for educating the girls would achieve desired results. However, the implementation of these schemes needs close monitoring.

Jharkhand is a state where 72% women suffer from anemia and 41% suffer from malnutrition. This in itself is a testimony to the pitiable condition of the health care system in the state. Apparently there is no dearth of financial resources. The whole system needs to be overhauled and made accountable.

Appropriate legislation needs to be brought about for changing the inheritance laws in favour of women. The present laws, which are guided by the traditional social norms have failed to provide justice to women.

The justice delivery system in general is overburdened and therefore unable to provide relief to the aggrieved women. A more affordable and fast justice delivery system especially for women is the need of the hour. Mahila Lok Adalats are a welcome move in this direction.

Participation of women in the formal, organized sector is extremely poor, as most of them are compelled to work in the unorganized sector where they are ruthlessly exploited. Appropriate mechanisms need to be evolved to develop the skills of women to prepare them for better employment.

The above cited innovation initiated in the state can actually be contextualized in several other aspects and the probable direction to empower women in the state of Jharkhand can be through the participation of women in their own developmental process and decision making with regard to various issues. Sustainable Women's groups can provide a solution to several other associated gender issues.

Women empowerment and gender equity are essentially processes of social transformation. It is in the nature of societies to resist any change initially. This social inertia can be overcome, slowly but surely, with persistent effort and commitment, and the cherished goal of creating a just society where women enjoy equal rights, privileges and respect, **can be realized.**

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full Address furnishing the information

Department of Social Welfare, Women and Child Development

A. General

- | | | |
|----|--|--|
| 1. | What is the organisational set up in the State for Welfare and Development of Women? (Kindly furnish an organisational chart) | Enclosed |
| 2. | Has a State Policy on women been enunciated? If so, a copy of the Policy Statement may be enclosed; if not when the Policy Statement is likely to be issued. | No |
| 3. | Is there a Commission for Women in the State? If so, a copy of the Act/notification constituting the Commission may be furnished; if not, when the Commission is likely to be constituted. | It has not been constituted as yet. All the formalities have been completed. The Hon. High Court has stayed the Constitution of Boards, Commission in the State. A Modification Petition has been filed before High Court. |
| 4. | Has the State Government reserved any quota for women in public services? If so, the details thereof (a copy of the order may be enclosed); if not, has the State Government any proposal to this effect | 5% |
| 5. | Is there any separate financial institutions, marketing organisation, women's development corporation for women under the control of the State Government? If so, details may be furnished. | Jharkhand Women Development Society |
| 6. | Any other information of a general nature considered important. | No |

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full Address furnishing the information
 Welfare Department
 Govt. of Jharkhand
 Project Building, Dhurwa

A. Welfare and development of Women belonging to Scheduled Tribe Community

1. In the Scheduled tribe component plan of the State Government for 8th and 9th Plan has any specific focus been laid for development of Scheduled Tribe Women. If so, the details and if not the measures proposed.
- (i) 32320 bicycles were distributed among ST girls students of Class 8 to 10th.
 - (ii) 28799 ST girls students were given uniforms.
 - (iii) 112 tribal women have received medical care Training.
 - (iv) 12 tribal women have under gone beautician course.
 - (v) Buses have been distributed to 589 groups of ST's comprising of 10 ST members. There are 3 ST women are in each group. Thus 1767 tribal women are benefited in this scheme.

2. List of measures aimed at promoting development of female ST in the field of :

- (a) Education
45 Nos. of ST girls hostels are being constructed out of which 2 are 300 bedded, 36 are 100 bedded and 7 are 50 bedded.
- (b) Employment
—
- (c) Prevention of Atrocity
For various categories of atrocities, compensation ranging from Rs. 10,000/- to Rs. 2,00,000/- is admissible. Rs. 50,000/- is admissible in the case of molestation and rape

3. Is there a separate State Advisory Committee on ST development? If so, representation of women in that committee in 1995 &
- Yes, there is one Tribal Advisory Committee chaired by the Hon'ble Chief Minister. There are 2 Women members, one of them is special invites.

4. Outlay and expenditure on TCP for women development scheme

Report is as follows :-
(Rs. in lakhs)

<u>1999-2000</u>		<u>2000-2001</u>		<u>2001-02</u>		<u>2002-03</u>	
Allot.	Exp.	Allot.	Exp.	Allot.	Exp.	Allot.	Exp.
Nil	Nil	Nil	Nil	28.70	14.25	992.17	891.69

5. Any other information relevant to the topic

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full Address furnishing the information

B. Education

1. No. of schools in the State under different categories and the average distance from villages (for rural Schools)

	No. of Schools			Average Distance (in Kms)
	Co-ed	Girls	Total	
I. Primary	—	—	16,322	
II. Secondary	—	—	4,055(2820	under provision)
III. Higher Sec.	—	—	—	
IV. Others	—	—	—	

2. No. of Vocational Schools in the State and different courses offered. The average distance (for rural schools) from villages

Course offered in different schools	No. of Vocational Schools		Average Distance (in Kms)
	Co-ed	Girls	
		42*	

* under JEPC Project for PTG's only

3. No. of non-formal educational Centres catering to girls. Please Furnish details with tupes. No. of Centres and the average distance from villages.

Types	No. of non-formal Centres	Total
EGS	14,736	as on 31-10-02

4. No. of females adult Educational Centres in the State and the Average distance from villages.

No. of female adult educational centres				Average Distance (in Kms)
Govt.	Non-Govt.	Total		

5.	No. of females enrolled at different levels	No. of Enrolment				
		1999-2000	2000-01	2001-02	2002-03	
I.	Primary				1,522,834	
II.	Secondary				363,384	
III.	Higher Secondary				—	
IV.	Vocational schools				—	
V.	Non-formal	EGS			594,765	
VI.	Female adult education Centres				—	
VII.	Other (Specify)				—	
6.	Extent of drop-outs for Females at different stages	No. of Drop-outs		Girls out of School		
I.	Primary		(6-11)	273,744		
II.	Secondary		(11-14)	527,967		
III.	Higher Secondary			—		
IV.	Vocational Schools			—		
V.	Non-formal Centres			—		
VI.	Female adult education Centres			—		
VII.	Others (Specify)			—		
7.	The strength of teachers at Different levels of	No. of Teachers				
		Sanctioned	In Position			
			Male/Female (Total)			
I.	Primary	39333	30107			
II.	Secondary	29137	21315			
III.	Higher Secondary		—			
IV.	Vocational Schools		—			
V.	Non-formal Centres		—			
VI.	Female adult education Centres		—			
VII.	Other (specify)		—			
8.	Availability of building of Existing educational institutions	No. of Buildings				
		Available		Required		
		No. Buildings	Kucha	Pucca	Kucha	Pucca
I.	Primary	1461	902			
II.	Secondary	46	341			
III.	Higher Secondary					
IV.	Vocational Schools					
V.	Non-formal Centres					
VI.	Female adult education Centres					
VII.	Others (Specify)					

