

1. ABOUT GOA

The State of Goa stretches over an area of 3,702 sq. km, 1,736 sq. km in North Goa and 1,966 in South Goa. With the Arabian Sea on the west of its 100 km coastline, Goa has some of the most scenic beaches with a fringe of palm trees along its shores.

Goa is divided for administrative purposes into two Districts, North Goa District and South Goa District. There are 11 Talukas or CD Blocks, 6 in North Goa and 5 in South Goa. According to the 2001 Census the total population of Goa was 13,43,998 (757407 in North Goa and 586591 in South Goa). There are 209 inhabited villages in North Goa, 138 in South Goa, totaling to 347 inhabited villages in the State of Goa. There are a total of 188 Panchayats with 119 in the North Goa District and 69 in the South. There are 14 Municipal Towns with 7 each in North and South Goa and 30 Census Towns with 20 in North Goa and 10 in South Goa.

The State of Goa has 40 Vidhan Sabha seats, 2 Lok Sabha seats and 1 Rajya Sabha seat.

Goa was liberated from Portuguese rule as late as 1961 and the last census that was conducted by the Portuguese administration was in 1960. The subsequent censuses from 1971 followed the Indian pattern of decadal census. Goa was a Union Territory right up till 1987, when Goa was declared the 25th State in India.

From the table below we see a boom in population growth following the liberation of Goa. This population growth has however steadily been decreasing with a decline in both birth rates as well as death rates. According to the National Family Health Survey 2 (1999), 24 % of the households in Goa are female headed while the national average is 10%. There is a high male and female literacy rate (82.32 % total literacy, 88.88 % male and 75.51 % female literacy). 95% of the children in the age group 6 – 14 currently attend school.

Table 1.1 Population of Goa and Decadal Growth Rate 1900 – 2001

Sr. No	Year	North Goa District	South Goa District	Goa	Decadal Growth (%)
1	1900	294074	181439	475513	
2	1910	306323	180429	486752	+2.36
3	1921	288039	181455	469494	- 3.55
4	1931	313614	191667	505281	+7.62

Sr. No	Year	North Goa District	South Goa District	Goa	Decadal Growth (%)
5	1940	336628	204297	540925	+7.05
6	1950	330874	216574	547448	+1.21
7	1960	349667	240330	589997	+7.77
8	1971	458312	336808	795120	+ 34.77
9	1981	568021	439728	1007749	+ 26.74
10	1991	664804	504989	1169793	+ 16.08
11	2001	757407	586591	1343998	+ 14.89

Source: *Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa*

Further, the average age at marriage for a woman in Goa is 25 which is much older than the legal minimum age of 18 for the rest of India and only 6 percent of women in the age group 15 – 19 have ever been married. The NFHS 2 also states that Goa ranks high on maternity care indicators like: antenatal check ups, iron and folic acid supplementation, tetanus toxoid injections, delivery at medical facility, assistance t delivery from a trained health professional, check-ups after delivery etc. However the women in Goa have their own share of problems and gender equality is still the hope for the future in Goa.

Declining Sex Ratio

When we look at the demographic figures for the State of Goa, the most disturbing statistics for women is the **declining sex ratio**. These figures question the assumed high status of women in the state. Reasons for the declining sex ratio have not yet been properly investigated but primarily point to the following 1. Male child preference, 2. Sex determination of the unborn child, 3. Foeticide/ Selective Abortion, 4. Infanticide 5. Migration of women, etc. There is an urgent need for a comprehensive investigation into this matter.

Table 1.2 Sex Ratio For Goa 1900 – 2001

Year	Sex Ratio (No. of F for 1000 M)
1900	1091
1910	1108
1921	1120
1931	1088
1940	1084
1950	1128

Year	Sex Ratio (No. of F for 1000 M)
1960	1066
1971	981
1981	975
1991	967
2001	960

Source: *Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa*

Even more a matter of concern is the sex ratio of children in the 0 – 6 age group which no doubt is an indicator of the future sex ratio. Please see the table below, which shows the Taluka wise sex ratio.

Table 1.3 Sex Ratio Goa and India

Indicator	Year	India	Goa
Sex Ratio	1971	930	981
	1981	934	975
	1991	939	967
	2001	933	960

Source: *Census of India*

Table 1.4 Sex Ratio (0 – 6 Years)

Indicator	Year	India	Goa
Sex Ratio (0 – 6 years)	1971	964	NA
	1981	962	NA
	1991	945	NA
	2001	927	933

Source: *Census of India*

Table 1.5 Sex Ratio in Different Talukas in Goa (Census 2001)

State / District / Taluka	Sex Ratio	
	Total Population	Age Group 0-6 years
Goa	960	933
North Goa District	951	932
Pernem	941	902

State / District / Taluka	Sex Ratio	
	Total Population	Age Group 0-6 years
Bardez	955	916
Tiswadi	968	949
Bicholim	943	926
Satari	962	954
Ponda	937	943
South Goa District	972	934
Mormugao	893	902
Salcete	1019	950
Quepem	973	917
Sanguem	967	970
Canacona	976	937

Source: *Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa*

The percentage of induced abortions of all pregnancies reported in Goa (3.9%) resulted in induced abortions, which is more than twice the all India average. There is also a male child preference — 17 percent of respondents said that they wanted more sons than daughters as compared to 5 percent who wanted more daughters [NFHS 2 (1999)].

In a separate study conducted in 2002 by Dr. Pramod Salgaonkar, former Chairperson of the Goa State Commission for Women, on the sex preference prevalent in the Goan Society she interviewed 400 doctors and 300 factory workers by mailed questionnaires. Her observations revealed that the son preference exists even among doctors in the Goan Society though it was much more forcefully expressed by the factory workers and was more prevalent among the Hindu community. Further, although people in Goa practiced the small family norm, they wanted to have at least one male child and respondents said that family pressure to have a male child was very strong. Many women do not have a second child if the first-born was a male child.

Table 1.6 Distribution of Population

Indicator	Year	Area	India	Goa
Distribution of Population (%)	1971	R	80.09	74.44
		U	19.91	25.56
	1981	R	76.69	67.97
		U	23.31	32.03

Indicator	Year	Area	India	Goa
	1991	R	74.29	58.99
		U	25.71	41.01
	2001	R	72.22	50.24
		U	27.78	49.76

Source: Census of India

Table 1.7 Some General Demographic Statistics

Indicator	Year	Sex	India (Millions)			Goa(Lakhs)			Comments
			Total	Rural	Urban	Total	Rural	Urban	
Demographic Figures	1971	P	NA	NA	NA	7, 95,150	5,91,877	2,03,243	In 1971 and 1981 Goa was a District of the Union Territory of Goa, Daman and Diu
		M	NA	NA	NA	4,01,362	NA	NA	
		F	NA	NA	NA	3,93,758	NA	NA	
	1981	P	683.33	NA	NA	10,07,749	6,84,964	3,22,785	
		M	353.37	NA	NA	5,10,152	3,40,821	1,69,331	
		F	329.95	NA	NA	4,97,597	3,44,143	1,53,454	
	1991	P	846.30	628.69	217.61	11,69,793	6,90,041	4,79,752	
		M	439.23	324.32	114.90	5,94,790	3,46,169	2,48,621	
		F	407.07	304.37	102.70	5,75,003	3,43,872	2,31,131	
	2001	P	1025.25	740.26	284.99	13,47,668	6,77,091	6,70,577	
		M	530.42	380.44	149.98	6,87,248	3,40,545	3,46,703	
		F	494.83	359.82	135.01	6,60,420	3,36,546	3,23,874	

Source: Census of India and Directorate of Planning Statistics and Evaluation, Government of Goa

Table 1.8 Decennial Growth of Population

Indicator	Year	India	Goa
Decennial Growth/ Percentage Variation	1971	24.80	34.77
	1981	24.66	26.74
	1991	23.85	16.08
	2001	21.34	15.21

Source: Statistical Handbook of Goa, Directorate of Planning, Statistics & Evaluation, Government of Goa

Table 1.9 Density of Population

Indicator	Year	India	Goa
Density of Population (per sq. km)	1991	267	316
	2001	324	364

Source: Census of India

Scheduled Caste (SC) population	23,791
Percentage of SC population to total population	1.77
Scheduled Tribe (ST) population	566
Percentage of ST population to total population	0.04

Table 1.10 Literacy Rate

Indicator	Year	Area	India	Goa
Literacy Rate	1991	Total	52.21	76.96
		Male	64.13	85.48
		Female	39.29	68.20
	2001	Total	65.38	82.32
		Male	75.85	88.88
		Female	54.16	75.51

Source: Census of India

Table 1.11 Some Other General Demographic Indicators

Indicator	Year of Reference	Goa	India
Percentage of Urban Population	2001	49.77	27.8
Growth of Urban Population	1991-2001	39.42	31.13
Sex Ratio (females per 1000 males)	2001	960	933
Average Household size	1991	5.0	5.5
Population aged 0-6 years as % to total population	2001	10.6	15.4
Percentage of all workers to total population	2001		
Persons		39.9	39.3
Males		54.9	51.9
Females		22.3	25.7
Rural		40.7	42.0
Urban		37.1	32.2

Indicator	Year of Reference	Goa	India
Percentage of Female Workers to total workers	2001		
Total		22.3	25.7
Rural		26.1	31.0
Urban		18.0	11.5
General Literacy Rate (per 1000 population)	2001		
Persons		823	654
Males		889	759
Females		755	542
Birth Rate (SRS)	1998	14.2	26.4
Death Rate (SRS)	1998	8.1	9.0
Natural Growth Rate (SRS)	1994	0.78	1.94
Infant Mortality Rate (SRS)	1998	23	72
Couple Protection Rate	1999	29.3	48.6
Total Fertility Rate	2001	1.7	3.3
Percentage of Married	1961	65.43	85.75
Females in the	1971	64.30	83.90
age group 15 – 44 years	1981	59.21	80.51
Mean Age at	1971	21.46	17.16
Marriage for	1981	22.00	18.33
females	1993	25.1	20.0
Estimated number of couples with wives in the	1971	140	170
age group 15-44 per 1000 population	1981	142	169
Expectation of life at Birth	1971-81		
Males		61.1	54.1
Females		66.6	54.7

Source: *Statistical Hand Book of Goa 2001, Directorate of Planning, Statistics & Evaluation, Govt of Goa*

Table 1.12 Neonatal, Post-neonatal, Infant, Child and under-five mortality Rates for five year periods preceding the NFHS survey 1999

Years preceding the survey 1999	Neonatal Mortality	Post-neonatal Mortality	Infant Mortality	Child Mortality	Under Five Mortality
0 – 4	31.2	5.5	36.7	10.5	46.8
5 – 9	25.3	20.4	45.7	8.4	53.8
10 – 14	49.3	12.7	62.0	16.0	77.0

Source: *National Family Health Survey (NFHS-2) 1998 –99:Goa, Mumbai : IIPS*

Table 1.13 Birth & Death Statistics by Sex (1999)

Indicator	Rural	Urban	Goa State
Live Births			
Male	2243	9554	11797
Female	2075	8629	10704
Total	4318	18183	22501
Deaths			
Male	4267	1950	6217
Female	2829	1142	3971
Total	7096	3092	10188
Infant Deaths			
Male	112	127	239
Female	106	89	195
Total	218	216	434
Maternal Deaths	0	7	7
Still Births			
Male	5	114	119
Female	10	94	104
Total	15	208	223

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.14 Vital Rates by Districts

Area	Rural			Urban		
	Birth Rate	Death Rate	Infant Death Rate	Birth Rate	Death Rate	Infant Death Rate
North Goa	5.97	11.14	73.97	35.88	5.07	15.14
South Goa	6.71	8.38	8.97	24.49	5.06	7.74
Goa State	6.22	10.22	50.49	29.78	5.06	11.88

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.15 Number of Live Births by Types of Attention at Delivery 1999

Area	Institutional	Domiciliary				Not stated	Total
		Physician	Nurse/ Midwife	Untrained midwife	Other Medical Physician		
North Goa	12019	17	0	59	835	1	12931
South Goa	7726	687	34	109	1014	0	9570
Goa State	19745	704	34	168	1849	1	22501

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.16 Deaths by Age and Sex 1999

Age (years)	Rural			Urban			All Goa		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<1	112	106	218	127	89	216	239	195	434
1-4	18	27	45	10	7	17	28	34	62
5-14	46	30	76	12	12	24	58	42	100
15-24	175	92	267	47	38	85	222	130	352
25-34	354	140	494	120	34	154	474	174	648
35-44	452	122	574	229	54	283	681	176	857
45-54	625	197	822	323	82	405	948	279	1227
55-64	805	288	1093	358	163	521	1163	451	1614
65-69	415	273	688	185	116	301	600	389	989
70 +	1265	1554	2819	539	547	1086	1804	2101	3905
Not Stated	0	0	0	0	0	0	0	0	0
Total	4267	2829	7096	1950	1142	3092	6217	3971	10188

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.17 Maternal Deaths by Age 1999

Age	Rural	Urban
<15	0	0
15-19	0	0
20-24	0	0
25-29	0	1
30-34	0	2
35-39	0	2
40-44	0	2
>45	0	0
Age not stated	0	0
Total	0	7

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.18 Live Births by Birth Order and Age of Mother in Rural Areas 1999

Birth Order	Age of Mother									Total
	<15	15-19	20-24	25-29	30-34	35-39	40-44	>45	Age not stated	
1	0	88	579	725	257	57	7	1	0	1714
2	0	5	330	640	360	96	11	0	0	1442
3	0	0	77	310	244	79	7	0	0	717
4	0	0	10	82	108	55	5	1	0	261
5	0	0	1	23	47	21	2	3	0	97
6	0	0	1	4	17	13	3	0	0	38
7	0	0	0	0	1	1	2	1	0	5
8	0	0	0	0	3	1	0	0	0	4
9	0	0	0	0	0	0	0	1	0	1
10	0	0	0	0	0	0	0	0	0	0
> 10	0	0	0	0	0	0	0	0	0	0
Not Stated	0	17	5	8	6	2	0	1	0	39
Total	0	110	1003	1792	1043	325	37	8	0	4318

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.19 Live Births by Birth Order and Age of Mother In Urban Areas 1999

Birth Order	Age of Mother									Total
	<15	15-19	20-24	25-29	30-34	35-39	40-44	>45	Age not stated	
1	0	400	3077	3654	1093	161	18	1	0	8404
2	0	37	1238	2560	1789	438	31	4	0	6097
3	0	8	294	985	871	314	30	3	0	2505
4	0	0	36	262	272	100	11	3	0	684
5	0	0	6	42	62	49	5	2	0	166
6	0	0	0	13	10	19	2	1	0	45
7	0	0	0	2	5	5	0	0	0	12
8	0	0	0	0	1	1	2	0	0	4
9	0	0	0	0	1	0	0	0	0	1
10	0	0	0	0	0	1	0	0	0	1
> 10	0	0	0	0	0	1	1	0	0	2
Not Stated	0	41	55	88	56	17	4	1	0	262
Total	0	486	4706	7606	4160	1106	104	15	0	18183

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.20 Live Births by Birth Order and Educational Status of Mother In Rural Areas 1999

Birth Order	Literate	Below Matriculate	Matriculate, Higher Secondary or Equivalent	Graduate and Above	Age not stated	Total
1	244	367	373	154	576	1714
2	281	388	280	78	415	1441
3	240	225	88	22	142	717
4	125	61	16	2	57	261
5	64	15	4	0	14	97
6	21	6	1	1	9	38
7	2	1	0	0	2	5
8	4	0	0	0	0	4
9	0	0	0	0	1	1
10	0	0	0	0	0	0
> 10	0	0	0	0	0	0
Not Stated	6	7	4	2	20	39
Total	987	1070	766	259	1236	4318

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.21 Live Births by Birth Order and Educational Status of Mother In Urban Areas 1999

Birth Order	Literate	Below Matriculate	Matriculate, Higher Secondary or Equivalent	Graduate and Above	Age not stated	Total
1	773	1682	1763	736	3450	8404
2	791	1320	1234	392	2360	6097
3	637	666	314	63	825	2505
4	265	158	78	13	170	684
5	69	37	14	5	41	166
6	23	11	1	1	9	45
7	5	2	0	0	5	12
8	1	1	2	0	0	4
9	1	0	0	0	0	1
10	0	0	0	0	1	1
> 10	1	0	0	1	0	2
Not Stated	42	85	74	12	49	262
Total	2608	3962	3480	1223	6910	18183

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.22 Live Births by Birth Order and Educational Status of Father In Rural Areas 1999

Birth Order	Literate	Below Matriculate	Matriculate, Higher Secondary or Equivalent	Graduate and Above	Age not stated	Total
1	153	341	464	756	0	1714
2	195	396	346	505	0	1442
3	161	240	142	174	0	717
4	76	89	26	70	0	261
5	44	32	5	16	0	97
6	16	10	2	10	0	38
7	2	1	0	2	0	5
8	2	2	0	0	0	4
9	0	1	0	0	0	1
10	0	0	0	0	0	0
> 10	0	0	0	0	0	0
Not Stated	5	8	4	22	0	39
Total	654	1120	989	1555	0	4318

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

Table 1.23 Live Births by Birth Order and Educational Status of Father In Urban Areas 1999

Birth Order	Literate	Below Matriculate	Matriculate, Higher Secondary or Equivalent	Graduate and Above	Age not stated	Total
1	464	1544	2110	4286	0	8404
2	498	1209	1499	2891	0	6097
3	421	673	456	955	0	2505
4	189	175	113	207	0	684
5	50	48	19	49	0	166
6	20	9	7	9	0	45
7	5	4	0	3	0	12
8	1	1	2	0	0	4
9	0	0	1	0	0	1
10	0	0	0	1	0	1
> 10	1	1	0	0	0	2
Not Stated	29	78	87	68	0	262
Total	1678	3742	4294	8469	0	18183

Source: Annual Report on Registration of Births and Deaths 1999, Office of the Chief Registrar of Births and Deaths, Goa

2. WOMEN'S EDUCATIONAL STATUS IN GOA

Women in Goa stand way ahead of women in most other States in India with regards to their educational status. It is on this that women's organizations pin a lot of hopes for the future for women in the State. Goa has the fourth highest total literacy rate in the country after Kerala, Mizoram and Lakshadweep. With regards to the female literacy rate alone, Goa however falls one place to fifth highest as it is overtaken by Chandigarh. There is yet scope for an increased participation of women in the education system as we will see from data presented below.