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full
Address furnishing the information

Deptt. of Labour Employment & Training,
Jharkhand, Ranchi

C. Employment

- | | | | | |
|----|---|---|---|--------------------------|
| 1. | Are there any special employment exchanges for women? if so, number and locations | There are women section in each of four sub Regional Exchanges located at Jamshedpur, Bokaro Steel City, Dhanbad, Hazaribagh, Ranchi & Dumka. | | |
| 2. | No. of Women registered for Employment and selected for categories | 2000-01 | 2001-02 | 2002-03
(Aug. 2003) |
| | i) SC | 7189 | 2984 | 805 |
| | ii) ST | 8362 | 8555 | 2416 |
| | iii) Others | 18592 | 18652 | 4835 |
| 3. | Is there any Entrepreneurial Development programme for women. Please furnish | Schemes | No. of Women
2001-02 | beneficiaries
2002-03 |
| | | Not applicable | | |
| 4. | No. of women, trained in traditional, non-traditional entrepreneurial skills | Traditional number
of women trained | Non-Traditional
number of women
trained | |
| | 2001-2002 | 44* | — | |
| | 2002-2003 | 37* | — | |
| | * Out of 176 seats in four women ITIs (Hazaribagh, Chaibasa, Dumka & Ranchi) | | | |
| 5. | Of the trained women,
Number employed/self | Employed | Self-Employed | |
| | 2000-2001 | N.A. | | |
| | 2001-2002 | | | |
| | 2002-2003 | | | |
| 6. | Has any survey been conducted recently for finding employment potential for females in non-traditional areas like electronics, para-medical; agro-industries etc?
If so, | | | |

7. Whether there is any arrangement for dealing with complaints of sexual harassment of females at work place? If so, please give details
- Enforcing machinery of the Deptt. e.g. Labour Superintendent, Asstt. Labour commissioner, Deputy Labour Commissioner, Inspector of factories and the chief inspectory of factories have been directed to enforce Hon'ble supreme court order passed in Vishakha vs. The Rajasthan State Case.
8. Are there social security measure for women workers covering maternity benefits, health unemployment, accidents etc. Give a note
- Maternity benefit measures as applicable enforced & insured under the maternity benefit Act, 1961 by the Inspectors of factories in respect of factories. Health care to women workers alongwith other workers are enforced & insured as per provisions of factory Act, 1948 Sec. 45 by the Inspector of factories. Besides, under rule 71(B) of the Jharkhand Factory rules the women workers alongwith other workers are subject to statutory medical examination who are engaged in canteen establishment of the Factories alongwith those employed in dangerous operations as provided under rule 95 of the Jharkhand Factory rules, 1950. Regarding unemployment of women workers there is no such instrument in vogue in this State.
- In case of accident of women workers alongwith other workers, the benefit of compension in the event of accidental death or disability is insured under the workmen compensation Act, 1923. The workers who are covered under ESI Act, the compensaion is made available by the ESI establishment in the State.
9. Are there any guidelines/orders for special incentives for providing to female employees/labourers facilities like creche; education facilities; separate toilets; lunch facilities, etc. at work-site? A detailed Note may be furnished
- Under Sec. 48 of the Factories Act, 1948 the Statutory facility of creche is enforced & provided in each of such factories where 30 or more than 30 female workers are ordinarily employed.
- Women workers alongwith other workers are subjected to undergo training to make them aware of the risk & hazards in the process of production in the factories as provided in Sec. III(A) of the factories Act 1948. Other than this there is no provision of imparting general education by this department. Separate Latrine and urinals accomodation is enforced & provided to women workers alongwith separate dining hall & service counters are provided as per provisions in the rule 42, 46 & 67 of the Jharkhand Factories rules, 1950, respectively.
10. Any other scheme for employment of women? Please furnish details.

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full Address furnishing the information Law (Judicial) Department, Jharkhand, Ranchi

D. Atrocities Against Women

1. What are the enforcement agencies to protect human rights protection of women's rights/children's rights

Not related with Law Department

- a) To prevent atrocities
- b) To attend cases of atrocities on women and children

2. List of State Legislations, if any for women in the field of

After the creation of New Jharkhand State with effect from 15.11.2000, no any Legislations has been framed.

- a) Marriage
- b) Property
- c) Divorce
- d) Maintenance
- e) Guardianship
- f) Adoption
- g) Old age
- h) Any other

Please furnish a copy of the Acts

Question does not arise.

3. (a) Are there family courts in the State, if so number and locations? If not, whether there is any proposal to establish them.

Yes, six family courts created in this State. The location of these courts are at Ranchi, Dhanbad, Jamshedpur, Hazaribagh, Bokaro & Dumka. No, any proposal is pending at present.

(b) How many family courts are needed in the State?

At present in sufficient numbers or family courts is in existence as stated in Column 3(a)

(c) How many Mahila courts are there in the State?

X

(d) The details of their duties and Jurisdiction.

X

(e) If not does the State propose to constitute the same?	At present there is no any proposal		
4. What is the organisational set up for dealing with the cases of atrocities against women in the State?	Not related with Law Department		
5. Is there any separate cell/unit for dealing with rape, abduction, dowry deaths, sexual harassment, etc. of women other than normal channels? Is so, please narrate against each.	Crime Type	No. of female victims 2000-01 2001-02	
	i) Rape ii) Abduction iii) Dowry death iv) Sexual Harassment v) Domestic Violence vi) Children vii) Bigamy		
6. Whether the State normally undertakes any reconciliatory follow-up action for women victims not accepted by family? If so, please furnish details for 2001-02.	Not related with Law Department		
	Follow-up actions Type	No. of Women benefited	
	-do-		
7. Whether the State provides shelter; education; training; employment etc. by way of rehabilitation to such women victims? If so, please furnish no. of female victims benefited during 2001-02	Rehabilitation Type	No. of female victims benefited	
	-do-		
8. What are the types of shelter; both short stay and long stay, Govt. and non-Govt. available to female victims such as remand homes and what is the no. of victims sheltered during 2001-02	Type of Shelter	Capacity No.	No. of victims admitted during 2001-02
	i) Short Stay - a. Govt. b. Non-Govt. ii) Long Stay - a. Govt. b. Non-Govt.		

9. Is there any other programme of assistance to the female victims other than the above? If so, please furnish details with number of females victims benefitted during 2001-2002

Other Assistance
types

No. of female
victims benefitted

Not related with Law Department

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full Address furnishing the information C.I.D., Jharkhand, Ranchi
Jharkhand, Ranchi

D. Atrocities Against Women

1. What are the enforcement agencies to protect human rights protection of women's rights/children's rights State Police

- a) To prevent atrocities
- b) To attend cases of atrocities on women and children

2. List out State Legislations, if any for women in the field of Information is not available in this Department

- a) Marriage
- b) Property
- c) Divorce
- d) Maintenance
- e) Guardianship
- f) Adoption
- g) Old age
- h) Any other

Please furnish a copy of the Acts

3. (a) Are there family courts in the State, if so number and locations? If not, whether there is any proposal to establish them. Information is not available in this Department

(b) How many family courts are needed in the State?

(c) How many Mahila courts are there in the State?

(d) The details of their duties and Jurisdiction.

- (e) If not does the State propose to constitute the same?
4. What is the organisational set up for dealing with the cases of atrocities against women in the State?
- State Police → Thana (Police Station) → Circle Inspectors (CIs) → Dy. S.P./SDPOs → S.P./Sr. S.P.
→ DIG (Range) → I.G. (Zonal)
CID→S.P. (Mahila Cell) → DIG (Mahila Cell) → IG → AI
5. Is there any separate cell/unit for dealing with rape, abduction, dowry deaths, sexual harassment, etc. of women other than normal channels? Is so, please narrate against each.
- | Crime Type | No. of female victims | |
|-----------------------|-----------------------|---------|
| | 2000-01 | 2001-02 |
| i) Rape | Annexure-I | |
| ii) Abduction | | |
| iii) Dowry death | | |
| iv) Sexual Harassment | | |
| v) Domestic Violence | | |
| vi) Children | | |
| vii) Bigamy | | |

Time to time state C.I.d. also monitors the cases of atrocities against women give instructions. Presently in nine (9) Districts of Jharkhand Mahila Cell are functioning. These distt. are Ranchi, Bokaro, Hazaribagh, Dumka, Dhanbad, Jamshedpur, Chaibasa, Giridih, Gumla. (Annexure-II)

6. Whether the State normally undertakes any reconciliatory follow-up action for women victims not accepted by family? If so, please furnish details for 2001-02.
- | Follow-up actions Type | No. of Women benefited |
|------------------------|------------------------|
| Pertains to Govt. | |
7. Whether the State provides shelter; education; training; employment etc. by way of rehabilitation to such women victims? If so, please furnish no. of female victims benefited during 2001-02
- | Rehabilitation Type | No. of female victims benefited |
|---------------------|---------------------------------|
| Pertains to Govt. | |
8. What are the types of shelter; both short stay and long stay, Govt. and non-Govt. available to female victims such as remand homes and what is the no. of victims sheltered during 2001-02
- | Type of Shelter | Capacity No. | No. of victims admitted during 2001-02 |
|---|--------------|--|
| i) Short Stay -
a. Govt.
b. Non-Govt. | | |
| ii) Long Stay -
a. Govt.
b. Non-Govt. | | Pertains to Govt. |

9. Is there any other programme of assistance to the female victims other than the above? If so, please furnish details with number of females victims benefitted during 2001-2002	Other Assistance types	No. of female victims benefitted
	Not pertains to this Deptt.	

Annexure-I

झारखण्ड राज्य में महिलाओं पर अत्याचार से संबंधित आंकड़ा वर्ष 1998 से 2002 तक

हत्या	दहेज हत्या	गंभीर चोट	बलात्कार	छेड़खानी	दहेज अधिनियम	प्रताड़ना एवं भा.द.वि. के अधीन अन्य	योग
36	190	10	466	158	251	421	1532
36	149	8	477	146	244	524	1584
53	187	8	553	212	272	478	1763
65	168	8	578	239	270	477	1805
105	235	15	679	190	286	505	2015
295	929	49	2753	945	1323	2405	8699

नोट : देवधर जिला 37 आंकड़ा वर्ष 2002 अंकित नहीं किया गया है।

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full Address furnishing the information

E. Custodial Justice

1. Total number, name and full address of the place of custodial institution for women according to the nature of custody

- a) Jail
- b) Remand Home
- c) Other custodial institutions (specify)

7, Remand Home Ranchi, Deoghar, Jamshedpur, Chaibasa, Dumka, Hazaribagh & Dhanbad. 8 Remand Homes have recently been sanctioned, one at Deoghar capacity 50 women

2. Whether the place of detention/ custody is exclusively for women? If yes, please furnish detailed of area of accommodation. If not, give area available for women detainees

3. Approval capacity (separately for males and females, if a mixed custody) during 2002-03

Approved Capacity during 2002-03

Male	225	Number	total
Female	50	Number	275

4. No. of inmates actually lodged during 2002-03 (separately for males and females, if mixed custody)

	No. of inmates lodged		
Year	Male	Female	Total

5. No. of female life convicts kept for more than 17 years in jail custody

N.A.

- (a) How many family courts are needed in the State?
- (b) How many Mahila courts are there in the State?