Literacy Rate (%) 2001 Census (excluding children in age group 0-6)

Total Persons	82.32	(All India is 65.38)
Male	88.88	(All India is 75.85)
Female	75.51	(All India is 54.16)
Rural		
Total Persons	79.65	
Male	87.69	
Female	71.55	
Urban		
Total Persons	85.03	
Male	90.06	
Female	79.65	

Table 2.1 Sex wise Literacy Rates for the Year 1971, 1981, 1991 & 2001

TOTAL				MALE				FEMALE			
1971	1981	1991	2001	1991	1981	1991	2001	1971	1981	1991	2001
45	57	76	82	55	66	84	89	36	48	67	76

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

Average Area Covered by a School in Goa

Primary School	2.92 sq. km
Middle School	8.41 sq. km
Secondary School	10.14 sq. km
Higher Secondary School	46.28 sq. km

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

Total Number of Schools

No. of Primary Schools	1037 (1261 including 6 girls schools according to the Directorate of Education)
No. of students at Primary School level	85960
No. of Middle Schools	445
No. of students at Middle School level	74687
No. of Secondary Schools	361 (799 including 10 girls schools according to the Directorate of Education)
No. of students at Secondary School level	64365
No. of Higher Secondary Schools	81 (including 4 girls schools according to the Directorate of Education)
No. of Students at Higher Secondary level	18545
Population 0-06 years	142152

Source: Census 2001

Average Population Served by a School in Goa

Primary School	1060.77
Middle School	3033.86
Secondary School	3662.12
Higher Secondary School	16592.57

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Teacher - Pupil Ratios

Primary School Level	1:24
Middle School Level	1:31
Secondary School Level	1:18
Higher Secondary School Level	1:16

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.2 Sex Wise Drop Out Rates 1997 –2002

Class	Year	Boys	Girls	Total
I - V	1997-1998	5.41	12.75	8.95
	1998-1999	-0.15	8.72	4.20
	1999-2000	5.83	11.50	8.58
	2000-2001	3.00	9.94	6.37
	2001-2002	3.48	8.12	5.73

Class	Year	Boys	Girls	Total
I - VIII	1997-1998	6.20	12.23	9.12
	1998-1999	4.70	11.26	7.88
	1999-2000	7.14	13.26	10.11
	2000-2001	5.73	13.25	9.36
	2001-2002	- 1.30	9.89	4.19
I - X	1997-1998	46.49	46.71	46.60
	1998-1999	41.69	42.45	42.06
	1999-2000	43.22	42.41	42.83
	2000-2001	44.23	43.46	43.85
	2001-2002	42.92	41.47	42.21

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

With regards to the drop out rate as indicated in the table above, there is a gender difference in drop out rates in the classes I – VIII. It is much higher among girls than boys. However in by standard X, the drop out rate though it increases there is little difference between the boys and girls.

Table 2.3 Enrolment According to Sex and Class 2001 – 2002

Std. I – IV			Std. V - VII			Std. VIII - X			Std I -X		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
48689	45339	94028	38730	34864	73594	33606	30215	63821	121025	110418	231443

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

Table 2.4 Enrolment According to Sex, Class and Management of School 2001 – 2002

Management	Std. I - IV		Std. V - VII		Std. VIII - X		Std I -X	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
GOVT	23042	22168	6599	6248	4481	3619	34122	32035
NON GOVT	25647	23171	32131	28616	29125	26596	86903	78383
Total	48689	45339	38730	34864	33606	30215	121025	110418

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

Table 2.5 Enrolment in Higher Secondary according to Sex and Management 2001 – 2002

Management	Higher Secondary		
	Boys	Girls	Total
GOVT	1487	1226	2713
NON GOVT	10210	9945	20155
Total	11697	11171	22868

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

Table 2.6 Enrolment Rural/ Urban in Higher Secondary according to Sex 2001 – 2002

Rural/Urban	Higher Secondary		
	Boys	Girls	Total
Rural	4643	4052	8695
Urban	7054	7119	14173
Total	11697	11171	22868

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

Total Number of Institutions offering Higher Secondary Certificate	81
Rural Institutions	39
Urban Institutions	42

Table 2.7 Enrolment in Higher Secondary XI and XII according to Sex and Faculty Taken 2001-2002

Faculty	Boys	Girls	Total
ARTS	1519	2385	3904
SCIENCE	3198	2742	5940
COMMERCE	4535	4222	8757
VOCATIONAL	2445	1822	4267
TOTAL	11697	11171	22868

Source: *Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa*

Table 2.8 Enrolment of Schedule Caste Students according to Sex, Class and Management of School 2001-2002

Management	Std. I - IV		Std. V - VII		Std. VIII - X		Std I -X	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
GOVT	905	920	248	205	108	85	1261	1210
NON GOVT	138	127	345	318	271	240	754	685
Total	1043	1047	593	523	379	325	2015	1895

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.9 Enrolment of Schedule Tribe Students according to Sex, Class and Management of School 2001 – 2002

Management	Std. I - IV		Std. V - VII		Std. VIII - X		Std I -X	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
GOVT	23	13	6	6	5	3	34	22
NON GOVT	4	1	3	1	3	3	10	5
Total	27	14	9	7	8	6	44	27

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.10 Enrolment of Students of Other Backward Classes according to Sex, Class and Management of School 2001 – 2002

Management	Std. I - IV		Std. V - VII		Std. VIII - X		Std I -X	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
GOVT	3537	3352	1151	1126	898	790	5586	5268
NON GOVT	832	733	2225	1878	2112	1883	5169	4494
Total	4369	4085	3376	3004	3010	2673	10755	9762

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.11 Stagewise Enrolment in Govt. Aided and Unaided Non-Govt Schools

Aided/ Unaided	Primary Level			Middle Level			Secondary Level			Total		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Aided	16707	15737	32444	31475	28118	59593	28680	26326	55006	76862	70181	147043
Unaided	8940	7434	16374	656	498	1154	445	270	715	10041	8202	18243
Total	25647	23171	48818	32131	28616	60747	29125	26596	55721	86903	78383	165286

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.12 Number of Teachers according to Rural/ Urban, Stage, Sex, Training and Management 2001 -2002

MGT.	Area	Primary Level				Middle Level				Sec. Level				Hr Sec. Level			
		Trained		Untrained		Trained		Untrained		Trained		Untrained		Trained		Untrained	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
GOVT	Rural	607	1141	-	-	239	259	5	1	249	140	2	2	25	14	3	-
	Urban	109	610	-	-	62	126	4	1	64	88	-	-	54	57	17	15
NON	Rural	20	496	11	90	347	502	4	8	695	679	4	5	211	175	52	60
GOVT	Urban	22	801	2	171	260	622	4	9	599	924	6	14	272	286	47	74
Total		758	3048	13	261	908	1509	17	19	1607	1831	12	21	562	532	119	149

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.13 Enrolment of Students and Number of Teachers in Colleges and University (excluding Higher Secondary & including B.A, B.Sc., M.A., M.Sc. etc.) 2001 –2002

The data below is that of the Goa University and it's 22 affiliated colleges.

Sr. No. of Institution	Student Enrolment			Number of Teachers		
	Boys	Girls	Total	Male	Female	Total
Total	5639	8716	14355	475	418	893

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.14 Sex Wise Enrolment of Students in the Goa University (Post Graduate Centre Only)

* The number of girls enrolled at the University is almost twice that of the number of boys

2001-2002			2002-2003			2003-2004		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
394	697	1091	333	633	966	323	612	935

Source: Office of the PRO, Goa University

Table 2.15 Sex Wise Student Enrolment and Teachers of Professional Education for the year 2001 – 2002

Student Enrolment			Number of Teachers		
Boys	Girls	Total	Male	Female	Total
2489	2408	4897	268	199	467

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

**Table 2.16 Sex Wise Student Enrolment and Teachers of Professional/ Technical Education
(Post Matric and Above) for the year 2001 – 2002**

Student Enrolment			Number of Teachers		
Boys	Girls	Total	Male	Female	Total
4406	1157	5563	382	109	491

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

**Table 2.17 Sex Wise Student Enrolment and Teachers of Vocational/ Technical Education
(Pre Matric Level) for the year 2001 – 2002**

Student Enrolment			Number of Teachers		
Boys	Girls	Total	Male	Female	Total
872	539	1411	42	21	63

Source: Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.18 Sex wise and Stage wise Enrolment in Professional Course for the Year 2001- 2002

Degree/Certificate	Student Enrolment		
	Boys	Girls	Total
Post Graduate Degree	348	596	944
Post Graduate Diploma	579	535	1114
Diploma Graduate Level	94	130	224
Post Matric Diploma	2377	844	3221
Post Matric Certificate	110	26	136

Source: Compiled from Educational Statistics at a Glance 2001 – 2002, Directorate of Education, Govt. of Goa

Table 2.19 Ph. D Awarded for the years 2001 – 2002 and 2002-2003

2001 - 2002			2002 - 2003		
Boys	Girls	Total	Boys	Girls	Total
32	29	61	38	28	66

Source: Office of the PRO Goa University

According to the Directorate of Education, Government of Goa, the Government provides monetary incentives to poor and needy girl students of standard I to VII in rural areas of Government schools only. The income limit of parents should not exceed Rs. 25,000/- per annum. The Government provides Rs. 200/- per student per annum and there is no limit on the number of such awards.

Table 2.20 Beneficiaries of the Scheme of Incentive to Girl Students

Year	Total Number of Beneficiaries			Total Amount Spent
	Primary	Middle	Total	
2000-2001	7175	819	7994	15,98,800
2001-2002	6902	918	7820	15,64,000
2002-2003	6120	902	7073	14,06,000

Source: Directorate of Education, Government of Goa

Our Struggles, Our Demands To Engender Education

Bailancho Saad A Women's Collective, Goa, 2003

1. Women Representation in the Committee to draft policy on Education to ensure inclusion of gender concerns.
2. Review textbooks and curriculum for gender biases
3. Gender Impact Assessment of all education policies including the proposed move to introduce full day school.
4. Special educational opportunities for the underprivileged sections like Dhangars, Goulim, Kunbi communities.
5. Government support and financing to widen the scope of the Centre for Women's Studies, Goa University.

Some More Recommendations

Children's Rights, Goa 2004

- Anganwadi centres to be opened in every village especially where there is a basti of migrants so that the smaller children can be looked after when the parents go off to work and the girls are not kept back from going to school.
- Vocational training programmes run by the government should be set up for the older girls so that they learn a trade which will help them in the future.
- Open school facility and bridge courses run by the government for school dropouts to be made available.
- Educating the parents about gender sensitivity by organising various programmes like street plays, films on the importance of girl child is necessary.
- Checks should be maintained to see that there is no child marriage. To ensure that registering of all marriage be made compulsory.
- It should be ensured that the girl child is given her rights.

3. ECONOMIC STATUS OF WOMEN IN GOA

Women receive less than one tenth of the worlds income, but do two thirds of the worlds work. Although earning less than men, they work longer hours – 2 to 5 hours more in developed countries, 5 to 6 hours more in Latin America and the Caribbean, and as much as 12 to 13 hours more in Africa and Asia. When house work and child care are taken into account, women on average have a 60 to 70 hour week.

Sheila Rowbotham in Women in Movement: Feminism and Social Action, Routledge 1992

Women's Unpaid Work

Although discrimination of women seems to be a universal phenomenon the situation is compounded in the presence of poverty or when women have low incomes, or when women despite education are unable to participate in the paid work force as in the case of Goa. Despite women's economic contribution to society including their unpaid contribution, they are deprived from enjoying a status on par with men.

World over the responsibility of 'caring' lies largely on the shoulders of women, whether it is looking after children, the sick, elderly people, etc. Women work in food production and health provision, and are also responsible for hygiene, cleaning and waste management. Women play a leading role in the maintenance of the smooth functioning of a society and therefore even their unpaid work is a tremendous contribution to the economy. However, despite the fact that the very functioning of societies is dependent on this care work provided by women, the present day concept of economy, focuses on market and paid work ignoring this completely. The work therefore in 'care economy' is invisible. It is not regarded as productive. In fact women's caring work is only paid for poorly if paid at all. Women today thus bear the double burden of paid work outside the home and unpaid care work inside the home. This unpaid economic contribution by women has been discussed in several international forums and the need for its inclusion in all economic analysis has already been articulated. Women are no longer mere secondary but prime contributors to national development yet their contribution to the economy continues to be unrecognized in official statistics as we will see in this Chapter.

The Economic Survey 2003-2004 brought out by the Directorate of Planning, Statistics & Evaluation, Government of Goa, highlighted that the poverty ratio in the State according to Planning Commission estimates for the year 1999- 2000, is 4.4% which is the second lowest in the country next to Jammu & Kashmir. Poverty in rural Goa is 1.35% and is 7.52 in the urban areas. These figures too are also

much lower than the national average of 26.10% (27.09% in rural areas and 23.62% in urban areas). The same report mentions a very high level of educated unemployed in the State (though data is not available on this aspect). However, the one lakh applicants on the live register of the Employment Exchange, is an indicator of the level educated unemployed or under employed.

**Table 3.1 Number of Applicants on the Live Register of Employment Exchange
(Date not available Sex wise)**

Level of Education	Number of Applicants					
	1998	1999	2000	2001	2002	2003(P)
Below Matriculate	28692	26998	25707	24629	19766	20987
Matriculate	33622	31873	30892	31491	33664	34131
HSSC	34314	32513	31149	29237	29199	28832
Graduate	12452	12148	12246	12896	16346	15843
Post-Graduate	1070	1075	1109	1371	1759	1847
Diploma Holders	1638	1844	1915	2346	2870	3019
Total	111788	106451	103018	101970	103604	104659

Source: *Economic Survey 2003-04, Directorate of Planning, Statistics & Evaluation, Government of Goa*

The Economic Survey 2003 -04 also states that the State plans to strive towards a level of zero poverty in Goa and discusses the Employment Generation Strategy that was announced in the Budget Speech 2003 of the Chief Minister/ Finance Minister of Goa. This involves a three pronged strategy of :

1. RETENTION of employment in traditional sectors such as agriculture and allied activities by making them remunerative.
2. CREATION of large scale employment by providing incentives to industries to employ people on a sustainable basis.
3. Encouragement to self employment

Gender Gap in the Work Force

But of most relevance to us in this Chapter is the startling *Gender Gap in the Work Force* in Goa. According to Government of Goa's Economic Survey 2003-2004, the gender gap in the number of men and women working in the State is very high and is higher than the country average. While men constitute 72% of the registered workforce, only 28 % of the women are registered as being part of the workforce. It is common knowledge however that most women can never be termed as non-workers as their work contribution in the domestic arena is much more than that of men. However women's unpaid work has always gone unrecognized and not acknowledged. This apart, statistics such as those

given below could tarnish the image of the State. There has also been a very marginal change in the last decade as the table below indicates.

Table 3.2 Sex-wise Composition of the Work force

Sex	Goa		India
	1991	2001	2001
Male	71.4	72.00	68.4
Female	28.6	28.00	31.6
Total	100.00	100.00	100.00

Source: Economic Survey 2003-04, Directorate of Planning, Statistics & Evaluation, Government of Goa

Table 3.3 Sex-wise Distribution of workers & Non-workers in Goa

Classification	Persons	Males	Females
Main Workers	425702	328349	97353
Marginal Workers	96863	47764	49099
Total Workers (Main+Marginal)	522565	376113	146452
Non-Workers	821433	309504	511928

Source: Census 2001

Table 3.4 Work Participation Rate (1991 & 2001 Census)

Persons	Main Workers	Marginal Workers	Total Workers	Non Workers
Total Persons				
1991	32.8	2.5	35.3	64.7
2001	31.7	7.2	38.9	61.1
Males				
1991	48.3	1.3	49.6	50.4
2001	47.9	7.0	54.9	45.1
Females				
1991	16.8	3.8	20.5	79.5
2001	14.8	7.5	22.3	77.7

Source: Economic Survey 2003-04, Directorate of Planning, Statistics & Evaluation, Government of Goa

Table 3.5 Occupation distribution of Main Workers (%) 2001 Census

Persons	Cultivators	Agricultural Labourers	Household Industry	Others
Total Persons	9.7	6.9	2.7	80.7
Males	6.9	4.3	2.3	86.5
Females	16.8	13.6	3.8	65.8

Source: Census of India

PERCENTAGE OF FEMALE WORKERS TO TOTAL WORKERS 28.03

Table 3.6 Per 1000 Distribution of Usually Working Persons in Rural Areas in the Principal Status by Broad Industry Division

Part 1 (contd. in Part 2 below)

Area	Agriculture		Mining		Manufacturing		Electricity/ Water		Construction		Trade/Hotel/ Restaurant	
	M	F	M	F	M	F	M	F	M	F	M	F
India	712	841	6	4	73	77	2	0	45	12	68	23
Goa	232	338	56	83	138	60	4	0	157	46	174	26

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.7 Per 1000 Distribution of Usually Working Persons in Rural Areas in the Principal Status by Broad Industry Division (Part 2)

Area	Transport		Services Fin, Business etc		Services Pub. adm, edu.,communication etc		Total	
	M	F	M	F	M	F	M	F
India	32	1	5	1	56	42	1000	1000
Goa	151	26	10	0	78	192	1000	1000

Source: NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.8 Per 1000 Distribution of Usually Working Persons in Urban Areas in the Principal Status by Broad Industry Division (Part 1) (contd. in Part 2 below)

Area	Agriculture		Mining		Manufacturing		Electricity/ Water		Construction		Trade/Hotel/ Restaurant	
	M	F	M	F	M	F	M	F	M	F	M	F
India	65	146	9	4	225	232	8	2	88	55	293	164
Goa	12	53	24	44	135	112	14	24	209	110	261	263

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.9 Per 1000 Distribution of Usually Working Persons in Urban Areas in the Principal Status by Broad Industry Division (Part 2)

Area	Transport		Services Fin, Business etc		Services Pub. adm, edu.,communication etc		Total	
	M	F	M	F	M	F	M	F
India	104	20	44	28	165	350	1000	1000
Goa	202	35	42	99	102	261	1000	1000

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.10 Per 1000 Distribution of Usually Working Persons in Rural Areas in the Principal Status and Subsidiary Status together by Broad Industry Division

Part 1(contd. in Part 2 below)

Area	Agriculture		Mining		Manufacturing		Electricity/ Water		Construction		Trade/Hotel/ Restaurant	
	M	F	M	F	M	F	M	F	M	F	M	F
India	714	854	6	3	73	76	2	0	45	11	68	20
Goa	242	421	55	68	136	49	4	0	154	37	171	246

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.11 Per 1000 Distribution of Usually Working Persons in Rural Areas in the Principal Status and Subsidiary Status together by Broad Industry Division

Part 2

Area	Transport		Services Fin, Business etc		Services Pub. adm, edu.,communication etc		Total	
	M	F	M	F	M	F	M	F
India	32	1	5	1	56	36	1000	1000
Goa	150	21	10	0	77	157	1000	1000

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.12 Per 1000 Distribution of Usually Working Persons in Urban Areas in the Principal Status and Subsidiary Status together by Broad Industry Division

Part 1 (contd. in Part 2 below)

Area	Agriculture		Mining		Manufacturing		Electricity/ Water		Construction		Trade/Hotel/ Restaurant	
	M	F	M	F	M	F	M	F	M	F	M	F
India	66	177	9	4	224	240	8	2	87	48	294	169
Goa	12	49	24	41	134	156	14	22	208	101	261	243

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.13 Per 1000 Distribution of Usually Working Persons in Urban Areas in the Principal Status and Subsidiary Status together by Broad Industry Division

Part 2

Area	Transport		Services Fin, Business etc		Services Pub. adm, edu.,communication etc		Total	
	M	F	M	F	M	F	M	F
India	104	18	45	25	165	317	1000	1000
Goa	205	32	42	91	101	266	1000	1000

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

**Table 3.14 Number Of Unemployed Per 1000 Persons According To Usual Status
Excluding Those Who Are Employed In A Subsidiary Status**

Area	Number of Unemployed Persons			
	Rural		Urban	
	Male	Female	Male	Female
India	9	3	24	8
Goa	40	34	86	53

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.15 Number Of Unemployed Per 1000 Persons According To Current Weekly Status

Area	Number of Unemployed Persons			
	Rural		Urban	
	Male	Female	Male	Female
India	21	10	30	10
Goa	48	42	109	69

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

Table 3.16 Number Of Unemployed Per 1000 Persons According To Current Daily Status

Area	Number of Unemployed Persons			
	Rural		Urban	
	Male	Female	Male	Female
India	37	15	38	12
Goa	50	45	121	71

Source : NSS Report No. 455: Employment and Unemployment in India, 1999-2000- Key Results, Government of India

(Please see Chapter on Gender Critique of Development in Goa)

Self Help Groups - No Substitute For Gainful Employment

Bailancho Saad, A Women's Collective, Goa

Self Help Groups have been effective in bringing women together but it has failed to provide sustainable employment. Self Help Groups (SHG'S) aim at to providing micro-credit to women. It is in fact giving the money from poor women to rich borrowers who are sometimes defaulters and often

men borrow money on their wives names. The loans women avail of are chiefly for personal needs like repair of house, sickness, education of children and very small trade. These in no way provide sustainable employment. Calculating the profit women make in a year and dividing it by the group members, the income on an average works out to less than Rs 100 a month. Only those women who have prior established businesses benefit. The interest on money borrowed through the SHG's works out to be 36% as they charge Rs 3/- interest per month on Rs 100/- which is much higher than a bank loan. The Government cannot absolve itself from the responsibility of providing gainful employment to women. Self Help Groups should be promoted not just to cushion the onslaught of economic recession but for providing decent livelihoods to women. While Self Help Groups have not generated income to take women above the poverty line, it has definitely contributed in bringing women together and organizing themselves. It has also contributed to the self-development of women.

A CASE OF BONDED LABOUR IN GOA

Bailancho Saad, A Women's Collective, Goa

On the 8th October 1994, 31 girls (including two minors) and a man hailing from Tamilnadu were declared by the District Magistrate as bonded labour in Goa at a seafood-processing unit (Rahul Foods) and were freed. The workers had been given some small advance upon recruitment before coming to Goa and were promised a salary of Rs.1500/- apart from free travel, food, accommodation and toilet articles. On arrival in Goa they were made to clean a box of prawns and squid weighing 10 to 15 kilos at Rs. 2/- per box. They were not provided with gloves so many had sores/rash on their hands. They were eventually not even paid that sum despite the long hours of labour. They were also given poor food. The workers were transported by truck from their residence, which was two small rooms with no windows, to the factory. Sometimes, they were made to walk under the supervision of contractors or agents. They were not allowed to go anywhere except to the temple or to church and this too was permitted only under strict supervision. If a worker desired to go home, she had to first repay the travel expenses and toilet articles received. Letters written by the girls were read by the contractors and only selective letters were posted. Workers were threatened with dire consequences if they reported their condition to relatives of if they attempted to escape.

Our Struggle, Our Demands

To Create Gainful Employment for Women in a Non-Exploitative Environment

Bailancho Saad, A Women's Collective, Goa 2003

- All employment related policies like tourism policy, information technology policy must specifically address employment concerns of women.
- Government must provide support to self-help groups and other self-employed women to have sustainable livelihoods.
- Support in the form of schemes for assistance, simplified procedures, easy access to information and facilities.

- Marketing facilities must be made available to women.
- Women should not be forcibly displaced from their traditional occupations or from their market place or from their livelihoods.

Case : Members of the 'Feri Vikri Sabha' an organisation of women selling sea shells used for whitewashing fear eviction by Mapusa Municipal Council from their traditional places in the market which was allotted to them 11 years back. These women find it difficult to sustain their traditional occupations as sand extraction activities have depleted the shells in the rivers. In an attempt to salvage the trade they get shells from Karwar and struggle to save their space in the market.

- Domestic Workers Protection Act should be enacted which should ensure registration of domestic workers, living wages, regulated working hours, leave medical assistance, pension etc.
- Equal pay for work of equal value.
- Protection to unorganized workers.
- According to a study of women agricultural workers by Bailancho Saad conducted in the Talukas of Bardez, Salcette, Pernem and Sanguem there is no uniformity of wages paid to the women workers in different Talukas and there is discrimination in wages paid for the same kind of work. Most agricultural workers are wage earners and work in other people's field
- The implementation of labour laws especially with respect to construction workers
- Formation of Sexual Harassment Committees in private sectors
- When promoting job opportunities for women the policy should be non discriminatory and the jobs not stereotyped for women.
- Need for the formation of cooperatives of women agricultural workers and the schemes available to landowners should be given to cultivators too.
- The labour department should ensure that contractors provide facilities to the workers and pay their rightful wages on time.
- Need for day care centers for the children of women who work outside the home.
- Women who are deserted/thrown out of their families often cannot avail of schemes as they do not have a fixed address and most often the necessary documents are not in their possession. This should be taken into consideration by government agencies.

4. GENDER CRITIQUE OF DEVELOPMENT IN GOA

In this section we will focus only on three sectors of the Goan economy namely tourism, mining and construction. These are three of the leading sectors in Goa and have large economic implications for the state but have also been cause for much concern for the Women's Movement in Goa. So this chapter is divided into three sections dealing with Tourism, Mining and Construction sectors and health concerns that emanate from each of them.

Table 4.1 Contribution of Goa to National Exchequer According to Source

Source	Amount (Rupees in Crores)	Per Capita (in Rupees)
Iron Ore Export- Foreign Exchange Earnings (2001 -2002)	939.94	6899
Foreign Exchange Earnings from Tourism (1999)	1500	11062
Customs Revenue (2001- 02)	301.48	2243
Central Excise (2001-02)	626.98	4665
Income Tax (2001-02)	232.60	1731

Source : *Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa*

Section I TOURISM INDUSTRY

According to the Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa, the tertiary sector is the main stay of the economy of the State and tourism is its key contributor.

Table 4.2 Sectoral Composition of GSDP at current prices (per cent)

Sector	1970-71*	1980-81	1990-91	2000-01
Primary Sector	30.9	24.3	19.9	12.0
Secondary Sector	26.5	29.9	28.6	33.4
Tertiary Sector	42.6	45.8	51.5	54.6
GSDP	100	100	100	100

Source: *Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa* Relates to NSDP*

The tertiary sector has registered an annual compound growth rate of 9.5% during the period 1993-94 to 2000-01 at constant prices (GSDP). Tourism is not a separate sector in the system of National Accounts. As such, there is no estimate available as regards contribution of tourism to the State income. — Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa.

Table 4.3 Gross State Domestic Product at Factor Cost by Industry at Constant (1993-94) Prices (in lakhs)

Industry	1993-94	1998-99	1999-00	2000-01	2001-02 (P)
Primary Sector					
Agriculture, Forestry & Fishing	35439	35333	38027	35225	38024
Mining & Quarrying	15165	20426	15133	14691	13791
Secondary Sector					
Manufacturing	57364	104297	118882	124813	134766
Electricity, Gas & Water Supply	4368	6674	6924	7208	8821
Construction	10587	20033	20280	26813	27959
Tertiary Sector					
Trade, Hotels & Restaurants	22339	64610	52620	63106	63349
Transport, Storage & Comm.	36353	42494	41478	43445	47140
Financing, Real Estate, Business	30368	62526	69308	72412	77010
Community, Social Services etc.	27685	36794	38810	42028	45841

Source: Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa

Table 4.4 Tourist Arrivals in Goa 1985 - 2003

Year	Number of Tourists			Annual Growth (%)
	Domestic	Foreign	Total	
1985	682545	92667	775212	—
1986	736548	97533	834081	7.6
1987	766846	94602	861448	3.3
1988	761859	93076	854935	-0.7
1989	771013	91430	862443	0.9
1990	776913	104330	881243	2.2
1991	756786	78281	835067	-5.2
1992	774568	121442	896010	7.3

Year	Number of Tourists			Annual Growth (%)
	Domestic	Foreign	Total	
1993	798576	170658	969234	8.2
1994	849404	210191	1059595	9.3
1995	878487	229218	1107705	4.5
1996	888914	237216	1126130	1.7
1997	928925	261673	1190598	5.7
1998	953212	275047	1228259	3.2
1999	960114	284298	1244412	1.3
2000	976804	291709	1268513	1.9
2001	1120242	260071	1380313	8.8
2002	1325296	271645	1596941	15.7
2003	1738330	291408	2029738	27.1

Source: *Economic Survey 2003-04, Directorate of Planning Statistics and Evaluation, Government of Goa*

Tourism is a major income earner in the state and therefore Tourism promotion has been a priority of the Government of Goa. It is viewed as a major foreign exchange earner, provider of employment and contributor to the creation of other industries.

However, the growth in the tourist arrivals (See Table 1 above) has been viewed with apprehension by the NGO sector and women's organisations for the impacts that it has on the local host population, women and children in particular, and the environment. Of particular concern have been issues like stress on natural resources water and land, pollution and the impacts of drug abuse, crime and prostitution.

An integral part of the "construction" of Goa as a tourist destination is the 'selling' of the State's culture, environment, the climate and coast. Among its many names, Goa is said to be a 'tropical paradise', 'a place for leisure and relaxation', 'a place for a holiday in the sun'. An integral part of this branding is the creation of an 'image' of the people and their culture akin to a 'liberal' western society. Indian cinema, tourism promotion both in the private and public sector, media, and aggressive adverting of alcohol have played a role in the creation of this 'western', 'loose morale', 'promiscuous' image of women in the State. NGOs and women groups have repeatedly pointed out that this has been cause for much abuse and violation of women's rights in Goa.

Several NGO's and women's organisations in Goa have voiced their concerns about the impacts of tourism on women. They opine that the effects of such representation of the Goan society, women and culture have lead to human rights violations in the State. There is an opinion that these images

of Goa as being 'the exotic other', 'alcoholic', 'site for sex and drugs', 'fun loving, laid back and even lazy', 'different' from the rest of India, has resulted in an increased incidence of crimes against women and children like sexual harassment, rape, molestation, eve-teasing, prostitution, paedophilia etc.

Some Impacts of Tourism

There is a large section of the population that views 'tourism' as a 'neo-colonial power'. Those who are not in favour of tourism particularly mass tourism otherwise referred to as Chartered Tourism offer the following reasons:

- land acquisition from local communities for tourism development,
- land conversion
- displacement of agricultural labourers, toddy-tappers and fisherfolk who have no skills for the tourism industry,
- the drain on natural resources, particularly water with demands for swimming pools, showers, lawns and golf courses,
- the stress that increased population places on the sewage and drainage system,
- non biodegradable garbage generated like plastic bottles, styrofoam cups, straws, packets etc,
- the infiltration of sewage into the ground water, contamination of wells, rivers etc.,
- destruction of the beaches and sand dunes with sand extraction for construction,
- the commercialisation of culture,
- loss of control over the tourist trade by majority of the local population as they are unable to compete with the larger players,
- denial of access to locals by hotels to graze cattle and collect firewood,
- denial of access to locals to some beaches for protection of privacy of tourists,
- seasonal joblessness that is characteristic of the industry,
- alcoholism and drug abuse,
- damage to the 'Rampon' (fishing net) business with water sports,
- lowering of nutritional status among local populace especially women due to tourism industry's demand for the local staple fish, prawns, vegetable and fruit making these unaffordable. It is worth noting here that more than one fourth (27%) of women in Goa are undernourished [NFHS 2]
- increase in violence, crimes, particularly crimes against women, sexually transmitted diseases, drugs, prostitution and paedophilia.
- increased incidence of malaria, which has been directly related to construction activity and the tourism industry.

Section II

MINING INDUSTRY

Mining activity, is often referred to as the 'backbone of the Goan economy' as it provides employment, generates income and contributes to foreign exchange earnings. The mining belt extends over an area, which is approximately 14 – 18 % of Goa's land area.

Contribution from mining & quarrying is mainly from iron ore mining. Mining was an important economic activity at the time of liberation contributing about 17% of the State income. Share value addition from this sector in the State income at present is less than 4%. On account of continuous exploitation, the iron ore stock in the State is depleting so also its production which has remained almost static for many years. This is a natural resource where there is only depletion and no replenishment unless some new reserves are located. – Economic Survey 2003-2004, Directorate of Planning, Statistics and Evaluation, Government of Goa.

In a recent study on the 'Economic Status of Women in Mining Areas' by Shaila Desouza, [Centre for Women's Studies, Goa University for the Goa State Commission for Women (2003)] it was found that women who worked as paid labour in the mines had a lower economic status than those who had supportive domestic roles in unpaid activities in and around the mining area. In order to investigate the work that women do both for the mining industry as paid workers and also their invisible work in the family, the study looked at both women who are directly engaged in paid labour for the mining industry (for example: loading and unloading, etc) as well as the unpaid mothers, wives, daughters and sisters of persons living in the vicinity of the mines. In Goa, most of the mining workers are migrants from outside the state but the residents in the mining areas include old inhabitants who are of Goan origin. Most traditional residents not engaged in mining work have moved out of the area due to dust pollution and water contamination.

Mining work is least enviable due to poor working conditions and the health hazards, which the mining activity poses. Women workers in the mines continue to face barriers to economic empowerment and entrepreneurship. Gender inequalities such as differences with respect to pay for equal work, working conditions, access to education, training, access to credit, right to own and inherit property, denial of promotion and the burden of the greater domestic responsibilities for women are just some of the barriers that exist. Women are therefore often forced by circumstances to offer their labour for low wages and poverty is the main driver that compels the majority of them to join the paid work force in this industry.

Some Recommendations

- Equal pay for equal work. 93% of the women said that they were paid different wages from the men in the mining industry.
- A higher wages considering the hazardous nature of the industry. The study revealed that the average income was in the range of Rs. 1001 – 2500 per month and 93% of the women were daily wage earners.

- The women labourers should be entitled to paid leave and maternity benefits. The study revealed that only 7% of the women in the paid labour force of the mining industry had access to paid leave and maternity benefits and 80% of the women said that they had to stay home when their child was sick sacrificing the days wages.
- Free medical assistance including medicines should be part of the health package.
- Manual labourers should also be entitled to the health facilities being offered to the employees of the mining industry.
- An investigation into the incidence of sexual harassment of women working for the mines.

Mining and Health Concerns

The State of Goa's Health report (VHAI, New Delhi and Sangath, Goa) revealed that mining has both a positive and negative affect on health. The provision of jobs allows people to access better goods and services. Mining companies too provide for a certain level of health care. On the negative side, however, the report highlighted that mining affected the environment by contamination of air, water, land, etc. which has impacted on the health of the local community apart from the mine-workers. The report also recommended the shift from curative health care to preventive health care system. This would no doubt mean better implementation of the environmental law and the checks to the damage to the environment. This however is not the only report/ publication that talks of the ill effects of mining activity.

Claude Alvares in 'Goa: The Politics of Environment Abuse' published in Norman Dantas (ed) 1999: *The Transforming of Goa*, (The Other India Press, Mapusa) laments that it is "disheartening to report that little has been done in terms of environmental rehabilitation of the mining areas." He says that in 1981, the Indian Bureau of Mines had conducted an environmental impact survey of mining projects on surrounding paddy fields and rivers, etc. but the report was never circulated. Then in 1982, a committee led by M.S. Swaminathan was set up by the Government of Goa and a detailed Eco-Development Plan for Goa was drawn up with recommendations which were never implemented. In 1997-98 Tata Energy Research Institute (TERI) completed a comprehensive study of the problems in the mining areas chiefly the health problems and identified solutions, which was accepted by the Government of Goa. However, Alvares says that since the mine owners are claiming recession in their industry, things have not changed and the responsibility and accountability seems to be ambiguous.

Section III

CONSTRUCTION ACTIVITY IN GOA

Goa has witnessed a boom in construction activity since mid-1980s. Much of this construction activity has been related to meeting the demands and needs of the Tourism Industry. With the boom in construction activity, the local supplies of labour fell short and labour from neighbouring States migrated to Goa. The incentive was higher wages in Goa besides drought and poverty in their home States. One of the major fallouts of rapid expansion in construction has been increasing malaria in

Goa. Considering that women constitute a major part of the workforce in the construction industry throughout India, any construction-related illness directly impact on women's health status.

A study on the spread of malaria in Goa found that construction workers were the most vulnerable occupation group affected by malaria because the curing tanks at construction sites were breeding grounds for the anopheles mosquito ["Development, Malaria and Public Health Policy," P. Mukhopadhyay and Shaila Desouza, *Economic and Political Weekly*, Volume XXXII, No. 49, December 1997]. The same study further discusses how State Health Policy not only targets this group for monitoring to check the spread of the disease but also to bear the pecuniary cost to prove that she/he is not infected or a carrier. A system of health cards was also introduced by amending the Goa Public Health Act of 1996 which made it mandatory for all migrant labourers to carry the health card. As the act stipulates, "the responsibility of obtaining the health card shall rest entirely with the labourer". According to the above study the health cards cost Rs. 5, require two passport photographs and have to be updated every 3 months which often requires the labourer to lose a day's wages every three months.

Ever since malaria was declared as a Notifiable disease in March 1996, the position of the construction labourers was made more vulnerable with provisions of the Goa Public Health Act. For example:

Item 54 Prohibition of the exposure of other persons to infections.

Item 61 Destruction of hut or shed to prevent spread of infections

Item 64 Infected persons not to use public conveyance

Item 65 Prohibition of letting or subletting of a building occupied by an infected person

Item 67 Forbidding work in infected premises

There were gender differences in the incidence of the disease:

Year	Total Cases	Male	Female
1994	3456	2468	988
1995	3886	2884	1002
1996	11632	8589	3043

Source: *National Malaria Eradication Programme, Directorate of Health Services, Goa*

One study from the state health department attempted to explain this difference on the basis of dress habits: "High percentage of infection in males can be attributed to the habits of wearing half pants and half shirts and sometimes only with half pants at home and preferring to sleep outside (S.B. Nadkarni and M. B Kaliwal (1990): 'Epidemiological Aspects of Malaria Outbreak in Panaji', *Bulletin of Vector Borne Diseases*, Vol 1, No.2, Directorate of Health Services, Panaji.).

There is need for further investigation into this matter because the above explanation seems implausible. The reported figures may need to be understood in the context of the social hierarchies

where women's complaints are the last to be tended to in the family and women are often known to neglect their own health. There may be social inhibitions of migrant women workers in visiting state agencies for medication and they might prefer visiting a private doctor or resort to self-medication.

Work induced diseases add to existing network of causal and resulting vulnerabilities that women construction workers are exposed to, resulting in loss of daily wage, poor nutritional status, low resistance to disease, high chances of relapse, deterioration of health, increased morbidity and mortality etc. Being migrant workers in low paid jobs further increases their vulnerabilities induced by lack of knowledge of the local language, treatment available, prevention methods, as well as their rights.

The Plight Of Migrant Women Labour

Bailancho Saad, A Women's Collective, Goa

Members of Bailancho Saad who are working with sections of migrant laborers have reported that often the women are not paid their wages on time and sometimes even not paid at all. They are often sexually abused and deprived of basic facilities like toilets and privacy for bathing. Their added problems are poor access to medical facilities and the double burden of child-care.