- (c) The details of their duties and Jurisdiction.
- (d) If not does the State propose to constitute the same?
6. What is the organisational set up for dealing with the cases of atrocities against women in the State?
7. Is there any separate cell/unit for dealing with rape, abduction, dowry deaths, sexual harassment, etc. of women other than normal channels? Is so, please narrate against each.
- | Crime Type | No. of female victims | |
|-----------------------|-----------------------|---------|
| | 2000-01 | 2001-02 |
| i) Rape | | |
| ii) Abduction | | |
| iii) Dowry death | | |
| iv) Sexual Harassment | | |
| v) Domestic Violence | | |
| vi) Children | | |
| vii) Bigamy | | |
8. Whether the State normally undertakes any reconciliatory follow-up action for women victims not accepted by family? If so, please furnish details for 2001-02.
- | Follow-up actions Type | No. of Women benefited |
|------------------------|------------------------|
| | |
9. Whether the State provides shelter; education; training; employment etc. by way of rehabilitation to such women victims? If so, please furnish no. of female victims benefited during 2002-03
- | Rehabilitation Type | No. of female victims benefited |
|---------------------|---------------------------------|
| | |
10. What are the types of shelter; both short stay and long stay, Govt. and non-Govt. available to female victims such as remand homes and what is the no. of victims sheltered during 2002-03
- | Type of Shelter | Capacity No. | No. of victims admitted during 2002-03 |
|---|--------------|--|
| i) Short Stay -
a. Govt.
b. Non-Govt. | | |
| ii) Long Stay -
a. Govt.
b. Non-Govt. | | Pertains to Govt. |

11. Is there any other programme of assistance to the female victims other than the above? If so, please furnish details with number of females victims benefitted during 2002-2003	Other Assistance types	No. of female victims benefitted

QUESTIONNAIRE

Information on Women

State : Jharkhand

Name of the Department with full Address furnishing the information

Department of Social Welfare,
Women and Child Development

J. Welfare and Development of Women belonging to Disabled Group

1. Estimate for the number of females in the State with disabilities

- a) Visually handicapped
- b) Orthopaedically handicapped
- c) Hearing handicapped
- d) Mentally handicapped

2. No. of institutions separately for each of the four categories of disabled women as above.

There is no separate institution for women grant for running school for spastic children have been released to these institutions :

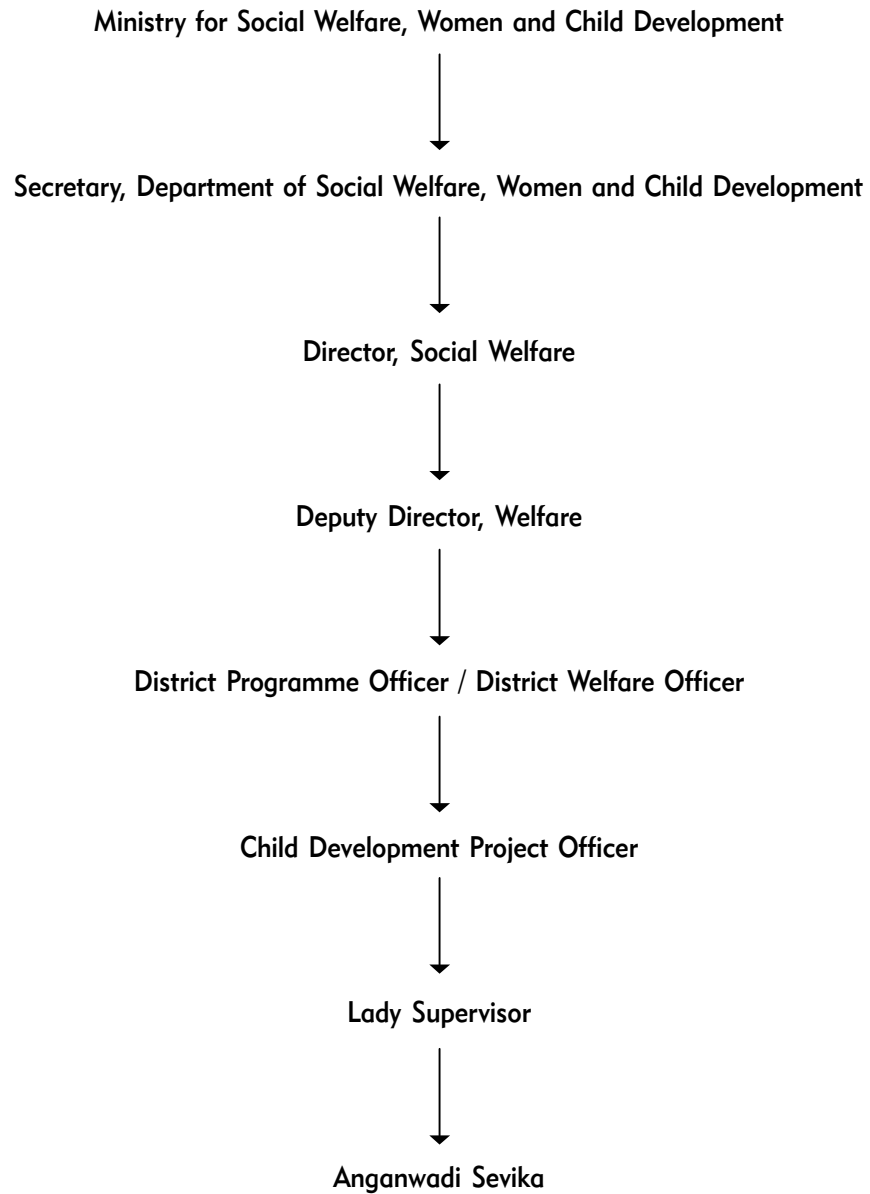
1. Deepshikha, Ranchi
2. Samajik Samasya Nivaran Sansthan, Hazaribagh
3. Manav Seva Sansthan, Bokaro

3. If no separate female institution exists furnish details on co-educational institutions

4. Initiative taken in pursuance of the Disabilities (Equal Opportunities Protection of Rights and Full Participation) Act, 1955

1. Rules have been formulated and sent for approval
2. So many Blind School, Deaf and Dumb School have been sanctioned. Establishment of these Schools under process.

Organisational set up in the State for Welfare and Development of Women



5. No. of post-graduate and trained disabled females unemployed under different categories as on 31.3.2002
 - a) Visually handicapped
 - b) Orthopaedically handicapped
 - c) Hearing handicapped
 - d) Mentally handicapped
6. Any other information relevant to the subject

Annexure-I

State Police-Thana (Police Station) →

Circle Inspector (CIS) → Dy. S.P. / SDPOs →

S.P. / Sr. S.P.

CID-S.P. (Weaker Section) → DIG (Weaker Section

IG → ADG

The Crime against women section of state CID under one S.P. and one DIG monitors and takes desired action in all the case of crime and atrocities committed against women in the State.