5. WOMEN AND THE LAW IN GOA

Goa is unique on two accounts — it is governed by the Common Civil Code and it is the only State with a comprehensive law that makes it possible to enforce the United Nations Convention of Rights of the Child, through the Children's Act 2003. This chapter will be divided into two sections. Section 1 will discuss the Common Civil Code and Section 2 will discuss the Children's Act 2003

Section 1

GOA'S COMMON CIVIL CODE

While the rest of the country debates the pros and cons of a Uniform Civil Code, many are unaware that in Goa there is already a Common Civil Code in existence. Goa therefore stands apart from the rest of the country as it is governed by a different set of laws with regards to civil rights. The '*Codigo Civil Portugues*' or the Portuguese Civil Code (PCC) of 1867, (often referred to as the Common Civil Code), which is based on the French Civil Code (Code Napoleon) has been in effect in Goa since 1870. As the title suggests the Common Civil Code applies to all communities in Goa, irrespective of sex, religion, caste or creed including the right to succession. Besides, there is a uniform law of marriage, which makes Registration of Marriage compulsory and limits polygamy. After Goa's liberation in 1961, Jawaharlal Nehru's government assured Goa that the prevailing laws would not be changed and therefore the PCC continues to exist with some modifications over the years. As all communities in Goa are governed by the PCC it is seen by certain sections as the realization of India's dream of a uniform civil code as it supersedes the personal laws. The PCC includes laws of marriage, divorce, inheritance and succession, children and adoption, etc.

It is widely believed that women in Goa enjoy a better status than their counterparts in the rest of the country and credit for this is attributed to the unique set of civil laws that govern the people in this state. There may be some truth in this.

Critics argue that law continues to be inaccessible to the majority as it is difficult to comprehend. In order for it to be fully effective, legal provisions have to be properly disseminated and law enforcing agencies should go beyond the 'institutional' mandate and include the 'social' aspects too. The complexities of social structures have to be understood and dealt with before the legal framework can effectively intervene to improve women's status. While the laws may exist on paper, they cannot assure women's access to them and a better status unless enabling capacities are available.

The projected advantages that women could enjoy under a Common Civil Code is often used to lobby for a Uniform Civil Code for the rest of the country. But these proclaimed advantages contribute

only marginally to women's advancement in society. Let us discuss this by examining some provisions of the Civil Code regarding 'marriage' and some laws regarding succession and inheritance.

Registration of Marriage

Under the Civil Code, registration is mandatory — not only of births and deaths but all marriages too. This proof or recognition of marriage is meant to ensure a certain amount of security to a married woman as the law also assures the wife a share in her husband's assets.

Although registration is mandatory for all communities in Goa, the implementation differs from community to community. The procedures for registration are as follows:- The two parties entering into the contract of marriage have to first declare their intent to marry at the office of the Civil Registrar by signing the declaration in the presence of two witnesses. A period of two to three weeks is then sought by the Civil Registry who posts this intent on the door of the office to invite objections if any to the marriage. If any objections are raised, the civil court examines them before a decision is taken. If there are no objections, the couple must appear before the Civil Registrar after the stipulated period to confirm their intention and to sign the Book of Registration, again in the presence of two witnesses. For Catholics wishing to marry in the church, the procedure is different. After declaring their intent to marry at the Civil Registry, a No Objection Certificate is obtained from the Civil Registrar which is handed over to the church. The officiating priest is granted the power of a Civil Registry to conduct the marriage. At the church, after the marriage rites have been performed, the couple sign a register in front of two witnesses and an extract of the church register is then sent to the office of the Civil Registrar who prepares the civil marriage certificate.

Problems with this System of Registration

There are numerous flaws in this system — the procedures are too cumbersome and do not apply uniformly to all communities. Women have often made the mistake of presuming that signing the declaration of intent completes the civil marriage procedure. They have not returned to complete the procedures within the stipulated time and therefore in the eyes of law remain unmarried. If the intent is not confirmed within a year the declaration ceases to be valid. This was extensively discussed at a workshop supported by the Goa State Commission for Women on the 3rd October 1999.

Women's organizations in Goa have found several such cases, which came to light when women wished to take legal recourse during marital problems. A religious marriage alone is not valid in the eyes of the law, leaving many women vulnerable. Then, unlike Sections 405 and 406 of the Indian Penal Code, where a denial to *stridhan* (the wife's personal property) is considered a criminal offense, under the Civil Code, a woman cannot immediately claim from her husband any of her belongings without going through the court to retrieve them. So if a woman has been evicted from her marital home, she cannot even take with her clothes and personal effects leave alone her rightful share in the family assets without applying for the same through the court.

Among Hindus and Muslims, it is taken for granted that people understand the importance of registration of marriages. Those who are unaware of the legal provisions and are married by religious rites only, remain unmarried in the eyes of the law.

Another problem cited is that the civil registry offices are located only in the Talukas (administrative headquarters) and this facility is not available in the village panchayats. These offices are not yet computerized and therefore it is very difficult for the offices to check if the partners seeking to marry have been married before or not. In cities, due to increased anonymity, it is not unknown that a person has registered marriages to two different women in the same office.

A study conducted by the Centre for Women's Studies, Goa University (1990) showed that although women were not aware of the actual procedures of registration, the awareness of the need to register marriages was fairly high particularly among the Muslim women. The provisions in the Civil Code are quite contrary to the Muslim personal law which might be an explanation for the high degree of awareness of the Civil Code among people in this community.

A contributing factor to the general awareness of the provisions of the Civil Code is the tax benefit that couples can avail of on the registration of marriage. Income from all sources is considered joint property and taxed likewise, that is each partner is taxed on only half the total amount of assets owned.

Registration of Marriage - Systems of Contract

Law views marriage as a contract and according to the Civil Code there are four systems by which a marriage can be contracted. Therefore before the civil registration an Ante Nuptial agreement is to be signed by the two partners entering into marriage stating clearly how the properties of each party are to be held.

- a) **Communion of Assets:** If no agreement is signed prior to the marriage, the marriage is considered to be contracted under the first type — communion of assets. All wealth and properties, regardless of the source, owned by both partners are considered as joint family assets and both partners own equal shares. Importantly, the husband cannot sell or do away with his property without the written consent of his wife. Even in the event of non-payment of a loan taken by the husband alone, the half share of the property belonging to the wife cannot be attached. In other cases, however, the division of properties cannot be done during the subsistence of the marriage. The collective property can be partitioned only on dissolution of marriage, i.e., in the event of death or divorce. The main drawback with this system is that the administration of common assets rests solely with the husband. If there are children the family assets are further shared between sons and daughters equally.
- b) The second system is of total separation of properties or no communion at all which is a very rare agreement signed before marriage as it is not in keeping with the sentiments surrounding marriage. Here the partners hold all their properties independently.

- c) The third is where there is total separation of the properties and assets owned prior to the marriage and a communion of those assets and properties acquired subsequently. This type of agreement was not very common until very recently and reflects the changing social values in Goa.
- d) The fourth system is called the Dotal Regime and is sometimes mistaken to be dowry. The bride is given a certain share of her father's property and assets which are handed over to her husband at the time of marriage. The husband is bound to restore back to his partner all the property and assets should the marriage be dissolved. It is not a consideration for marriage but a 'trust' in the husband. In case of his death, his heirs are liable to pay the wife the corpus of the amount.

Regardless of the system of marriage all children have a share in the family property and sons and daughters are treated alike. Legally, it is almost impossible for parents to disinherit their children as only their share of the property can be disposed off. In the absence of descendants, ascendants are entitled to the share and in their absence, brothers and sisters and their descendants are entitled to equal shares.

The experience has however been contrary to expectations of the law. Property rights of women exist only on paper. Very often daughters receive a certain amount of assets (normally gold and other movable assets) at the time of their marriage and are asked to sign off their rights to the family property. It is uncommon that daughters fight for their share of the parental property. When such cases do come up they are normally initiated by in-laws who wish to stake claim to their share. With the escalation in real estate values people are increasing realising the importance of the Civil Code (the inheritance and succession laws), there is growing awareness of the same but awareness of the other provisions of the Ante Nuptial agreement is not very common.

Women's organizations point to practical problems that arise with regard to inheritance of property and sharing of assets. When registering property it is the husband's name that is recorded in the land records unless the wife is aware of her rights and insists that her name be included, which is very rare. Therefore, a man wishing to dispose of his property and disinherit his wife can do so by concealing the fact that he is married.

In Article 1204 which talks of the separation of persons and properties, adultery committed by the wife is a ground for separation. However for the husband, only adultery with public scandal, or complete abandonment of the wife or keeping a mistress in the conjugal domicile are grounds for separation (this is apart from ill treatment and serious injuries and conviction to life imprisonment which is applicable to both spouses).

Bigamy

Bigamy is not uncommon in Goa. At a workshop organized by *Bailancho Saad* and the Goa State Commission for Women on the 3rd October 1999, the incidence of bigamy was noted to be very high

in the state. It was opined that Article 3 and 4 of the section on 'Usages and Customs of Gentile Hindus of Goa' in the Family Laws made provisions for polygamy. However the women's organizations have noted also that the cases of bigamy are not legal cases. In the Family Laws, polygamy is permitted only under a certain conditions:-

Interestingly, however, bigamy is reportedly prevalent in all Hindu, Catholic and Muslim communities. This is despite the fact that Section 494 of the Indian Penal Code considers bigamy as an offence. It may be interesting to note that prior to 1955 in the eyes of law there was no such thing as a monogamous marriage as there was no mention of polygamy as an offence. Divorce laws also did not exist.

<p style="text-align: center;">FAMILY LAWS OF GOA IV USAGES AND CUSTOMS OF GENTILE HINDUS OF GOA</p> <p>ARTICLE 3</p> <p>However, the marriage contracted by a male Gentile Hindu by simultaneous polygamy shall not produce civil effects, except in the following cases only:</p> <ol style="list-style-type: none">1. Absolute absence of issues by the wife of the previous marriage until she attains age of 25 years (with consent of wife of previous marriage).2. Absolute absence of male issue, the wife of the previous marriage having completed 30 years of age; and being of lower age, ten years having elapsed from the last pregnancy (with consent of wife of previous marriage).3. Separation on any legal grounds, when proceeding from the wife, and when there is no male issue.4. Dissolution of the previous marriage as provided under Article 6 of Usages and Customs, that is a) Impotency of spouses, duly proved b) Adultery by the wife c) Ill treatment and serious injuries d) Change of religion. <p>ARTICLE 4</p> <p>The indispensable conditions for the simultaneous marriage are as follows:</p> <ol style="list-style-type: none">1. Proof of any of the circumstances mentioned in the preceding Article through the Court.2. Consent of the previous wife, expressed in a public deed, in the cases falling under clauses 1 and 2 of the said Article 3

Source: *Family Laws of Goa*

Laws in any democratic society aim to provide protection to individuals, secure civil liberties and promote equality. In order to effectively intervene in the development process, the legal framework must keep pace with changes in social structures and laws that delay or distort development efforts must be changed as per demands of the time. But the legal framework is not sufficient to ensure women's empowerment. Laws by themselves cannot help to improve women's access to economic resources, incomes and employment nor improve women's health, nutritional and educational status.

Another major area of concern regarding the effectiveness of the legal framework is related to freedom and safety of women. Women's groups have pointed to the increasing number of cases of violence against women. In Goa there are no Family Courts. However, according to the Law Department, the proposal is under consideration.

Some Recommendations

Bailancho Saad, Goa 2003

- Family laws must be reviewed through consultative processes involving all stake-holders.
- The law must be gender just, evolved compositely and comprehensively.
- Marriages should be religiously solemnized only after obtaining the civil marriage certificate. As a corollary to this, penalty should attend the solemniser of the second marriage for so doing without insisting on the civil marriage certificate.
- The chapter on Code and Customs of Gentile Hindus of Goa in the Family Laws of Goa should be amended to prevent bigamy.
- Mechanisms should be worked out to check registration of two marriages. In relation to this, it is necessary to revive the old Portuguese system of registration where an endorsement of marriage used to be made on the birth register.
- Computerization of all marriage records and co-ordination between Registrars of marriages.
- Marriages that are solemnized other than by registration should be treated as marriages depending on the facts and circumstances of the case.
- Canonical marriages that are solemnized without being civilly registered because of grave moral danger or imminence of delivery should be subsequently regularized within a fixed time frame with the Church authorities sending the extract of the Church register of marriages to the concerned Registrar of Marriages.
- Bigamy should be made a cognizable offence.
- Strict implementation of the Civil Service Conduct Rules providing for action in cases of bigamy by the civil servants. This includes a proper inquiry where the first wife is duly heard.
- Mass legal awareness on the procedures of marriage and the provisions in the family laws of Goa.

- Compulsory course at the time of registration of marriage to make the couple aware of the laws under which they are marrying, its implications and responsibilities arising out of it.

Section II CHILDREN'S ACT 2003

The Children's Act was a product of a series of discussions with NGO's, academics, activists and other related professionals and stakeholders at various levels in the State. The Act was then finally passed in the Goa assembly on the 30th April 2003 and was notified as an Act on 14th July 2003.

This Act aims to protect the rights of children at home, in educational institutions, by the health care system, etc, and also attempts to address issues of trafficking and child labour. The Act makes possible the setting up of Children's Courts, which aims to make the process of law and justice child-friendly.

Dr. Nishtha Desai of Children's Rights Group presented a detailed account of the Act in the *Goa Today*: Sept 2003, a section of which is reproduced below:

Salient Features of the Children's Act

Act accepts the concept of 'zero rejection' for children, stating that no child can be denied admission to school on grounds of the name of the father not being available or the absence of relevant documentation. Similarly children belonging to marginalised communities, suffering from HIV or AIDS or being differently-abled cannot be denied admission to school.

All schools are to have adequate drinking water and toilets. The Act states that all schools shall also have trained counsellors and will receive state assistance to ensure this. Further, it provides for education on child rights and gender justice to be a part of the curriculum. Schools are expected to make special provisions for differently-abled children.

An attempt has also been made to democratise educational institutions by stipulating that all schools will have elected students' councils. The Act bans the use of corporal punishment in all schools.

The act mentions the State's endeavour to make possible 6 months maternity leave in all sectors of employment, including adoptive mothers and single parents. In the section on health, penalties have been stipulated for failure on the part of individuals and institutions to keep their environment clean.

The Act makes the registration and monitoring of all children's homes mandatory. This is an extremely important provision given the fact that it has become so easy for anyone to start a Children's Shelter or Home, while there is no way to ascertain the quality of service provision or authenticity of such institutions.

The sale of children in itself is an offence as per this Act and can be punished for one year extendable to three years and a minimum fine of Rs 50,000. A detailed clause is devoted to describing what is meant by the sale of a child.

The law contains provisions to address Child Sexual Abuse. With a wider definition of sexual offences the law makes it possible to prosecute offenders who do not necessarily engage in sexual intercourse with children, but nonetheless are guilty of sexually assaulting children. The Act has also provided for stringent punishment to such offenders.

Any adult staying with an unrelated child is required to register with the Director, Women and Child Development as per this Act. The Director may authorise the District Inspection Team to inspect and submit a report with recommendations. Failure to inform the director can attract a fine of Rs 1 lakh *and* (not *and/or*) imprisonment of one year.

Hotels and other establishments that provide boarding lodging or any similar facility have the responsibility of ensuring the safety of children in their premises. Significantly, no child shall be allowed to enter any room of any hotel or establishment with an unrelated adult, with exceptions being made for 'reasonable areas' such as a teacher with students or children staying with friends. The owner and the manager will be held responsible for violation of this section. This means that the police can question any tourist who takes children to his or her room, and can take action against a tourist who stays with a child even if no forensic evidence is present.

Photo studios and developers of films are expected to report to a police officer not below the rank of a Dy SP in case they find that photos/films developed by them contain sexual/obscene depictions of children. Failure to report will result in a minimum sentence of one year *and/or* a minimum penalty of Rs 50,000.

An attempt has been made to address cyber crimes by this Act. Children below the age of 14 years cannot enter a cyber cafe or any other facility providing computer services unless accompanied by an adult. Such establishments shall also ensure that child-friendly safeguards are installed and that children below the age of 14 years can only access the internet in the presence of an adult from the establishment.

Pro-active Steps Recommended by the Act

A basic thrust of the Act is to evolve a society that is child friendly. In this spirit it provides for proactive measures on the part of the state. Some of these measures are:

- The setting up of Victim Assistance Units with social workers/counsellors to help the child to deal with the trauma of abuse and which will prepare him/her for court procedures.
- Sensitisation of the police and sensitisation training for all those involved in the healing, rehabilitation and other assistance programmes for child victims: Police officers will as part of their training be familiarised with the rights of children and the relevant laws.
- Better investigation techniques: The government is also authorised to appoint persons to go under-cover and pose as clients for child prostitutes or as employers for child labour, for better investigation.

- Evolving a Child-Friendly Tourism Code to facilitate the detailing of 'good practices' to be adopted by all members of the tourism industry in the best interests of children.
- Setting up of a Children's Court to try all offences against children

6. VIOLENCE AND WOMEN IN GOA

Domestic violence is fairly common in Goa according to the National Family Health Survey-2 (1998-1999). Eighteen percent of ever-married women have experienced beatings or physical mistreatment since the age of 15 and these women have been beaten or physically mistreated by their husbands. This is corroborated by the approximately 820 cases of crimes against women that have been reported to the Goa State Commission for Women between 1997 to May 2004. The Family Counseling Centre, which was started under a Central Social Welfare Board Scheme, has between 1996 and May 2004 attended to 760 cases of crimes against women. The Women's organizations in the state have also handled numerous cases not all of which reach the formal state redressal agencies. Additionally there are cases, which do not enter the violence register and get dismissed as one off incidents like human trafficking through adoption, cyber crimes and bonded labour. The official Police figures of crimes against women are given below:

**Table 6.1 Crimes Against Women under the IPC Reported and Detected in Goa
1999-2004 (upto April)**

Sr. No.	Crime	1999		2000		2001		2002		2003		2004 upto 30.04.04	
		R	D	R	D	R	D	R	D	R	D	R	D
1	Rape	18	18	21	20	12	12	13	12	31	29	9	8
2	Kidnapping	6	2	7	2	6	5	5	5	13	12	3	2
3	Eve Teasing	7	4	9	8	6	5	7	7	6	5	1	1
4	Molestation	27	23	19	17	19	16	18	18	20	16	6	6
5	Cruelty to Married Women by Husband or their Relatives	10	8	13	13	10	9	6	6	22	22	6	4
6	Dowry Deaths	2	2	1	0	2	2	2	2	2	1	0	0
7	Abetment to Suicide	5	4	4	4	2	2	2	2	3	2	1	1
8	Dowry Prohibition Act	0	0	0	0	1	1	0	0	1	1	0	0

Sr. No.	Crime	1999		2000		2001		2002		2003		2004 upto 30.04.04	
		R	D	R	D	R	D	R	D	R	D	R	D
9	Procuration of Minor Girls	0	0	1	0	2	2	2	2	5	5	0	0
	Total	75	61	75	64	60	54	55	54	103	93	26	22

Source: Goa Police

Table 6.2 Number of persons (Sex wise) Arrested under some IPC Crimes – 2000

Part 1

Area	Total Cognizable Crimes		Murder		Culpable Homicide not amounting to Murder		Rape	
	Male	Female	Male	Female	Male	Female	Male	Female
India	2536773	139150	74390	3788	6692	171	19980	320
Goa	2766	289	74	5	10	-	27	-

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

Table 6.3 Number of persons (Sex wise) Arrested under some IPC Crimes – 2000

Part 2

Area	Kidnapping and Abduction		Dacoity		Robbery		Burglary	
	Male	Female	Male	Female	Male	Female	Male	Female
India	27308	2014	22758	118	28718	248	66610	1355
Goa	13	-	29	-	48	-	263	1

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

Table 6.4 Number of persons (Sex wise) Arrested under some IPC Crimes – 2000**Part 3**

Area	Theft		Riots		Criminal Breach of Trust		Cheating		Counterfeiting	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
India	162793	4074	409340	21253	14218	330	37447	1543	2111	25
Goa	346	13	435	87	25	-	78	9	9	-

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

Table 6.5 Number of Missing Persons 1996 – 2001

Details	1996	1997	1998	1999	2000	2001
Total no. of male persons missing	403	386	400	428	388	403
Total no. of male persons traced	295	307	309	333	281	309
Total no. of male persons untraced	108	79	91	95	107	94
Total no. of female persons missing	308	303	274	280	295	279
Total no. of female persons traced	238	235	211	235	233	231
Total no. of female persons untraced	70	68	63	45	62	48
Total below 18 years male missing	93	112	106	83	109	93
Total below 18 years male traced	64	99	93	67	86	77
Total below 18 years male untraced	29	13	13	16	23	16
Total below 18 years female missing	122	133	114	112	128	109
Total below 18 years female traced	97	105	96	92	104	86
Total below 18 years female untraced	25	28	18	20	24	23

Source: Goa Police and Children's Rights Goa

Table 6.6 Incidence of Accidental Deaths (by un-natural causes) 2000 - Part 1

Accident	India	Goa
Air crash	72	-
Collapse of structure	2233	8
Drowning	21996	116
Electrocution	5663	18
Explosion	725	3

Accident	India	Goa
Falls	7087	66
Factory/Machine Accidents	625	3
Fire	25467	76*
Fire Arms	2634	-
Sudden Deaths	13924	51

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

* This figure is higher than that of Arunachal Pradesh, Himachal Pradesh, Jammu and Kashmir, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. Unfortunately data was not available gender wise.