Presently in nine (9) districts of Jharkhand Mahila Cell are functioning. These distt. are Ranchi, Bokaro, Hazaribagh, Dumka, Dhanbad, Jamshedpur, Chaibasa, Giridih, Gumla (Annexure-II)

Violence against women in districts of Jharkhand

Districts	1999	2000	2001	2002 (May)
Ranchi	66	68	81	21
Gumla	60	51	40	08
Simdega	—	05	23	04
Lohardaga	15	15	17	04
W. Singhbhum	56	45	40	06
Seraikela	—	—	16	07
East Singhbhum	47	53	67	23
Hazaribagh	44	54	53	24
Koderma	13	12	04	02
Giridih	66	40	34	17
Chatra	07	10	08	04
Palamu	17	19	20	03
Latehar	—	01	09	02
Garhwa	10	14	15	05
Dhanbad	47	42	44	07
Bokaro	31	39	34	17
Dumka	36	46	34	16
Jamtara	—	03	08	02
Deoghar	29	35	29	10
Godda	13	30	42	12
Sahebganj	15	33	23	05
Pakur	21	19	26	11
Total	593	634	667	210

Source : Prabhat Khabar date : 10.01.2003

Atrocities against women in Jharkhand

Districts	2000	2001	2002 (May)
Dowry Death	149	135	89
Murder	29	29	22
Injury	09	12	03
Rape	336	376	73
Torture	190	159	NA
Atrocity	322	334	170
Dowry Harassment	NA	214	96

Source : Prabhat Khabar date : 10.01.2003

Atrocities against women in Jharkhand

Districts	2000	2001	2002
Rape	594	599	266 (upto Nov.)
Trafficking	01	08	04
Witchcraft			

Source : CID, Jharkhand, Ranchi

Profile of Domestic Violence in Jharkhand

Age	% of women beaten	% of women beaten by husband	% of women beaten by relatives	% of women beaten by others
15-19	13.5	11.8	2.8	3.7
20-29	21.4	19.7	2.5	1.9
30-39	26.6	25.2	2.4	2.0
40-49	17.6	16.6	1.0	2.7
After 5 yrs. of Marriage	13.6	11.5	2.1	1.4
Between 5-8 yrs. of Marriage	19.2	18.6	1.6	1.3
After 10 yrs. of Marriage	24.4	23.1	2.2	2.0

Source : Prabhat Khabar date 2.10.2002

Rape Cases Registered in the Coal Belt

Year	No. of Cases	Accused	Arrested
1997	33	47	26
1998	47	72	55
1999	44	57	54
2000	41	59	55
2001	45	58	55
2002 (till Aug.)	20	12	12

Source : Hindustan Times date 4.10.2002

STATUS REPORT ON FEMALE LITERACY & EDUCATION OF GIRL CHILD

Introduction

The State of Jharkhand came into existence on 15th November 2000. It was carved out from southern parts of erstwhile Bihar State, known as the Chotanagpur and Santhal Pargana regions. These two regions have a substantial population of tribals and were traditionally backward with the exception of some cities like Ranchi, Jamshedpur, Bokaro, Dhanbad and Jharia, which came up in the wake of industrialization process or developed as mining hubs.

Education is the basis of development of human capital. It has a fundamental role to play in personal and social development. It means available to foster a deeper and more harmonious form of human development and thereby reduce poverty, oppression, exclusion, ignorance and injustice. In Jharkhand State, the literacy rate as per the 2001 Census is 54.13% (67.94% for males and 39.38% for females), which is below the national average of 65.38% (75.85% for males and 54.16% for females)

The Jharkhand State has 22 districts (4 new districts have been created after the State was formed). As per the 2001 Census all the districts of Jharkhand State have registered increase in literacy rates over the decade. Most of the districts have recorded increase of more than 10 percentage points in the literacy rates during 2001 Census vis-a-vis 1991 Census. For only three districts, viz., Godda, Sahibganj and Pakur, the rise is less than 10 percentage points. The districts having higher literacy rates than the State average of 54.13% are East Singhbhum (69.42), Dhanbad (67.49), Ranchi (65.69), Bokaro (62.98), and Hazaribagh (58.05). On the other hand, Pakur district has the least literacy rate (30.54%), followed by Sahibganj (37.91%) and garhwa (39.39%).

Table 1.1 Decadal Growth in Literacy Rates for Districts of Jharkhand (in Percentage)

Sl. No.	District	Total (%)	Decadal Growth (%)	Male (%)	Decadal Growth (%)	Female (%)	Decadal Growth (%)
1.	Garhwa	39.39	13.36	54.69	15.66	22.91	11.06
2.	Palamu	45.67	12.15	59.76	12.19	30.50	12.29
3.	Latehar +						
4.	Chatra	48.35	15.51	55.67	15.22	30.50	16.11
5.	Hazaribagh	58.05	16.84	72.16	15.62	43.15	19.02
6.	Koderma	52.73	14.21	71.57	13.45	34.03	15.42
7.	Giridih	45.16	12.92	63.07	13.26	27.05	13.14
8.	Deoghar	50.52	12.61	66.93	12.81	32.33	12.59
9.	Godda	43.73	9.71	58.07	9.51	27.98	9.98
10.	Sahibganj	37.91	8.54	48.33	8.82	26.78	8.51
11.	Pakur	30.54	6.58	40.19	6.63	20.44	6.64

Sl. No.	District	Total (%)	Decadal Growth (%)	Male (%)	Decadal Growth (%)	Female (%)	Decadal Growth (%)
12.	Dumka +	48.31	14.29	63.28	13.99	32.68	14.77
13.	Jamatara						
14.	Dhanbad	67.49	13.25	80.03	12.21	52.93	15.93
15.	Bokaro	62.98	11.84	76.99	10.51	47.17	14.32
16.	Ranchi	65.69	14.17	77.76	12.64	52.77	14.32
17.	Lohardaga	53.97	13.18	67.84	12.85	39.88	13.77
18.	Gumla +						
19.	Simdega	52.35	12.68	64.14	12.44	40.56	13.08
20.	West Singhbhum +						
21.	Saraikela Khar.	50.70	11.78	66.23	11.48	34.81	12.37
22.	East Singhbhum	69.42	10.37	80.08	8.90	57.95	12.45
	Jharkhand	54.13	12.74	67.94	12.14	39.38	13.86

One disquieting feature coming to the fore is the gap between General and Tribal literacy rates. Similarly, **there is a marked disparity in the level of literacy by gender and the gender gap is almost 38%.**

The State Government has initiated a number of steps through Sarva shiksha Abhiyan, District Primary Education Programme; Mahila Samakhya etc. for improving the educational facilities for the girl child. In addition, a special programme named 'National Programme for Education of Girls at Elementary Level' is being started from the current year 2003-2004. These intervention are being carried out by the Jharkhand Education Project Council.