Table 6.7 Incidence of Accidental Deaths (by un-natural causes) 2000 - Part 2

Area	Killed by animals	Mines or quarry disaster	Poisoning	Stampede	Suffocation	Traffic Accidents	Other Causes	Causes not Known	Total
India	669	467	23395	50	981	98038	19448	15043	238517
Goa	1	-	5	-	1	305	61	8	772

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

Table 6.8 Incidence of Suicides – 2000

Area	By Sex		By Age Group				
	Male	Female	upto 14 years	15-29	30-44	45-59	Above 60
India	66032	42561	3324	38711	36739	21326	8493
Goa	185	87*	5	98	101	45	23

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

* The number of suicides among women in Goa is higher than that of Arunachal Pradesh, Jammu and Kashmir, Manipur, Meghalaya, Mizoram, Nagaland and Sikkim. It is also higher than the incidence of suicides among women in Kochi, Kolkata, Lucknow, Ludhiana, Madurai, Patna, Vadodara, Varanasi and Vishakhapatnam.

Table 6.9 Incidence of Suicides by Cause of Suicide – 2000 - Part 1

Area	Sudden change in eco. status	Illness	Death of dear person	Dowry dispute	Drug abuse	Failure in Examination	Fall in social reputation	Family problems
India	2669	22784	925	2446	1397	2320	866	23038
Goa	-	53	3	-	-	6	-	52

Source: *Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India*

Table 6.10 Incidence of Suicides by Cause of Suicide – 2000 - Part 2

Area	Love affairs	Poverty	Property dispute	Unemployment	Causes not known	Other causes	Total
India	3189	2743	1911	2600	20758	20947	108593
Goa	15	-	-	20	105*	18	272

Source: *Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India*

* For nearly 40% of the cases of suicides, the causes are not known.

Table 6.11 Incidence of Suicides – 2002 and 2003

Area	2002			2003		
	Male	Female	Total Persons	Male	Female	Total Persons
Goa	208	76	284	209	91	300

Source: *Goa Police*

Table 6.12 Juveniles Apprehended Under Cognizable Crimes – 2000

Area	Indian Penal Code			Local and Special Laws		
	Boys	Girls	Total	Boys	Girls	Total
All India	9193	2847	12040	4661	1281	5942
Goa	23	4	27	-	4	4

Source: *Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India*

Table 6.13 Particulars of Juveniles arrested under IPC Cognizable Crime and Offences under Local and Special Laws - 2000

Area	By Education					By Family Background			
	Illiterate	Primary	Above Primary & Below Matric/ Higher Sec	Matric/ Higher Sec and Above	Total	Living with parents	Living with guardians	Homeless	Total
India	5265	8696	3179	842	17982	12562	2679	2741	17982
Goa	8	11	12	-	31	27	-	4	31

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

Table 6.14 Disposal of Juveniles Arrested (Under IPC & LSL Crimes)- 2000

Area	Arrested & sent to courts	Sent home after advice or admonition	Released on probation & placed under care of parents/ guardian	Released on probation & placed under care of Fit Inst.	Sent to Special Homes	Dealt with fine	Acquitted or otherwise disposed of	Pending Disposal
India	17982	2619	3091	2012	1864	609	1132	6655
Goa	31	-	7	-	-	-	1	23

Source: Statistical Abstract, India 2002, Ministry of Statistics and Programme Implementation, Government of India

Of the 4 cases reported under local and special laws, one was under the Immoral Traffic (Prevention) Act, 2 were for Other Crimes and one was not specified.

Table 6.15 Number of Female Inmates in the Aguada Central Jail

Year	Total Female Inmates
2001-2002	12
Number kept for more than 1 year	2
Female Undertrials	
1. Up to 6 months	7
2. 6 – 10 months	1
3. Above 10 months	1

Source: Inspector of Prisons

The Central Jail Aguada has one separate barrack for female inmates. The room measures 46' by 43'. The approved capacity of inmates is 25. It has been reported that there are currently no physically or mentally handicapped inmates in the Jail. According to the Inspector of Prisons, NGO's conduct literacy classes for the inmates.

Sex Related Trafficking in Goa

The following note on Sex Related Trafficking in Goa was prepared for a study commissioned by the National Human Rights Commission (NHRC), UNIFEM and the Institute of Social Sciences by Shaila Desouza, Research Officer, Centre for Women's Studies in 2003.

Prostitution in Goa like everywhere else is an age-old profession. In Goa, historians, travelers and other social scientists have written about the *kolvonts* or 'dancing girls' who were dedicated to the temples etc. However prostitution has taken on a new face with the advent of tourism in Goa. Goa emerged on the international holiday seeker's map in the late 1960's and since then the inflow of tourists into the small 3702 sq. km state has been constantly on the rise. The first tourists were the backpackers, often referred to by the locals as 'hippies'. Sections of the locals then feared the impact on their children by the rather permissive sexual behavior of the tourists, including their nudism. The big spurt in tourism however was seen in the 1980's. Women's organizations like Bailancho Saad, Bailancho Manch and other anti tourism organizations like Jagrut Goenkaranchi Fauz have voiced their fears at several public meetings of what this scale of tourism might do the local population, particularly the women and today children are included in this vulnerable group too. Prostitution was often voiced as their concern as being one of the possible impacts of tourism. However hard data on the extent of the problem or the exact incidence of tourism related prostitution is not easy to procure. Prostitution is not always accompanied by trafficking. Roughly, prostitution in Goa, which has elements of trafficking involved, can be divided for better understanding of the problem into

1. Prostitution in Red light areas
2. Tourism related Prostitution
3. Exploitation of Children for Prostitution a) Tourism Related b) Religious Dedication of children into prostitution

These are not exclusive categories and they might overlap in reality.

Prostitution in Red light areas in Goa

ARZ, a social work organization situated in Baina, Vasco, Goa's largest red light area, has in a report presented at the South Asian Conference to Combat Sexual Exploitation and Trafficking among Children, organized by Save the Children in India on the 14th – 17th October 2001, detailed the sex trafficking in this red light area. The report states that the population of the red light area is about 6000 and is inhabited mostly by migrant from Andhra Pradesh, Karnataka and Uttar Pradesh. Most

of the girls who are trafficked in this area are from Goa's neighboring states, Andhra Pradesh and Karnataka and minor girls from the Baina beach area itself. Several girls are also dedicated into prostitution by parents to the goddess Yellamma. ARZ sees the population living in the red light area as being 1. Victims of Prostitution 2. Perpetrators of Prostitution and 3. Persons vulnerable to Prostitution. The report dispels the belief that the girls come to Baina on their own and emphatically states that the presence of a trafficker is a necessity. It says that the traffickers are the brothel keepers, suppliers from the places from where the girls have come, agents transporting the girls, pimps, motorbike pilots etc. The report mentions in detail what the organization ARZ is doing in the area in terms of prevention, rescue and rehabilitation; it critiques the implementation of the Immoral Traffic Prevention Act 1956 and includes recommendations for action.

Another publication by the women's organization *Bailancho Saad* titled *Evictions in Goa: Case Study of Baina (A Fact-Finding Team's Report)*, November 1997, critiques the government plan to 'clean up' Baina. The report includes a discussion on the fear of AIDS in the area, the Prostitution stigma for the community around and the claim to recover the Baina Beach. It contains a vivid description of the politics of the land including the encroachments and the government plan to expand the Port. The report describes the Human Rights that are being violated in the process and contains several recommendations which are not in favor of the proposed 'evictions'

Tourism related Exploitation of Women for Prostitution in Goa

Not very much has been written on this topic although mentions are made in all reports on tourism and its impacts. Reliable data is difficult to come by in this connection.

Tourism related Exploitation of Children for Prostitution in Goa

Today much has been written on Tourism related child prostitution. A report by Julia O'Connell Davidson and Jacqueline Sanchez Taylor (1996) discusses 'Child Prostitution and Sex Tourism' in Goa which is part 4 in the series published by ECPAT International, Thailand. This is one of the studies in the series of papers that formed part of the preparation for the World Congress against the Commercial Sexual Exploitation of Children (with part funding from the UNICEF). The report states that child sexual exploitation may have existed even prior to tourism in Goa but claims that the numbers of sexual exploiters in Goa have risen due to both domestic and foreign tourism. The report describes the various contexts in which children are sexually exploited in Goa such as organized prostitution, informal prostitution and sexual abuse in non- - commercial situations. It examines the identity and motivation of the exploiters. The sex exploiters have been grouped as traditional exploiters, hippie/drug tourists and expatriates, individual cases, hardened sex tourists, pedophiles etc, male homosexual sex tourists, female sex tourists, macho lads and domestic tourists. The report also discusses the risk posed due to western package tourism.

A report on the National Consultation on Child Prostitution held on the 18th – 20th November 1995 in New Delhi organized by the YMCA, ECPAT and UNICEF titled ' Child Prostitution: The

Ultimate Abuse', says on page 12 that ' the main destination in India for tourists seeking child prostitution is Goa with it's combination of beaches and lax security at the airfare for chartered flights'.

Another report on Sex Tourism on the Western Coast of India by Niraj Naik for Vikas Adhyayan Kendra looks at the linkages between tourism and the sexual exploitation of children. His section on Goa (pg 26) gives a clear picture of the rapid increase in tourist inflow into the small state of Goa, including not only the total number but also the places from which they have come, the chartered tourist population and the approximate earnings from tourism. He also describes the fall-out of tourism and it's ill-effects on the host population namely 'coastal prostitution'.

The report of the National Consultation in Sexual Exploitation of Children organized by the National Commission for Women and held in Goa on the 23rd and 24th July 1997 contains some valuable suggestions and recommendations for action to prevent child sexual exploitation.

Table 6.16 Number of Cases Registered under Immoral Traffic Prevention Act from 1996 – 2001
(Including those registered under sections of IPC ie: Importation or Buying and Selling of Girls, Abduction/Kidnapping of Women and Children for any Type of Exploitation, etc.)

Year	Number of Cases Reported
1996	28
1997	57
1998	31
1999	28
2000	25
2001	30
Total	199

Source: Goa Police and Children's Rights Goa

Table 6.17 Number of Persons Arrested under ITPA, Year wise by the Police from 1996 to 2001 indicating Age and Sex of the Arrestees

1996								1997							
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
18	18	31	31	41	41	51	51	18	18	31	31	41	41	51	51
to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
30	30	40	40	50	50	60	60	30	30	40	40	50	50	60	60
3	62	2	10	0	2	0	1	2	105	0	30	0	5	1	1

1998								1999							
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
18	18	31	31	41	41	51	51	18	18	31	31	41	41	51	51
to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
30	30	40	40	50	50	60	60	30	30	40	40	50	50	60	60
2	47	0	25	0	1	1	1	3	76	0	33	0	7	1	0
2000								2001							
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
18	18	31	31	41	41	51	51	18	18	31	31	41	41	51	51
to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
30	30	40	40	50	50	60	60	30	30	40	40	50	50	60	60
0	86	0	28	0	6	0	0	6	51	2	30	1	5	2	2

Source: Goa Police and Children's Rights Goa

Although prostitution itself is not a crime, and in fact the women in prostitution are invariably the most vulnerable victims of poverty and abuse, the system seems to provide no protection to this group of people. They are the targets however of further abuse as is clear from the statistics showing the number of persons arrested under the ITPA given above. There are more women, namely commercial sex workers, who are arrested than the perpetrators of crime, the touts, pimps, brothel keepers and customers. Sections 3,4,5, and 6 of the ITPA are seldom implemented.

The Situation in Baina, Red Light Area in Vasco City, Goa

Several local newspaper reports since January 2004 have reported that the people in the red-light area in Baina, Vasco have been facing problems ranging from human rights violations to a lack of an alternative source of income following the High Court Order in July 2003. Since January 2004, Baina beach from where the trade has been operating, has been cordoned off by police personnel, denying entry to potential customers. Due to police presence in the area, sex workers, brothel owners and other small business owners like bar owners, shop owners, hotel and restaurant owners, are being deprived of their regular means of sustenance. The Government of Goa as reported by the local newspapers has allocated Rs. 1 crore for the rehabilitation of sex workers in Baina. However, NGO's and concerned citizens are uncertain as to what this 'rehabilitation' comprises of, since till date there has been no public announcement of the plans. "An unofficial curfew has been imposed from dusk to dawn. Customers cannot come in. The women are hurdled in their tiny cubicles and cannot come out...There are very little signs of the official rehabilitation package, with the exception of 10 kilos of rice being doled out stingily...the net result is that the desperate women are searching for greener pastures in other places in Goa, including the beach belts in the North, threatening to transform the

whole of Goa into a red light district." *Goan Observer* (Mar.6-12, 2004). The report stated that these underprivileged women were being treated like 'criminals'. Other newspaper reports state that some brothel keepers with connections were allowed to conduct business otherwise even those engaged in selling eatables and other goods are harassed. The women residents are harassed to such an extent that they are not even able to answer nature's call as the majority uses the beach. The women apparently run the risk of police arrest.

HIGH COURT DIRECTIONS (July 21 2003)

1. The State Government is directed to take steps based on the report of the Inquiry Committee headed by Justice Kamat (Retd.) appointed by the National Commission for Women and forwarded by letter of January 8, 2000 to the extent it is within the jurisdiction of the State government and submit compliance report.
2. Take steps to effectively implement the Judgment of the Apex Court in *Gaurav Jain Vs. Union of India and ors.* 1997 (8) SCC 114 to the extent it is not yet implemented.
3. Considering the finding of the Committee that 250 cubicles are being used for carrying on sex trade, and the objection by the local community the District Collector of the concerned area is directed to take steps along with other concerned officers under the provisions of I.T.P.A. or the other relevant laws. To close down the said cubicles by following the due process of law.
 - A. If the said 250 cubicles constructions are illegal and on the government or land belonging to local authorities then to take steps to evict the illegal occupants and then demolish them by following due process of law.
4. the State Government also to take adequate steps to prevent the CSWs being brought into the State of Goa on contract basis as noted by the Justice Kamat Commission.
5. Since the Commercial Sex Workers are being brought from outside the State of Goa, into the State of Goa, the Government of Goa is not bound to rehabilitate them except to the extent provided by specific directions in the judgments of the Apex Court. The rescued Commercial Sex Workers be deported to the State from where they come. The Goa State Commission for Women with the National Commission for Women to take steps so that the said women are rehabilitated in the state from where they hail with the assistance of the respective State Governments.
6. National Commission for Women within nine months from today to file report with this Court as to what steps they have taken for implementing the recommendations of the Justice Kamat (Retd.) Committee appointed by them.

We direct all concerned parties to submit the compliance report to this Court within nine months on the directions. A copy of the order be sent by the Registry to the National Commission for Women, New Delhi.

**Report of Anyay Rahit Zindagi an NGO working in Baina, Red Light Area
(May 2004)**

Women at the Baina beach red light area comprises of prostituted women, brothel keepers, brothel helpers, room owners, shop keepers, beggars, as well as women who are not connected with prostitution but reside here and work as temporary daily wage earners or are house wives. A number of these women have been residents of this area for more than 30 years. The women at Baina beach are at a great risk today of losing their shelter, livelihood and all psychosocial supports that they have created. Over and above, they are being subjected to gross inhumane treatment.

In mid June there has been a court direction's regarding control of trafficking and rehabilitation of sex workers. The state machinery instead of implementing the direction in the interest of victims are taking advantage of the high court directions and trying to evict all the residents of this area. It is also rumored that this is done with the purpose of using this land for commercial purpose.

The state to evict the people from the area has been creating an environment of terror and panic. The members of the state machinery are committing gross human rights violations against the residents of Baina Beach and the women in the area are the main victims.

- The whole area is cordoned and armed police are posted at all the entry point. This is an attempt to smoke out the women from the area. This is leading to women taking the risk of getting into more vulnerable situations, further victimization, re trafficking and the spread of prostitution in Goa etc.
- The police are controlling the movement of prostituted women in the area and outside. The women are being harassed when found sitting or sleeping outside their houses and also when they go to the hospital or to the market.
- Women are being threatened to leave Baina, are being filmed by the police when they are going to the toilet or are just in their rooms. They are being abused by the police and their relatives are being arrested and harassed.
- The police are not allowing women to use the beach for the toilet purpose. The women have been using the beach since many decades, reason for using the beach for toilet purpose has been many such as, Baina Beach area has only one Sulabh with twelve toilets and among those many are not working. The toilet is situated in the red light area therefore many women do not like to use this toilet. Then, the charge for using the toilet is Rs.1 which many have difficulty in paying. The community has demanded for proper toilet facilities but the government has taken no action on this to date. When the women use the beach they are being arrested and taken to the police station. The police had put a tent on the beach and when the women go out for toilet purpose at night, the police switch on the torch and shine it at them. The women caught using the beach are asked by the police to hit each other. If they do not hit each other hard, the police then assault them badly.