A special programme for low female literacy districts has also been started in 5 districts where the female literacy rate is less than 30%. These interventions are being described in the succeeding paras of this report.

INTERVENTION FOR GIRL'S EDUCATION & WOMEN EMPOWERMENT
Status at a glance (as on 31.03.2003)

1.	District Covered	–	4 (Ranchi, Chatra, E. Singhbhum, W. Singhbhum)
2.	No. of Block Covered 2002-03	–	15 Block
3.	No. of MSK Centre	–	5 Centre
4.	No. of Camp School	–	28
5.	Villages covered	–	1481
6.	Trained Sakhis	–	3303
7.	Mahila Samooh	–	1316
8.	No. of Women in Samooh	–	63273
9.	Trained Samoohas	–	576
10.	No. of savings fund Accounts	–	1214
11.	Amount Saved	–	Rs. 91,32,944/-
12.	Mahila Kutir	–	44
13.	Jagjagi centres	–	248
14.	No. of Kishoris in Centre	–	5528
15.	No. of Women in Centre	–	525
16.	Bal Jagjagi centre	–	340
17.	No. of Girls in bal Jagjagi Centre	–	4989
18.	No. of Boys in Bal Jagjagi Centre	–	4322
19.	No. of Kishori Manch	–	353
20.	No. of Kishoris in Manch	–	5298
21.	Trained Kishoris	–	2373
22.	Enrolment in School from Jagjagi Centre	–	4632
23.	Enrolment in School from Bal Jagjagi (Girls)	–	4590
24.	Enrolment in School from Bal Jagjagi (Boys)	–	3372

Women Group

There are total 1316 Women Groups constituted in Jharkhand. This has been constituted especially for socially and educationally backward women. Samooh is led by two women (from each village) who are selected by them and are called 'sakhis'

Bal Jagjagi

Bal Jagjagi centres have been started keeping in view the interests of women toward education. Here children 3-5 years of age are given pre-school training through plays, songs, stories, poems and puzzles. There are 340 Bal Jagjagi centres opened by Mahila Samakhyas in their working areas and the organizer of each centre is called 'Balmitra' and the centres are managed by the Mahila Samooh.

jagjagi Centres

After formation of Mahila Samooh in Mahila Samakhyas districts an enhanced awareness has been seen amongst women i.e. in their demand for imparting education of girls. This demand has risen from Samooh villages and tolas. As a result 248 Jagjagi centres are established for providing basic education to adolescent girls and women.

Kishori Manch

Jagjagi centres have boosted the enthusiasm of kishoris towards education in Jharkhand. Kishoris were encouraged to have meetings in their groups. Besides the kishoris of centres, other illiterate kishoris have become members and good relationship has developed amongst them. Education and Health related problems are raised from this Manch. Many child marriages were prevented by this Manch.

Savings

Every member of the Samooh deposits a fixed amount and from that amount loan is given for starting some business. For three years, each Samooh which was depositing regularly and transacting with each other was given a Grant at the rate of Rs. 2400/- (per Samooh per year). Thus in three years each Samooh was given a Grant of Rs. 7200/-.

Members of the Samooh apply for the loan, and it is sanctioned in the meeting of samooh. 75% of the total requirement can be sanctioned as loan. From that loan the members start business individually or in a group and try to uplift their economic status.

Mahila Shikshan Kendra

In the districts of Jharkhand, since 1994, Mahila Shikshan Kendra has been started to educate women/ Kishoris. Mahila Shikshan Kendra is an important component of Mahila Samakhyas. These are residential teaching centres to educate kishoris/women (illiterate & semi-literate) of 11-30 years of age group. Centres are managed by Mahila Samakhyas. Here along with education, stress is given on literacy and self-dependency. Matters related with livelihood and vocational trainings are also provided to them.

Mahila Kutir

When Mahila Samooh started meetings regularly they felt the need of permanent and suitable location and demanded for kutir. Kutir is their own house where they meet and implement other related activities. They provide land, labour and materials for construction of kutir. Total 44 Mahila Kutir has been constructed in Jharkhand.

Camp School

The camp school (no. 28) conducts courses of 9 months to the out of school adolescent girls.

Free Text Book

Provision for free distribution of text books to 14,25,000 girls (Class I-VIII) has been made and books are being distributed.

NPEGEL PLAN PROPOSAL 2003-04

Components of Plan Proposals

A Model Cluster School for Girl's, as a model girl-child friendly school at cluster level will be developed in all blocks.

Following interventions will be made in the 315 clusters during 2003-04

(i) **Civil Works**

An existing school will be identified for opening of 'Model Cluster Schools for Girls' having the density of SC/ST/OBC/Minority girls. A 'Model Cluster School for Girls' will have the provision of an additional classroom, supply of drinking water, electrification, toilet, etc. for which one time grant up to a maximum of Rs. 2.00 lacs.

Provision of Rs. 706.00 Lakh made for construction in all 353 cluster including MS covered blocks.

(ii) **Recurring Grant**

For each cluster one or more of the following interventions will be under taken within the overall annual ceiling of Rs. 60,000/- per cluster.

(a) ***Recurring Grant of Model Cluster Schools :***

A maximum amount of Rs. 20,000/- per annum will be provided to each cluster to meet the requirements of expenditure on various activities for promotion of girls' education in that cluster including maintenance of the school and engagement of part time instructors.

(b) ***Student Evaluation, Remedial Teaching, Bridge Courses, Alternative Schools :***

In addition to the provisions already available under the EGS & AIE component of SSA, a maximum amount of Rs. 20,000/- per annum will be provided to each cluster for student evaluation, remedial teaching, bridge course and alternative schools. There may be two such centres under one cluster. Provision has been made for Rs. 70.60 Lakhs for all 353 cluster including Mahila Samakhya.

(iii) **Learning through Open Schools :**

The scheme will provide waiver of fees of girls for courses under National Open School and State Open Schools, setting up of specially designed open learning centres. In this regard Rs. 17.65 Lakhs has been proposed for 353 clusters including Mahila Samakhya.

(iv) **Teacher Training :**

Under this scheme teachers and teacher educators will be trained for gender sensitization. A maximum amount of Rs. 4,000/- per annum will be provided to each cluster for annual training of at least 20 teachers especially on gender aspects.

STATUS OF FUND RELEASE IN DISTRICT HAVING LOW FEMALE LITERACY RATE (BELOW 30%)

Sl. No.	Name of Districts	Project	Central Fund Released (Rs. in Lakh)	State Share Released (Rs. in Lakh)	Total (Rs. in Lakh)
1.	Pakur	TLC	78.74	19.69	98.43
2.	Garhwa	TLC	106.00	53.00	159.00
3.	Giridih	TLC	73.60	36.80	110.40
4.	Sahebganj	TLC	63.92	31.96	95.88
5.	Godda	TLC	64.80	16.20	81.00
	Total		387.06	157.65	544.71

Adequacy of Laws / Proposals of State Government to enact laws or to make Provisions in existing laws to further promote the cause of Women

1. The Prevention of Witch (Daain) Practices Act 2001 :

The object of this Act is to provide for effective measures to prevent the witch practices, branding of women as witch and their oppressions, mostly prevalent in the tribal areas and elsewhere in Jharkhand, and to eradicate women's torture, humiliation and killing by the society and any other matter connected herewith.

The Act has assumed importance off-late due to the rise of killing of women under the pretext of Witchcraft. The Penal Sections of the Act are Section 3, 4, 5 & 6 which are as below :

Sec. 3 - Identification of Witch (Daain) : Whoever identifies any person as witch (daain) and does any act towards such identification either by words, actions or manner shall be punished with imprisonment for a term which may extend 3 months or with fine of Rs. 1,000 or with both.

Sec. 4 - Damages for causing harm : Any person who causes any kind of physical or mental torture to any women by identifying her as a Witch (Daain) whether deliberately otherwise shall be punished with imprisonment for a term which may extend to 6 months or fine of Rs. 2,000 or with both.

Sec. 5 - Abetment in the identification of Witch (Daain) : Any person who intentionally or inadvertently abets, conspires, aids, instigated any other person or persons of the society whether in identification of any women as a Witch (Daain) with an intention to cause by anyone to that to harm shall be punished with imprisonment for a term which extent to 3 months or with fine of Rs. 1,000 or with both.

Sec. 6 - Witch (Daain) curing : Whoever does any act of so healing allegedly or purportedly and of curing any woman said to be Witch (Daain) by doing any act of "Jhardphook" or "Totka" and thereby causing any kind of physical or mental harm and torture to that person identified as a Witch (Daain) in any manner shall be punished with imprisonment for a term which may extend 1 year or with fine of Rs. 2,000 or with both.

The sentences prescribed and the paltry amount of fine have proved to be ineffective in dealing with this social menace. Such taboos and dogmas are required to be dealt with firmly by making the penal Provisions stringent. Sections 3, 4, 5 & 6 should be amended to enhance the period of sentence to a minimum of three years. No anticipatory bail (Section 438 Cr. P.C.) should be provided in this Act to the accused.

During the summary trial the I.O. of the case should be entrusted with the duty to contact the victim and the prosecution witnesses and to ensure their attendance in Court for giving the evidence by providing them necessary protection.

2. The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002

Section 28 of the Act says :

No court shall take cognizance of an offence under this Act except on a complaint made by :

- (a) The Appropriate Authority concerned or any Officer authorized in this behalf by the Central Government or State Government, as the case may be, can only lodge a complaint.

A letter to the Civil Surgeons of the Districts authorising them to act as 'Appropriate Authority' has been sent from Health Secretary, but Government Notification in the Official Gazette empowering the Civil Surgeons of the districts as 'Appropriate Authority' is also needed.

3. Family Courts Act 1984 :

Section 23 of this Act stipulates that State Government may after consultation with the High Court by Notification make rules for carrying out the purposes of this Act framing of rules is required.

4. Mahila Lok Adalat

In order to translate National Commission for Women's mandate and objectives into action setting up Mahila Lok Adalats periodically in all districts or commissioners will provide speedy justice to women in matrimonial maintenance and property rights cases. One such Mahila Lok Adalat was held at Hazaribagh on 22 December 1996 under the aegis of the National Commission for Women. This needs to be continued and should become a regular feature. An article appearing in the Ranchi editor of Hindustan Times regarding PMLA is appended.

5. Immoral Traffic (Prevention) Act 1956

Compliance of Section 13 which is very essential for Jharkhand since child and female trafficking in the name of providing jobs is rampant in the tribal dominated areas.

A draft note on amendments to the Immoral Traffic (Prevention) Act received from GOI with a request to furnish comments on it is being studied and comments are being prepared to widen its scope and make its implementation more effective.

6. Chotanagpur Tenancy Act

The matter came before the Hon'ble Supreme Court and their Lordship of the Hon'ble Supreme Court in the decision reported in 1992 Vol. I, SCC, Page 102 considered the case relating to the succession and inheritance of female heir as per the customary law prevalent among the members of the Scheduled tribe and the matter was referred to the Full Bench and the same is under consideration.

The status of the female heir of the S.T. community is not yet clear as the matter discriminating the female inheritance is under challenge and the same is under consideration in view of the above referred decision of the Hon'ble Supreme Court.

Creation of awareness regarding Legal rights of women and action being taken to create awareness about the adverse consequences of women due to the prevalent Daain Pratha

In the predominantly tribal state of Jharkhand Ojhas, Sokhas, Bhagats and other influential people brand a female member of a particular family as a daain who is said to be responsible for the illness, calamities and deaths in the community. The real motive of the killers is to grab the property or to settle personal scores with the victims. They brand the female member as daain so that they are able to muster support of the co-villagers in torturing and killing the victims. The innocent villagers believe that the woman is responsible for the illness, death, drought and despair that overwhelm their lives.

Creation of awareness and action being taken :

As the factors that lead to the evil practice of Daain pratha have been reviewed, it was found that the best strategy that the Government can adopt is -

- (i) strict enforcement of the "Daain Pratha Pratishedh Adhiniyam, 2001" for effective prevention of daain practices, identification of women as a daain and to eliminate the women's torture, humiliation and killing by the society for any other concerned matter.
- (ii) sensitization of Police and Welfare Department personnel, and NGOs working for prevention of daain related atrocities.
- (iii) to distract the people's attention from such evil practices and apply their energy for more constructive purposes.