- A situation has been created wherein most women due to the restriction of their daily earnings, are facing a crisis wherein it is difficult for them to meet their basic needs and those of their children. Due to lack of any source of income the girls are taking the risk of going out on 'dates' to various southern states and also a large number of girls are going to different places in Goa for the purpose of prostitution. These girls who have gone to different places in Goa have had traumatic experiences such as:
 - Being victims of police arrest
 - Customers have forced them to have sex without condoms
 - Customers have attempted to strangulate them
 - Multiple customers have forced themselves on the girls at the same time
 - Customers have video filmed the girls while having sex
 - Customers and hotel/lodge owners have not paid the girls.
- The Hon. Chief Minister in the assembly claimed that he has made an allocation of Rs. 1 Crore in the budget for rehabilitation. But since December till date the relief that has been provided have been 25 kg of rice, one and half kg of pulse and Rs. 500 cash. Not all the women are getting the relief material being provided by the state. Those who have received the provisions find the relief material not enough. Children and women are starving. The women are unable to support their dependents. Women from the area have not been taken into confidence and also not being allowed to participate in the 'rehabilitation planning' of the state.
- It is not only the women in prostitution but those residing in the Katem Baina slum area situated next to the red-light area are also facing similar harassment. Majority of the population residing in this slum area belongs to North Karnataka, which is a devadasi belt. Till recently approx. one minor girl every fortnight used to be dedicated and forced into prostitution, but due to interventions of the organizations and community involvement the trafficking had stopped. But present state action is forcing this vulnerable population to leave the area. The women leaving the area might lead the women and girls again joining prostitution.
- The police are threatening women with arrests, if they attempt to assert their rights or mobilise community members to seek fulfillment of their needs.
- State action in the area is leading to an impending sense of panic and inability to make a living. This inevitably is causing an increase in risk taking behavior and women are being forced to move out to other areas, seeking earnings and are being posed with greater risks to their lives and health. The migration of women to other areas is leading to a lack of access to health and other services.
- The concern of the women in the area is not health. Today their priority is income to support their families. Protection from HIV is very low in their priority.

- The state action in the area has also affected health interventions in the area. Women have lost trust in the organization as they are upset with the organization. They feel that the organization has not done enough in preventing and controlling human rights violations in the area. Also due to state action in the area there has been spread in the prostitution phenomenon and in most of the new destinations the girls don't have access to health services, free condoms and awareness regarding HIV/AIDS.

Taking Cognizance Of Crimes Against Women That Are Considered As Non Cognizable Offences

A monograph titled Cognisance of Non-Cognisance: Report Of The Study On Registered Crimes Against Women In Goa by Ms. Sabina Martins, Former Member of Goa State Commission for Women and Bailancho Saad, Goa, was published by the Goa State Commission for Women in July 2000. This report states that the following:

Violence against women in Goa is always downplayed to such an extent that one is made to believe that it hardly exists here and if it is acknowledged, it is done so grudgingly.

...the experience of the women's organizations and the Goa State Commission for Women has been that violence does take place everyday. This does not get documented. The few cases that do are hidden in the pages of record books, which are not accessible to people and hence do not get exposed. Sometimes, they are recorded in such a manner that they do not get reflected in the official statistics.

The reality is that all cases do not come to the police stations. Even if some women do reach the police station to register their complaints, their complaints are not necessarily entertained more so if it is oral. Very often even the written complaint is not inwards. If the woman is persistent then the official might give an acknowledgement of receipt of the complaint but still not register it.

This above-mentioned study showed how most cases of crimes against women are in fact recorded as non-cognizable offences.

Goa ranks 12th with regard to the rate of crime against women according to National Crimes Record Bureau report (1995). The average rate of crimes against women for the small State of Goa is 11.3 while the national average is 11.6. The report *Cognisance of Non-Cognisance* mentioned that in 1998, 195 women died of unnatural causes. Some of these cases were registered as murder but the majority, were recorded as suicides and accidents. The author opined that the only crimes that get reported as 'crimes against women' are crimes under Indian Penal Code (IPC) such as rape, dowry deaths, molestation, eve-teasing, kidnapping/abduction of women and girls, abetment to commit suicide etc, crimes registered under the Dowry Prohibition Act, Commission of Sati (Prevention) Act, Immoral Trafficking (Prevention) Act and Indecent Representation of Women (Prohibition) Act. The study perused through 8304 Non-cognisable (NC) complaints from 17 police stations/outposts and categorized the nature of crimes against women. It was found that there was no demarcation in the police records as to which were gender related offences in NC complaints.

Total NC Complaints and Complaints related to Violence against Women (1998)

Total number of NC	NC related to violence against women
8304	2305

Out of the total 8304 NC complaints, 2305 were complaints of abuse and assault of women. These statistics indicate that hundreds of women approach the police stations with complaints of violence, which do not figure in the official records of crimes against women.

Cases are not easily registered under 498A. 46% of cases registered by women as NC complaints were of *domestic violence*. There were 214 complaints of *violence under the influence of alcohol*, which indicated that alcohol aggravated crimes against women. Yet only 14 cases were registered under section 498A i.e. cruelty by husbands and in-laws which is a cognisable offence as against 1063 cases from the 17 police stations/out posts were registered as non-cognisable offences.

41% of the cases under 498A were registered on the death of the victim. Since the registering of cases largely depends on the discretion of the officer, cases are registered only if the officer perceives that the harassment amounts to cruelty. Repeated complaints of beating or mental cruelty are dismissed as domestic bickering often resulting in drastic consequences.

71% of the total cases were related to dowry demands however none of these cases were shown as registered under Dowry Prohibition Act when in fact in the F.I.R it has been mentioned that they have been booked under Dowry Prohibition Act of 1961.

The report states that domestic violence is prevalent in all the communities irrespective of religion economic, educational or social status. 92% of women were in the age group of 20 to 32 years. 88% of the cases were registered within 7 years of marriage. 29% were within one year of marriage and 14% were between 10 to 25 years of marriage.

Types of violence included abuses to the woman, abuses to the woman's natal & family members, slapping on the face, giving blows, hitting with iron pipes, hitting with belt with metal buckle, pushing, throwing on the bed, ground, wall, confining to the house, restriction of movement, refusal to permit visit to natal house and beating in public

The perpetrators of violence included husband, husband's brothers, their wives, sister in-law, (husband's sister) father-in-law and mother-in-law. The study also pointed out that the conviction rate in the State is dismal. There was not a single conviction in case of domestic violence, molestation or rape for the year 1998. As regards the unnatural deaths of women, the study highlighted the faulty handling of the cases.

Some Recommendations

- Prompt action in terms of recording and pursuing complaints.
- Providing for sensitized police personnel both male and female at each police station.

- People friendly atmosphere in the police stations.
- Panchnama to be done immediately on the death of a woman.
- Quality investigations to be improved by having a separate investigating agency.
- Police Stations to be equipped with mobile vans with wireless sets to reach out to women when needed
- Setting up of a special cell to deal with crimes against women to monitor the crimes and coordinate action
- Non cognizable offences registered by women complaining of violence should be categorized as such while maintaining records
- Dying declarations should be taken without delay and on a priority basis by a magistrate.
- Hospitals to inform the police immediately in case of medico-legal cases of women so that prompt action can be taken.
- A full-fledged Forensic laboratory to be set up immediately to hasten investigations.
- A social worker to be appointed in the hospital to assist victims of violence. The burns ward in particular.
- Hospitals should maintain a record of the number of cases where women have come to seek medical treatment as a result of violence irrespective of whether they want to lodge a police complaint or not.
- The female staff in hospitals should be entrusted with responsibilities of carrying out procedures related to sexual offences whether it is at the police stations, hospitals or the court.
- Though effective legislations are desirable, till such time, the existing ones can be used effectively to stop violence (eg. section 151 dealing with disturbance of peace can be used in cases of marital violence).
- Legal training for effective use of law to safeguard the rights of women should be conducted for the police.
- The Goa State Commission for Women should collaborate with the Goa State Legal Authorities Board to set up a Legal cell with sensitized lawyers.
- The proposed Domestic Violence Bill to be widely discussed and passed.
- The initiation of Family Courts should be discussed.
- GSCW to network with other redressal mechanisms available for women victims of violence.
- Gender sensitization of all people working in departments dealing with crime against women for example police stations, hospitals, judiciary, jails remand homes, shelters, counseling centres.
- Professional gender sensitized counseling centres to be set up.

- A professional counseling course to train counselors to be started at the Goa University
- The GSCW should have at least one person attending to cases every day so as to avoid delay.
- Gender concerns to be introduced in school curriculum.

**Our Struggle, Our Demands
To Counter Violence**

Bailancho Saad, A Women's Collective, Goa

1. Infrastructure, full-time sensitive personnel and other facilities for a full fledged, effective, functional Women's Police Station and State Commission for Women.
2. A 24-hour Helpline for Women.
3. Immediate framing of rules and budgetary allocations in the Budget for 'Yashasvini' scheme.
4. Shelter Homes for women with special needs.
5. Counseling courses for training people in providing counseling skills.
6. Committees to be set up to deal with sexual harassment at every place of work.
7. Specific measures to arrest human traffickers and those forcing women into the flesh trade.
8. Strict surveillance of entry points into the trade.
9. Rescue and rehabilitation for trafficked women.
10. The State must evolve a policy to deal with all forms of trafficking whether it be for women and children trafficked from Goa or from elsewhere in Goa.

7. WOMEN'S HEALTH IN GOA

Right up to the 1990s', the prime agenda of India's family health and welfare programme was focused chiefly on population control. The programme aimed at increasing the number of women who were sterilized, motivating 'eligible' women, women in the reproductive age group of 15 – 45 years, to use family planning methods. Impelled by demands from the women's movement for a more holistic approach to health, in 1994 the International Conference on Population and Development (ICPD) held in Cairo, articulated the need for a global change in the limited understanding of health and well-being that existed. A total of 179 countries ratified the resolutions of the ICPD of which, India was one. Today there is thus a shift in the 'stated' focus of health policy from population control to reproductive health and rights. But after nearly a decade down the line, women's organizations still ask 'how much of a difference has this really meant for women?'. The State of Goa has always been considered way ahead of most in the country as far as some health indicators are concerned yet most women's organizations in the State have yet cause for worry as we will see in this Chapter. The health concerns, which are being voiced by women in Goa are **mental health, reproductive tract infections, cervical cancer, infertility, high incidence of abortions, poor sex education, poor nutrition, anaemia, lack of focus on traditional health systems** etc, which remain issues neglected by the State Health Programme. This is evident also from the reporting/ data recording system followed by the State Health Department. No statistics are available for most issues other than Family Planning usage, Immunization and now the National Maternity Benefit Scheme, which was transferred from the Rural Development Agency to the State Family Welfare Bureau of the Directorate of Health Services.

The most prominent features about the Reproductive and Child Health Programme is that it aims at a decentralized and more participatory planning process, a target free approach to health care, an emphasis on provision of quality services and placing a premium on meeting women's health needs through the Community Needs Assessment approach.

The flaws however in this programme are the lack of a clear design for proper implementation, no assured budgetary provision to make the dream of meeting community needs possible, a lack of motivation of health functionaries to modify the existing system which has forced the programme to earn the reputation of 'old wine in a new bottle'.

Table 7.1 Universal Immunisation Program Achievements & Supply of Iron/Vit A

Item	Year				
	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
TT [PW]	26401	29385	18416	20850	20444
BCG	28025	29575	29348	27040	27744
POLIO	26207	26789	26369	25356	24499
DPT	24842	26518	25713	25274	24745
MEASLES	20704	22192	22644	22518	21099
DPT(Booster)	17683	19385	23405	22250	22777
OPV(Booster)	17666	20654	23428	22303	22741
DT-5	21282	20360	22470	20352	21906
TT-10	23270	20961	23065	23611	24558
TT-16	17779	17055	17676	16337	17229
HEP. B	-	-	-	-	4318
VITAMINA	15651	20654	21567	39492	40235
IRON (PW)	29303	41723	31751	31156	27473

Source: Directorate of Health Services, Goa (PW) = Pregnant Women

Table 7.2 Year-wise Comparative Chart of Performance in Family Planning Methods

Year	Sterilization		Total	IUD	O.P	C.C
	Vasectomy	Tubectomy				
1999-2000	23	4668	4691	2950	1478	13294
2000-2001	18	5012	5030	2842	1814	16172
2001-2002	11	4933	4944	2701	1776	14921
2002-2003	26	5224	5250	2777	6213	9360
2003-2004	13	5077	5090	2767	3537	8457

Source: Directorate of Health Services, Goa

Table 7.3 Performance in National Maternity Benefit Scheme

Year	North Goa	South Goa	Total
2002 -2003	40	7	47
2003-2004	30	4	34

Source: Directorate of Health Services, Goa

Government of India's Reproductive and Child Health Programme, which was introduced all over the country in 1995 aims at a more holistic approach to the health needs of women from birth to old age. The programme apart from several other aspects of health care also includes the strict implementation of the PNDT Act which aims not only at curbing female foeticide but also improve the declining sex ratio. Components of this programme are briefly listed below:

- A decentralised participatory planning.
- Withdraw of the contraceptive target system with the adoption of Community Need Assessment (CNA) based on self estimated goals/workload by health workers.
- *An integrated RCH package*
- Incorporation of any State/ District specific needs/ variations.
- A emphasis on quality
- Comprehensive training
- Involvement of NGOs and the private sector
- Development of communication strategies specific to each local area to encourage the use of these RCH services.
- Direct financing of states through Standing Committee For Voluntary Action (SCOVA) to avoid delays.
- To facilitate transparency and smooth procurement of supplies.
- *A functioning MIS (Management Information System).*
- Quality and impact indicators such as prompt service, increasing accessibility etc to replace the method specific contraceptive and other quantitative targets. Participatory system of monitoring and evaluation by different stakeholders
- **Focus on Gender Concerns: To make the programme gender-sensitive and to involve women's groups in planning and monitoring.**
- Increase male participation in the programme
- Increase multisectoral participation in health and nutrition services.
- Revitalise the role of Panchayati Raj system in planning, identification of the needs and evaluation of the RCH services. As also for financial support and transport for referral of women to hospitals for deliveries.
- Services for vulnerable sections of the population like the tribal population, people in urban slums, adolescents, aged persons etc.
- Prevention and management of RTI and STDs. Gynaecological morbidity, infertility management, screening and management of cancers and provision of safe abortion services.

Source: Directorate of Health Services, Goa

The Experience of Goa in the Early 1990's

The Target was then Numbers

During the 80's and early 1990's in Goa an aggressive contraceptive target system was in place with a monetary incentive and a disincentive scheme too. The efforts of the State Health Department were to reduce fertility as quickly as possible. The highest target and incentive was available for sterilization, followed by IUD. In fact the Provedoria, which was then under the Department of Social Welfare and which was exclusive to the state of Goa gave additional monetary incentives for family planning. According to the Directorate of Health Services, Goa, at that time, the State Health Department gave Rs. 100 and the Provedoria Rs.220 for each sterilization. Contraceptive targets or rather the number of persons in the area who were to be enrolled as contraceptive users were set at the state level and delegated downwards making it the responsibility of the auxiliary nurse midwives (ANMs) to find 'contraceptive acceptors'. Sometimes the assigned targets were much higher than what was realistically possible. Therefore the job of the ANMs was not an easy one. There were several petitions from these health functionaries as they felt they were not adequately compensated for their efforts. The ANMs aspired for better postings as rewards for their achievement of targets and feared transfers to undesirable work areas for not fulfilling their assigned targets. Some health functionaries who feared this sort of 'punishment' employed various tactics to meet the targets.

Motivation for family planning was aggressive. Sterilization camps were also being conducted all over the State. Women were sterilized in large numbers in these camps. In Goa these camps were most often conducted by doctors from outside the State and were conducted on PHC premises. The camps focused on numbers rather than quality of services provided. The number of patients was always more than was possible for the hospital facilities to ensure quality care or to follow up.

It is this target driven public policy, which led to various distortions. 75% of the 'contraceptive users' in India have been sterilized. Most women who chose sterilization were those who already had an average of 4 children [NFHS II 1999]. Critics of the programme have argued that monetary incentive for sterilization played an important role in creating this divergence between the objective and the outcome. Two conclusions can be drawn here: policy failure since the primary aim to control population by sterilization of 'eligible' women did not fulfil its objectives, and second, the monetary incentive provided was a drain on the finances of the state. One of the fears that women's activist have repeatedly raised is that if the financial constraint was met by a donor agency who agrees to bear the cost of such a program would the state go back to a target driven policy.

The aggressive contraceptive target system was a violation of women's health rights as it focussed little or no attention on real health needs of the women in the community. The women had no rights to decide whether or not to use a particular contraceptive device, the quality of services and not even given the right to an informed consent. Critics have argued that when a monetary incentive for a medical procedure exists, the consent given cannot be considered 'voluntary' especially in Third

World countries where large-scale poverty exists and the incentive money can blind reason. Invariably consent forms are signed by the patients, which are not 'informed' consents.

Women's activists have also pointed out that there is a complete lack of transparency regarding contraceptive trials that are conducted in the State. The public is neither informed of the trials conducted through the state hospitals nor is the literature on the trial drugs or contraceptive methods made available to the general public. When the trials are discontinued there is no follow up commitment to patients registered in the trials and neither is the public informed of the reasons for the discontinuation of the trial. Since public funds are used in these research projects there must be transparency and accountability to the public. Besides, if data is generated in the state, its credibility has to be established with the people.

Aggressive Marketing and Poor Local Response in Goa

Despite the aggressive marketing strategies like media promotion, targets, financial incentives and disincentives that were being used to promote contraceptive use, the present response of the Goan community to modern contraceptive technology is very poor (according to National Family Health Survey data). Reasons for this could be attributed to several things, including poor quality of care and the experience of side effects.

In the state of Goa, which has the second highest literacy rate in the country knowledge of family planning is universal (99%) according to NFHS-1 (1991-92) and NFHS-2 (1998-99) both in the rural areas as well as the urban areas and sterilization is better known than spacing methods. Yet the current contraceptive prevalence of currently married women is 48%, which is the same as the national average. Of the total contraceptive prevalence female sterilization accounts for 59% (NFHS-2)

NFHS data has also revealed that the use of sterilization decreases as the level of education increases. The rate of sterilization among illiterate women was 48% (NFHS-2) and the rate of sterilization among literate women was only 12% (NFHS-2). Sterilization use has also shown to decline as the standard of living increases. The sterilization use among women from households with a low standard of living was 42% (NFHS-2) and that among women from households with a high standard of living was only 19%.

It may be pertinent to note that the current use of modern contraceptive methods has declined from 38% (NFHS-1) to 34% (NFHS-2) and the use of modern methods is higher among the rural women than the urban women.

On the other hand, the use of traditional methods has increased from 10% (NFHS-1) to 12% (NFHS-2). Interestingly, the use of traditional methods by urban women is three times as high as that of the rural women. The use of traditional methods also increases sharply with household standard of living.

The rates of use of modern contraception and traditional methods by illiterate women is

	1991-92	1998-99
Modern methods	43%	53%
Traditional methods	4%	3%

while that among with at least high school education is

	1991-92	1998-99
Modern methods	29%	40%
Traditional methods	21%	17%

According to the NFHS 1 and 2, the practice of contraception is strongly related to the level of education of the women. The current use of 'modern' methods is lower among women with high school education & above, than among illiterate women, although the average family size among those with education is less than that of those who are illiterate.

The public sector consisting of government, municipal hospitals, primary health centres and other government health institutions, supplies three fourths of all modern methods used in Goa.

Importantly, despite this low contraceptive acceptance or use in Goa, the fertility rate in the state is low. It has attained a below replacement level with a total fertility rate (TFR) of 1.9 children per woman (NFHS-1) and 1.77 children per woman (NFHS-2) as against the national average of 2.9 children per woman. Unwanted fertility in Goa is also low. It must be noted that in Goa the age at marriage is also high, which is approximately 25 years.