Seeing the increase in witch hunt cases the administration under the leadership of Sri Amit Khare Deputy Commissioner, West Singhbhum started a campaign against superstition and Daain Pratha in every block from October 1995. This campaign was known as "anti superstition campaign". Jila Mahila samiti worked side by side with the Govt. in organising padyatras and public meetings against Daain hunt. The combined effort of the administration, Voluntary organisations, schools and the well wishers had a positive effect in containing daain hunt in West Singhbhum. Ever since this campaign Jila Mahila Samiti members mainly a group of local women have taken it upon themselves to fight against daain hunt in the district. The other districts may take up such exercises so that this social evil is prevented. Organising Women's groups at village level and drawing up creative plans in consultation with such groups to enhance their self confidence and economic independence.

Women oriented schemes like Swayamsidha and Swa-shakti, which are being implemented in the state, have an in-built component to make the women aware of their legal and social rights and to empower them so that they become financially independent.

One step that can be taken may be to set up special cell at state and district levels for follow-up of awareness generation regarding legal rights of women and monitoring of daain evidences/cases lodged regarding daain violence.

**A SITUATIONAL ANALYSIS OF WOMEN
AND GIRLS IN JHARKHAND**



**NATIONAL COMMISSION FOR WOMEN
NEW DELHI**

Contents

	Foreword	(i)
Chapter I	Introduction	1
Chapter II	Demographic Profile	3
Chapter III	Occupational Structure and Work Participation	13
Chapter IV	Schemes for Economic Empowerment and Welfare of Women	19
Chapter V	Education and Literacy	25
Chapter VI	Health and Family Welfare	39
Chapter VII	Poverty	67
Chapter VIII	Social and Political Empowerment	75
Chapter IX	Status of Property Rights	79
Chapter X	Violence Against Women - A Double Discrimination	81
Chapter XI	Conclusion	105
Annexure	Responses of State Government Departments to the Questionnaire on Gender Profile	107



FOREWORD

The existential pathos of a woman's life has been inimitably captured by the great Hindi poet, Shri Maithilisharan Gupta, in a memorable couplet which says, "Alas, woman! Thy destiny is eternal sacrifice, eternal suffering!"

Despite the exalted position given to women in some of India's religious texts and the exceptional attainments of individual women in fields as diverse as philosophy, statecraft and even warfare, the profile of the average woman through the ages has been that of a perpetually poor, perpetually pregnant and perpetually powerless being.

Independent India has tried to redeem the situation by proclaiming equality of the sexes as a Fundamental Right under the Constitution and directing state policy towards removing the various disabilities that thwart women in realising their potential. Five decades of Independence have also seen a plethora of laws passed by the State and Federal Governments to protect women from violence and discrimination and to strengthen their entitlements in the social and economic fields. Numerous committees and commissions have x-rayed the position of women, the advances made by them and the obstacles faced by them, and they have made umpteen recommendations to improve the situation. Scores of schemes have been floated by various Ministries of the Government to address women's problems, particularly those relating to education, health, nutrition, livelihood and personal laws. In the institutional area, independent administrative departments to give undivided attention to women's problems have sprung up at the Centre as well as in the States. Development corporations were an innovation of the Eighties to energise economic benefit schemes. The Nineties saw the setting up of the National Commission for Women (NCW) and State Commissions in various States to inquire into the working of various legal and constitutional provisions concerning women, to investigate cases of violation of women's rights and generally to advise on the socio-economic policy framework in order to mainstream women's concerns. In recent years, the Governments, Central and State, have also articulated comprehensive policies for the empowerment of women through a variety of instruments and approaches focusing on an explicit vision of equal partnership of women in all walks of life.

Credit must also be given to a robust women's movement which has often given forceful expression to women's aspirations and joined issue with all the organs of state — legislative, executive and judicial — for reviewing the age-old prescriptions of a patriarchal society. Often they have networked effectively with the international community and fora in the quest for worldwide solidarity on issues affecting women. These interactions have often times changed the idiom of discourse on women's right to justice and development.

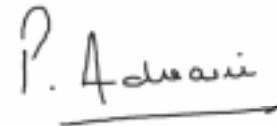
The half-century of struggle and reform has undoubtedly had considerable impact on women's world. Some of the key indicators of development have perked up significantly; women's life expectancy has risen; education levels have improved; economic participation has grown. But there are areas of darkness too; crimes against women, both at home and outside, continue unabated; traditional economic occupations have withered in the face of global competition; there is increasing commodification of women's persona and vulgarisation of their image in the media's marketplace. The new economic regime, where Sensex swamps sensibility, has meant the precipitate withdrawal of the state from many fields leaving the weak, including women, in the cold. Similarly laws change; minds don't. Therefore between progressive legislation and sensitive enforcement falls a long shadow. Critics also point out that whatever advances have been made remain confined to urban India and the vast hinterland resists change obstinately.

The overall picture is thus a mixed one leaving the profile of the average Indian woman not substantially altered. But in this vast country there is no average Indian woman. As in all other matters, diversity marks the Indian woman's picture too. How society and economy are coping with the forces of modernisation differs substantially from region to region. The geography of a state provides its own constraints and opportunities; history gives its own moorings to values and momentum to change. Thus the regional profile is superimposed on the national profile. The NCW has therefore commissioned these studies to gauge how women's life has been changing or not changing in different States of the country, and to situate these studies in the historical and geographical context of each region or State so that progress can be measured across time and across space. Such spatial comparisons can highlight what lessons there are to be learnt from the 'leading' areas and equally they help in focusing the attention on the 'lagging' areas. Regionally disaggregated data helps in benchmarking progress of different regions, areas or districts, and can be used for improving performance by attempting to raise the performance levels of the laggards to the average of the State and then matching the State's average to the national average. Interesting insights can also be gleaned from the experience of implementing agencies, both governmental and non-governmental, in dealing with different problems. Some of these may be rooted in the soil of the region and may not lend

themselves to replication but many others can be useful examples to emulate. That is how Best Practices become common practices.

These studies have been carried out by different research groups having special knowledge and interest in the area — its people, its history, its administration, its cultural ambience etc. They have interacted with official agencies as well as with leading NGOs working with women in the respective areas. The NCW has given a helping hand by providing information from its own database where available and also by interacting with the government of the State to set the stage for these exercises. The result is in your hands.

It is our hope that this effort will eventually result in the compilation of a comprehensive index of gender development focusing on the key issues in women's lives thus enabling comparisons of achievements and gaps regionally and nationally. This will help scholars and administrators alike.



Poornima Advani