The question asked by women's organizations is 'what happens if the fertility rate in the state should increase. Will the old policy be restarted? Why isn't the public informed about these policy decisions and explanations given for changes. Should the public not be made aware of what affects them the most?'

Shift in Policy

The RCH and CNA programme still lacks clarity regarding strategies to meet the programme's objectives. Much of the success of the programme has been stated to rely on the paramedical functionaries, meaning the Auxiliary Nurse Midwives and the Basic Health Workers who in the hierarchy of the health functionaries are almost at the bottom. The RCH programme lists out the tasks that have to be accomplished. Of the 50 services listed out as the services to be implemented through the RCH programme all the preventive services, counselling, health education and promotive services are the responsibility of para medical staff. With this increased number of services offered there is obviously a tremendous increase in work load as there has been no increase in the staff structure in the sub-centres nor has there been any increase in budgetary allocation. Contraceptive use does not cease to be a programmatic goal and the monetary incentive system does not cease to exist. The change here is that the paramedical staff set performance goals for themselves after consultation at the PHC and

District levels and these goals are set based on data they collect in their survey's to update the Family Register. This makes reporting of community needs and the setting of performance goals rather ambiguous.

The literature on the Community Needs Assessment commits to meeting community needs through the programme. However the existing implementation of CNA however is that the paramedical staff update the Family Register in which they record family planning status, vaccination status, a few illness such as TB, leprosy, STD/RTI's, blindness/cataract, vector borne diseases, drinking water sources and physical handicaps. This data from the survey to update the Family Register then becomes the assessment of community needs. How is the community really involved in identifying actual needs? How has the programme involved local representatives of the community like NGO's, women's groups, panchayats etc., in problem identification, planning and implementation? Is there an empowerment project for the community to be able to identify their health needs, make demands for their requirements and be assured of their demands being adequately met? Data for these programmes if at all they are collected are easily available. The activities under these programmes need to be recorded in a manner similar to the recording procedures followed for contraceptive used, immunization, etc.

If one were to look at existing data on the issues concerning women's health one would clearly be able to state that not all the issues listed in the Family Register are the most immediate concerns of women in Goa.

Some Worrying Figures from the NFHS -2 are :

Adolescent fertility has increased by	31%
Women involved in decisions about their own health care	62%
Anaemia (including moderate +severe) among women is	36.4%
Anaemia (moderate +severe) among women	9%

Anaemia is a serious problem among women in every population group, with prevalence rates ranging from 26 to 52 percent. Nutritional deficiency is particularly serious for women living in households with a low standard of living, younger women, illiterate women, ever-married women who are not currently married and women belonging to scheduled castes or other backward classes

Anaemia among children (6 months to 3 years) is	53.4%
Children chronically undernourished (stunted)	18.1%
Children acutely undernourished (wasted)	13.1%
Children underweight	28.6%
Total children undernourished and at risk	59.8%
Women undernourished	27%

The NFHS 2 reported also that there is a son preference in Goa

The NFHS-2 revealed that 27.1% of the pregnant women have low body mass index and this is during the period when women are comparatively better fed.

With regards to other NFHS-2 data which could be indicators of health status, only 63.6% households are within 15 mins. walking distance from safe water supply and this includes pipes, hand-pumps, covered wells etc. Only 62 % households have piped drinking water. Only 38% households have flush toilets and 41% households have no toilet at all.

These are just some indicators of issues that might be revealed from the existing data sources. The programme to be successful has to take the community into confidence and involve actively at all levels of the programme, NGO's, women's groups, leaders in the community including also the panchayats etc.

The situation in Goa today is that at the village level in people's eyes, little has changed. The changes if any in the programme have not been noticed. The public does not see any real change in quality of services after the CNA/RCH programme and most people have not even heard about the decentralized planning or about the removal of targets/incentives. At present there are financial constraints and pressure on the already overworked female paramedical staff.

Some Recommendations

- Methods of community assessment are important.
- The Family Register alone may not reflect the real health needs of the community.
- Malnutrition, alcoholism, mental health, violence, preference for a boy child, the declining sex ratio, anaemia among women etc. should also come into focus.
- A clear budgetary allocation for CNA
- The planning seems to be decentralized but there is no indication of a decentralized implementation.
- Accountability to the public in terms of policy and changes therein should be the state's responsibility to its citizens.

An important aspect in assessing community health needs is reaching a common understanding of the term 'health'. This continues to be ambiguous, particularly with reference to women's health. The ambiguity arises from the divergent understanding of the needs for the well being of the human body even for example between the modern clinic-based western science and traditional health practices. This has been completely ignored by state health policy. What I am saying here is that in our society there may be varied and unique perceptions of well-being and therefore disease or ill health. The acceptance and perpetuation of one or the other system is dependent on state policy and community's own experience (tradition and affordability) of either system. It is time that the state initiates some process by which these systems can not only be understood but also incorporated into main stream health care. Women have over the ages had control over traditional healing systems, this knowledge needs to be revived and its value needs to be researched and documented before it is forgotten.

Table 7.4 Some Health Indicators of Goa

Sr. No.	Item	Preliberation (1961)	At the time of Statehood	As on 1.1.2004
1	Population (in lakhs)	5.9	10.08	13.97
2	Population density per sq. km.	163	272	363
3	Sex ratio (females per 1000 males)	1066	975	960
4	Urban population to total population(%)	14.8	32.03	49.77
5	Decadal growth rate (%)	7.77	26.74	14.89
6	No. of Government hospitals	17	31	32
7	No. of beds in Government hospitals	1098	2371	2743
8	No. of Private hospitals	18	83	120
9	No. of beds in Private hospitals	1405	1312	2264
10	Population served per bed	211	310	275
11	Population served per hospital	34814	10316	9043
12	Area served per hospital (in sq.kms)	34.27	32.16	24.4
13	No. of Family Welfare Centres	Nil	252	261
14	No. of indoor patients treated at Govt. hospitals (in lakhs)	0.12	0.6	1.01
15	No. of outdoor patients treated at Govt. hospitals (in lakhs)	0.55	8.32	13.27
16	Maternal mortality rate	1.44	0.48	0.25
17	No. of male births per 100 female births	116	106	108
18	No. of male deaths per 100 female deaths	107	142	151
19	Neonatal death rate	29.47	17.59	15
20	No. of PHC's	0	21	24
21	No. of UHC's	0	4	4
22	No. of RMD's	0	28	29
23	No. of Sub-Centres	0	166	172

Source: *Economic Survey 2003-04, Directorate of Planning, Statistics and Evaluation, Government of Goa*

Table 7.5 Poverty Ratio

Poverty Ratio	1973-74			1999-2000		
	Rural	Urban	Combined	Rural	Urban	Combined
India	56.44	49.01	54.88	27.09	23.62	26.10
Goa	46.85	37.69	44.26	1.35	7.52	4.40

Source: Economic Survey 2003-04, Directorate of Planning, Statistics and Evaluation, Government of Goa

Table 7.6 Total Fertility Rate

Total Fertility Rates	1998	Projected for 2007
India	3.2	2.7
Goa	1.77	NA

Source: Economic Survey 2003-04, Directorate of Planning, Statistics and Evaluation, Government of Goa

Table 7.7 Other Vital Statistics (2002 (P) From the Directorate of Health Services

Sr.No	Item	Total
1.	Birth Rate (CBS)	16.57
2.	No. of male births per 100 female births	110
3.	Total no. of births occurred and registered	22683
4.	Death Rate (SRS)	7.2
5.	Total no. of deaths occurred & registered	10380
6.	No. of male deaths per 100 female deaths	158
7.	Still Birth Rate	11.16
8.	Total no. of still births	256
9.	Infant mortality rate	12.48
10.	Total number of infant deaths(SRS)	283
11.	Maternal death rate per lakh live births	39.68
12.	Percentage of institutional deliveries	87.75 (%)
	No. of Hospitals Under	
13.	Directorate of Health Services	23
14.	i) Attached to CHCs/PHCs	18
15.	ii) Other Hospitals	5
16.	Goa Medical College	2

Sr.No	Item	Total
17.	Institute of Psych. & Human Behaviour	1
18.	Central/Semi-Government	6
19.	Private (P)	118
20.	Total (P)	150
21.	Population served per hospital (P)	9313
22.	Area served per hospital (sq. kms.)	24.68
	No. of beds under:	
23.	Directorate of Health Services	1234
24.	Goa Medical College	1010
25.	RHC Mandur (GMC)	20
26.	Institute of Psych. & Human Behaviour	27
27.	Central/Semi-Government	387
28.	Private (P)	2282
29.	Total (P)	5211
30.	Population served per hospital bed (P)	268
31.	Hospital beds per 1000 population	3.73
	Community Health Statistics as on 1.1. 2004	
32.	No. of Community Health Centres	5
33.	Average population (in lakhs) served by CHC	2.79
34.	No. of PHCs under DHS	19
35.	Average rural population served by a PHC ('000)	35.31
36.	Average population served by a sub-centre (in '000)	3.90
37.	No. of sub-centres under GMC	4
	No. of Urban Health Centres under:	
38.	Directorate of Health Services	4
39.	Goa Medical College	1
40.	No. of Rural Medical Dispensaries under DHS	29
41.	Medical Dispensary under DHS	1
42.	Total Deliveries in Institutions under DHS	5980
43.	Total Deliveries in GMC-	3862
44.	No. of Homeopathic Dispensaries under DHS	1
45.	No. of Patients treated	6793
46.	Doctor Population Ratio	1:636

Source: Directorate Of Health Services, Goa

Table 7.8 Birth Rate, Death Rate and Infant Mortality Rate

Year	Birth Rate	Death Rate	Infant Mortality Rate
1987	18.24	6.72	24.88
1988	17.95	7.59	21.99
1989	17.29	6.81	21.12
1990	18.43	6.80	22.37
1991	19.50	7.46	18.76
1992	18.59	7.44	18.06
1993	17.88	7.54	18.43
1994	18.00	7.47	15.66
1995	17.82	7.07	14.39
1996	18.00	7.40	17.25
1997	18.34	7.37	16.92
1998	17.63	8.26	17.21
1999	17.40	7.47	16.42
2000(P)	17.85	7.16	13.99
2001(P)	15.95	7.46	12.40
2002(P)	16.59	7.59	12.48

Source: *Economic Survey 2003-04, Directorate of Planning, Statistics and Evaluation, Government of Goa*

Table 7.9 Place of Delivery

Indicator	Year	Area	India	Goa
Place of Delivery	1998-99	Institution	33.6%	91%
		Home	65.4%	9%
		Other	1%	1%

Source: *National Family Health Survey 2*

Table 7.10 Assistance During Delivery

Indicator	Year	Area	India	Goa
Assistance during Delivery	1998-99	Professional	42.3%	91%
		TBA	35%	4%
		Other	22.4 %	5 %

Source: *National Family Health Survey 2*

Table 7.11 Number of Women with Disabilities

Disability	Number of Women
Visually Handicapped	548
Orthopaedically Handicapped	1846
Hearing Handicapped	714
Mentally Handicapped	726
Total	3834

Source: Directorate of Social Welfare, Goa

No separate institution for women handicapped exists in Goa

Some Recommendations From Positive People An Organization Working For People With HIV/AIDS And HIV/AIDS Prevention

1. Mother to child HIV transmission : Currently the government programmes to reduce mother to child HIV transmission prescribes a drug called nevirapine. Studies have shown that this drug has harmful side effects and also abets resistance. We would like to recommend that the drug regimen be changed to include AZT (Zidovudine) which despite being tedious to consume is a much safer bet.
2. Family planning measures should not solely target women but should also include men. This is based on data suggesting that the number of tubectomy cases as a family planning measure far outweighs reported vasectomy cases. Camps being conducted should also include vasectomy.
3. Postnatal care: The Primary Health Centres should target the couples while addressing spacing and other forms of contraception and not only focus on women during postnatal care and/or spacing.
4. Severe penalties to be imposed on those involved in trafficking of minors and women for sex work.

Women's Mental Health and Gynaecological Morbidity in Goa

The Stree Arogya Shodh is a study that is led by Dr Vikram Patel, London School of Hygiene & Tropical Medicine, in collaboration with Sangath, Goa and the Directorate of Health Services, Government of Goa. The four year project which began in November 2000 is investigating the relationship between women's mental health and reproductive and sexual health. The study is a longitudinal study of women who have been randomly selected from the community. Initial analyses of the baseline recruitment data (2494 women aged 18-50 years out of a random sample of 3000 women completed the recruitment) reveal a number of gender related factors.

Domestic Violence and Marital Disharmony: Women who were married, or living in a cohabiting relationship were asked about the experience of abuse from their partners and the frequency of abuse

in the previous 3 months. 14.7% of women reported verbal abuse (such as threatening to hit or abusive names); two-thirds of these women reported such abuse at least once a month in the previous 3 months. 9.4% of women reported being physically abused (e.g. hit, slapped, kicked); nearly half (49.1%) reported such violence at least once a month in the previous three months. 3.6% of women reported being forced to have sex against her wishes; two-thirds (66.8%) of these women reported such events at least once a month in the previous 3 months. A fifth of women (21.2%) reported being concerned about their husband having a dangerous habit; alcohol was the reason cited by over three quarters (77.4%) followed by tobacco (56.7%). 24 of married women (1.4%) reported being concerned that her husband was having an extramarital sexual relationship. 5.5% of all women reported physical violence from any other person; in-laws accounted for 46.3% of these perpetrators, followed by the woman's own family members (22.8%).

Sex Preference: Most women (79.1%) did not report any specific sex preference when asked a hypothetical question regarding the preferred sex of a child if she were to have only one child, and 73.8% of married women reported the same attitude with regards to their husbands. 14.1% of husbands were reported to prefer a boy, and 12.2% to prefer a girl child.

Autonomy: Another domain of gender variables inquired about the freedom to take decisions about personal matters. More than half the women (54.8%) needed permission to go visit a mother or friend's home, 53% needed permission to see a doctor; only 26.4% were able to keep aside money for personal use and 22.9% had time to do things for herself, such as visit a friend. The experience of these restrictions was significantly commoner for unmarried women. Most women (73.6%) experienced restrictions of their daily activities during menstrual periods.

Reproductive & Sexual Health: More than 1 in 5 women (21.6%) reported at least one abortion in their lifetime; 3 unmarried women reported abortions. 154 women reported that they had had difficulty in conceiving a child in the past year. Of these, two thirds (64.3%) had consulted a doctor for their infertility. 17 couples were using infertility treatment.

The table below describes the prevalence of six types of gynaecological morbidities in the previous three months, their average duration and whether the symptom was experienced with fever. The table shows that vaginal discharge, itching in the genital area and lower abdominal pain were the commonest symptoms. The mean duration of symptoms were long ranging from 2 to 4 years.

Morbidity	Prevalence	Duration (mean weeks and 95% CI)
Abnormal Vaginal Discharge (amount, colour or smell)	14.5% (361)	231.6 (205.4-257.9)
Itching in genital area	14.7% (366)	117.4 (99.1-135.6)
Sores/blisters in genital area	3.6% (91)	158.1 (111.4-204.7)
Pain in lower abdomen (not menstrual)	13.9% (346)	166.8 (146.5-189.1)

Morbidity	Prevalence	Duration (mean weeks and 95% CI)
Pain/burning while passing urine	9.4% (234)	112 (90.2-133.7)
Pain/bleeding during sexual intercourse (for married women only)	4% (101)	156.9 (115.9-197.8)

383 women (15.4%) were experiencing more than one symptom concurrently. Of these women, roughly a quarter reported lower abdominal pain (26.9%), itching in the genital area (24.8%) and vaginal discharge (23.2%) as the most serious complaint.

Mental Health: Substance-use data was available on 2408 women, because these items were added to the interview shortly after the field work began. Use of alcohol in the previous 3 months was reported by just 1.8% of women, most of whom (70.5%) reported drinking once a month or less; 13.6% of these women reported drinking every day. Cigarette smoking was reported by just 7 (<1%). Chewing tobacco was reported by 2.1% of women, most of whom (74.5%) used it at least once a day.

Based on a cut-off score of 11/12 on the CIS-R, 6.7% of women were cases of a common mental disorder. In response to the additional questions on life-time suicidal behaviour, 17.2% of women reported that they had experienced the wish to be dead (22.2% of whom had this thought in the previous week). 6.7% reported having had thoughts of taking one's own life, 24.7% of whom reported this in the previous week. 2.4% of women had attempted suicide at some time; 5 women admitted to attempts in the previous week, and 18 in the previous year. 1.9% of women admitted deliberately trying to harm oneself without the intention to die. The commonest method used was taking an overdose of medicine (45.7%) followed by attempting to burn oneself (21.7%). About half of these women had seen a psychiatrist following the event.

Incidence of HIV/AIDS in Goa

According to the Goa State AIDS Control Society, in their publication *Containing HIV/AIDS in Goa 2002 –03*, in the rating of States into High, Moderate and Low Prevalence States, Goa is rated as Group II or a Moderate Prevalence State where HIV infection has crossed 5% more among High Risk Group but the infection is below 1% in antenatal women.

The first reported case of HIV in Goa was in 1987 and since then there has been a steady rise in the incidence of HIV/AIDS in this small State. The Table below shows the number of HIV/AIDS cases in Goa from 1986 to 2002

Table 7.12 HIV/AIDS Cases in Goa 1986 to 2002

Year	No. of blood samples tested	HIV positive	Positivity Rate	No. of AIDS cases
1986	229	-	-	-
1987	1255	3	0.24	-

Year	No. of blood samples tested	HIV positive	Positivity Rate	No. of AIDS cases
1988	3822	6	0.16	-
1989	10210	18	0.18	1
1990	10071	18	0.18	1
1991	8603	30	0.35	2
1992	8690	144	1.66	4
1993	7978	123	1.54	3
1994	4533	195	4.30	4
1995	2279	203	8.91	6
1996	2959	327	11.05	14
1997	3526	473	13.41	14
1998	4903	522	10.65	15
1999	7804	750	9.61	14
2000	7813	807	10.33	13
2001	7216	801	11.10	48
2002	7789	696	8.94	47
Total	99680	5116	5.13	186

Source: *Containing HIV/AIDS in Goa 2002-03, Goa State AIDS Control Society*

The same report of GSACS states that the figure above is not reflective of the actual position in Goa as several cases go unreported. The estimated number of HIV cases in the State of Goa is approximately 10,000.

Table 7.13 Age Wise/Sex wise Distribution of HIV cases 1999 to 2002

Year	Sex	Age Group					Total
		0-14	15-29	30-44	45+	Not specified	
1999	M	18 (3.7)	158 (32.1)	246 (50.0)	61 (12.4)	9 (1.8)	492 (100.0)
	F	18 (7.0)	126 (48.8)	94 (34.4)	20 (7.8)	0 (0)	258 (100.0)
	Total	36 (4.8)	284 (37.9)	340 (45.3)	81 (10.8)	9 (1.2)	750 (100.0)

Year	Sex	Age Group					
		0-14	15-29	30-44	45+	Not specified	Total
2000	M	17 (3.0)	154 (27.6)	298 (53.3)	83 (14.8)	7 (1.3)	559 (100.0)
	F	16 (6.5)	123 (49.6)	97 (39.1)	11 (4.4)	1 (0.4)	248 (100.0)
	Total	33 (4.1)	277 (34.3)	393 (49.0)	94 (11.6)	8 (1.0)	807 (100.0)
2001	M	30 (5.6)	143 (26.6)	279 (51.9)	82 (15.2)	4 (0.7)	538 (100.0)
	F	15 (5.7)	123 (46.8)	93 (35.4)	29 (11.0)	3 (1.1)	263 (100.0)
	Total	45 (5.6)	266 (33.2)	372 (46.4)	111 (13.9)	7 (0.9)	801 (100.0)
2002 up to Sept	M	22 (4.8)	126 (27.4)	274* (59.7)	29* (6.3)	8 (1.7)	459 (100.0)
	F	5 (2.1)	122 (51.5)	98* (41.3)	12* (5.1)	0 (0)	237 (100.0)
	Total	27 (3.9)	248 (35.6)	372* (53.4)	41* (5.9)	8 (1.2)	696 (100.0)

Source: Containing HIV/AIDS in Goa 2002-03, Goa State AIDS Control Society

*For the year 2002, the age group was 30 – 49 and 50 + therefore the figures are not strictly comparable with those of the earlier years. Note also the figures in brackets indicate percentage to the total.

The report states that the disease is prevalent in all parts of Goa but the majority cases are reported in the four coastal Talukas namely Mormugao (where the red light area Baina is located), Salcete, Bardez and Tiswadi. Although HIV is more prevalent among males, it is noticed that about 50% of the females infected belong to the age group of 15 – 29 years. Besides, 53 – 56% of the female population who were infected with HIV, were below 30 years as compared to 32 to 36 % of the males in the same age group.

Table 7.14 Proportion (%) of HIV cases by sex in different age groups, 1999 –2002

Year	Sex	Age Group					Total
		0-14	15-29	30-44	45+	Not specified	
1999	M	50	55.6	72.4	75.3	0	65.6
	F	50	44.4	27.6	24.7	0	34.4
	Total	100	100	100	100	0	100
2000	M	51.5	55.6	75.4	88.3	87.5	69.3
	F	48.5	44.4	24.6	21.7	22.5	30.7
	Total	100	100	100	100	100	100
2001	M	66.7	53.8	75.0	73.9	57.1	67.2
	F	33.3	46.2	25.0	26.1	42.9	32.8
	Total	100	100	100	100	0	100
2002 up to Sept	M	81.6	50.8	73.7	70.7	0	66.3
	F	18.5	49.2	26.3	29.3	0	33.7
	Total	100	100	100	100	0	100

Source: *Containing HIV/AIDS in Goa 2002-03, Goa State AIDS Control Society*

Table 7.15 Routes of Transmission of Sero Positive Cases 1999 – 2002

Route of Transmission	1999	2000	2001	2001 up to Sept
Sexual	659	731	666	619
Injecting Drugs	0	0	0	2
Blood and Blood Products	2	1	0	3
Parent to Child	36	33	45	26
Not specified/ Others	53	42	90	46
Total	750	807	801	696

Source: *Containing HIV/AIDS in Goa 2002-03, Goa State AIDS Control Society*

**Our Struggle, Our Demands
Towards Health Women in Goa**

Bailancho Saad, A Women's Collective, Goa

- Adequate fulfillment of nutritional and health needs at affordable prices.
- Medical facilities to be at affordable prices.

- Short stay homes women.
- Supplementary calcium and iron for women especially to the disadvantaged.
- Holistic health policy rather than an emphasis on reproductive health. Focus also on mental health of women.
- Free check ups for women over 40 for osteoporosis and other post reproductive age ailments.
- Pap smear tests to be encouraged.
- Elimination of discrimination against women HIV/AIDS victims.
- Education on sex and sexuality for children, adolescents and adults through formal/non formal education.
- Adequate toilet facilities for girls and women in all schools and public places.
- Strict implementation of PNMT Act

Stop Promotion of Alcohol

- Strict implementation of excise law, which includes timing for bars, ban on sale of liquor to children, no liquor outlets in the vicinity of educational institutions.
- Remove the provisions in the Goa public Gambling Act, which have been included to allow casinos.
- Stop surrogate advertising of alcohol in print, visual media and through Government supported festivals like the Carnival.
- Special levy on all alcoholic drinks to open detoxification centers for alcoholics and crisis management centers for alcohol affected families/people.
- Increase the staff and bed capacity from 10 to 100 in the two detoxification centers of North and South Goa.
- We need a well-defined policy on alcohol.

8. WOMEN'S POLITICAL PARTICIPATION IN GOA

The Comunidades (Local Self Governance in Goa)

Prior to the institution of Panchayats in Goa, there existed a system of local self-governance. This system is called the *Comunidades* which continues to exist even today parallel to the Panchayats although the role played by the *Comunidade* today has undergone much change since the Panchayat system came into existence. The origins of this system however are not clear. According to the Report of the Goa Land Reform Commission (1964) (Pg 22) brought out by the Government of Goa Printing Press, a large number of families from across the Western Ghats settled in Goa due to reasons such as war, disease, poverty, etc., in those regions. These settlers, formed co-operative associations under the leadership of the male members of the family. These came to be known as *gaunkars*. The *gaunkars* with the help of dependents and people from more deprived communities, reclaimed and cultivated wastelands. They then appropriated this land collectively and divided its produce amongst themselves. Even today male descendents of *gaunkars* can register themselves with the *Comunidade* as *zonekars* (sons of the soil) and can claim their share of *Comunidade* land or produce.

Of course this system had no place for daughters, wives or mothers. The *Comunidade* carried out several functions including the construction of roads, irrigation systems, the upkeep of religious places, schools, and even health care particularly at the time of epidemics. Today several of the jobs have been taken over by the Municipalities and Panchayats. The *gaunkars* particularly the elders (*vodils*), settled disputes and even discharged punishments for minor offences in the village. The membership to the *Comunidade* included apart from male descendents, also share holders who were also always male. There were some instances however where the surplus of the annual income of the *Comunidade* was given to widows and children of members. Here, voting was by *vangod* or family aggregate and every decision had to be unanimous. Even one negative vote would imply the rejection of the proposed matter.

Women in Goa were for generations left out of decision-making. However an important aspect of women's empowerment is their political participation. This includes women's involvement as political representatives at different levels of governance, their participation in election of political leaders and also their participation in decision making on matters that concern them and their community. Political participation of women is no longer a debated issue in the country with the enactment of the 73rd and 74th Amendment to the Constitution whereby 33% of the total seats are reserved for women in the local government. Reservation alone however does not ensure women's participation. Whether or not

women avail of this opportunity will depend to a large extent on other enabling structures in the society. Tradition and patriarchy have to give way to economic independence, knowledge, self-confidence and autonomy to women. The extent to which, women have control over their own lives will effect the role they play and how effectively they play it in both the political and economic arenas. Data therefore on women's political participation since the 73rd Amendment is no indicator of the real potential of women in the government of the State. The Goa Village Panchayat Act of 1994, ensured the reservation of some of the Sarpanch positions for women. In fact, villages were placed in alphabetical order and for example, villages beginning with the letter A, B or C were in the 1997 to have women Sarpanchs. Thus out of 185 villages in Goa, we have 64 women Sarpanchs. The total representation of women in the 1997 Panchayat elections was 34%.

Table 8.1 Results of the 1997 Panchayat Elections (Official Gazette 17.01.97 No. 42)

Taluka	Number of Villages	Women Panch Members (from Reserved Posts)	Women Panch Members (General Category)	Total Members
Goa	185	445	33	1402
North Goa	116	277	19	880
Pernem	17	37	2	119
Bardez	33	80	10	255
Tiswadi	18	46	2	142
Bicholim	17	39	2	123
Satari	12	24	0	84
Ponda	16	51	3	157
South Goa	69	168	14	522
Mormugao	9	27	2	79
Salcete	30	72	9	223
Quepem	11	24	2	86
Sanguem	12	28	1	79
Canacona	7	17	0	55

It is only a decade since the introduction of the reservation for women in local governance whereas the policy of discrimination of women and exclusion from participation in political arenas goes back centuries. Therefore we need only to encourage and support women's participation than evaluate its success so prematurely.

One of the major indicators of development of any society is the degree empowerment of women, the economic and political freedoms that they enjoy. Gender differentials in political participation or representation is often a reasonable proxy for lack of women's empowerment. What has been Goa's experience in this context ? The first elections in Goa were held in 1963 after liberation in 1961. In the last forty years and after 10 rounds of Assembly elections, only 8 women so far have been elected to the Goa Legislative Assembly ever since the first elections held in 1963 after Goa's liberation in 1961. Ms. Urminda Mascarenhas de Lima Leitao was the first woman elected to the Legistaive Assembly in 1963. The other women representatives were Ms. L. Miranda, Ms. Shashikala Kakodkar (who was elected to the Assembly 6 times, was Goa's first woman Minister and later Goa's first woman Chief Minister), Ms. Farrel Furtado, Ms. Fatima D'Sa, Ms. Sangita Parob, Ms. Victoria Fernandes and Ms. Nirmala Sawant.

Ms. Sanyogita Rane was the only woman to have represented Goa in Parliament.

Table 8.2 Women's Participation in Goa's Legislative Assembly

Years/Terms of Assembly	Total Seats	Men	Women	% of Women to Men
1963-1967	30	29	1	3.33
1967-1972	30	28	2	6.66
1972-1977	30	29	1	3.33
1977-1980	30	29	1	3.33
1980-1984	30	30	Nil	Nil
1984-1989	30	27	3 nominated	10
1989-1994	40	38	2	5
1994-1999	40	36	4	10
1999-2002	40	38	2	5
2002-2004	40	39	1	2.5

Source: Goa Legistalive Assembly Records

The last assembly elections recorded the lowest percentage of women's participation as elected representatives to the Goa Legislative Assembly.

The notion of political participation of course goes beyond merely information on elected members of government but includes those who exercise their right to elect their representatives. If we look at these figures for the most recently concluded Parliamentary elections, the participation of women is fairly high though not equal to that of men.

Table 8.3 General Elections to Lok Sabha 2004: Voters Turn Out**Goa Percentage**

Constituency	No. of Electors (General)			Votes Polled			% of Votes Polled		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Panaji	214228	211289	425517	133550	120354	253904	62.34	56.96	59.67
Mormugao	261147	253804	514951	152606	144580	297186	58.44	56.97	57.71
Total	475375	465093	940468	286156	264934	551090	60.20	56.96	58.60

Source: Goa Election Commission

Women in Household Decision-making & Community Participation

Another indicator of women's empowerment is their participation in household decisions that concern themselves and the welfare of their families. While 96 percent of women are involved in household decision-making only 62 percent are involved in decision making about their own health care [NFHS II 1999].

We now turn to examine women's involvement in community leadership and organizing for social causes. Women in Goa have been involved in social action as we learn from history books, and played an important role in the liberation movement. Women's active involvement in Goa's freedom struggle was also evident from the narratives of those who participated in the 'Tribute to Women Freedom Fighters' that was organized by the Centre for Women's Studies, Goa university, on March 8, 1993. However, until the 1980's, apart from branches of all India organizations like the All India Women's Conference, and two small local organizations, the Women's Writers Organisation (WWO) and the All Goa Muslim Women's Association (AGMWA), both of which have now ceased to exist, there were no other organizations working for women.

Today however, the scenario is quite different. There are several groups of women who have come together to organize themselves to work for equality and justice in society. While the number of women's organizations may not be indicative of women's well-being but may be positively correlated the increasing number of issues, concerns and problems faced by women today.

The women's collective in Goa, *Bailancho Saad* is one such organization who have been working since 1986 resisting pressures of hierarchy and following egalitarian processes to improve the status of women in the State. They have extended help and support in terms of legal assistance, counseling and referral to innumerable women in the State. They have also conducted training through multiple strategies to empower women and have been engaged in research, documentation and dissemination of information to further their agenda of gender equality. The organization has mushroomed over the years into an all Goa women's collective that is involved in case handling, social action and change, demonstrations and morchas, publications and awareness campaigns through newsletters, pamphlets

and booklets. The collective organises seminars, conducts training programmes and undertakes research projects. It organises fund raising through the sale of products made by members of the group or other groups that the organisation has chosen to support. The collective today is very involved in policy making and have been nominated on policy drafting and advisory committees of the Government of Goa.

There are several other organizations/ centres today that work for women and the girl child. Some have been listed below:

ACDIL Community Development Centre, Porvorim, Goa.

All India Women's Conference, Menezes Braganza Hall, Panaji, Goa.

Anyaya Rahit Zindagi (ARZ), MHN 27/1 Baina Beach Vasco da Gama, Goa.

Bailancho Ekvott, H.No 172, Rua Padre Miranda, Margao, Goa.

Bailancho Manch, Post bag 13, Mapuca, Goa.

Centre For Women's Studies, Goa University, Taleigao Plateau, Goa.

Child Rights Cell, All India Trade Union, 2nd Floor Velho Filho Building, Panaji, Goa.

Childline (1098), Nirmala Education Society, Altinho, Panaji, Goa.

Children's Rights Goa, F 5 Meera Building, St Inez, Panaji, Goa.

Desterro Eves Mahila Mandal, 21 Sapna Terrace, Swatantra Path, Baina, Vasco, Goa.

Francois-Xavier Bagnound C 1, Cozy Apts, C Wing, Menezes Braganza Rd, Baina, Goa

Goa Foundation, Above Mapuca Clinic, Mapuca, Goa.

Goa State Commission for Women, Junta House, 3rd Lift 4th Floor, Panaji, Goa.

Humsafar Trust, G 1 Block B/C, Santacruz Apts, Porbhavaddo, Calangute, Goa.

Jagrut Goankarenchi Fauz, Ground Floor Liberty Apts, Fierra Alta, Mapuca, Goa.

Jan Ugahi, Vikrant, V 14 Malbhat, Margao, Goa.

Kripa Foundation, Anjuna, Goa.

Lifeline Foundation, Ho.No. 154, Indira Nagar, Chimbhel, Goa.

Peaceful Society, Madkai. Ponda, Goa.

Population Services International, 1st Floor, Sri Krishna Building, Vasco, Goa.

Positive People, 1st Floor Maithili Apts, St. Inez, Goa.

Research Institute for Women, Casal Gracias, Altinho, Panaji, Goa.

Rishta, G I Santacruz Apts, Porbhavaddo, Calangute, Goa.

Saad Alashiro, c/o Bailancho Saad, SF 4, Goa Housing Board, Porvorim, Goa.

Sangath, 841/1 Behind Electricity Department, Porvorim, Goa.

Vasco Anti AIDS Association, Baina Beach, Vasco, Goa.

Visionaries, Behind Vincy Resort, Colva Beach, Goa.

9. CONCLUSION

We have over the last few decades seen numerous policy changes in our country with regard to women. Several policies have been introduced for the empowerment of women, to encourage women's participation in politics, to improve women's health status, to create a more gender sensitive society, to stop sexual harassment and other crimes against women etc. What has been our success in achieving the goals of gender empowerment and equality. In the seven Chapters of this Report, we have pointed to various aspects that need urgent attention.

This report has attempted to analyze the situation of women in Goa with respect to general demographic indicators, educational attainment, economic status, legal provisions, the incidence of violence and crime against women, women's health status and their political participation. However, we have seen that with the exclusion of a few areas like education, the status of women in Goa is far from being EQUAL.

Although the state boasts of a high literacy rate and large number of women attain higher education, there is disproportionate participation in the employed workforce. Does this gender gap mean that despite education, women are being discriminated against when it comes to employment? We know that one of the major ways of empowerment of women lies in economic empowerment and participation in the workforce. The large gender gap in the employed workforce needs urgent attention of policy makers.

Goa is privileged to have Common Civil Code as well as a Children's Act. However, law alone cannot bring about gender justice without social acceptance and assimilation of that law into the realities of everyday life of the common person. Social practices and customs often undermine the code of law. The legal framework in Goa is dated and needs amendment to address the current existential needs of women if it is to bring about gender equality. As we have seen in the Chapter on Women and the Law in Goa, law is often not accessible to the majority of women in our society because of the language and cumbersome legal procedures in the registration of marriage, which can have consequences in situations of inheritance and bigamy.

The incidence of violence against women in Goa is higher than in several other larger States in India. In Goa many cases still go unreported or under-reported as we have discussed in the Chapter on Violence Against Women. There is much to be done by way of creating awareness in society by the state and its organs. The Goa State Women's Commission and NGOs have played an important role in bringing many such instances for redressal. *Bailancho Saad*, a women's collective, in a commendable

voluntary effort has recently begun a door-to-door campaign against domestic violence/wife-beating with the aim of covering every household in the State. Through this campaign they intend to educate women and men on their rights against violence.

While Goa has progressed ahead of other States with regards to the institution of a Children's Act 2003 and with provisions in the Common Civil Code which give women right to inheritance, awareness of the law and amendment of the law and its procedures to keep up with the times is essential if the law is to ensure gender justice. Also in Goa, some health indicators are appreciable, such as low birth rate, low death rate, and high per capita income. However there are others that need to be urgently addressed. The declining juvenile sex ratio is among the most worrying statistics and an indicator of gender discrimination in the State. Then despite the high educational attainment among women, there is a glaring gender gap in the work force. This too is an indicator of gender discrimination. Women's mental health, the high incidence of reproductive tract infections, cervical cancer, infertility, high incidence of abortions, suicides, poor sex education, poor nutrition, anaemia, poor care and facilities for handicapped women, alcoholism, high incidence of violence against women, poor public infrastructure for women including toilets are some of the issues. The infrastructure to assist women victims of violence, as well as preventative action has to be a State priority with the growing incidence of crimes against women. Traditional health systems and practices which are still popular among certain sections of women in the state needs to be supported by the state health system. The State Health Department should consider widening the data that is being generated by them to enumerate the other services that have been included in the new RCH Programme so that this can be used by policy analysts to further improve the programme.

STATE POLICY FOR WOMEN GOA 1997

Introduction

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles.

Within the framework of a democratic policy, our laws, development policies, plans and programmes have aimed at women advancement in different spheres and from the Fifth Five Year Plan (1974-75) onwards, there has been a marked shift in the approach to women's issues from welfare to development. The 73 and 74 Amendments (1993) to the Constitution of India have provided for reservation of seats in the local bodies of Panchayats and Municipalities for women, laying a strong foundation for their participation in decision making at the local levels.

The various women's movement's, with a widespread network of non-government organizations which have strong grassroots presence and deep insight into women's concerns has inspired many initiatives for the improvement of women.

On analysing the report on the status of women in the State of Goa, it is seen that there exists a very wide gap between the goals enunciated in the Constitution, Legislation, Plans, Programmes and related mechanisms on the one hand and the situational reality on the other.

Gender disparity manifests itself in various forms, the most obvious being the continuously declining sex ratio of women in the last few decades, social stereotyping and violence at the domestic and societal levels and some other manifestations. Discrimination against the girl child, adolescent girls and women still persists. Thus women's access to and opportunities to avail of inputs related to education, health and productive resources among others, are inadequate and they remain socially excluded.

Taking into consideration the problems of the women in the State of Goa, the State Government after consultations with N.G.O's, Social Activists, Researchers and other experts has drawn up this Policy.

The goal of this Policy is to bring about the advancement, development and empowerment of women mainly to be achieved by changing societal attitudes and elimination of social injustice, active participation of gender perspective, translation of de jure equality of women into de facto equality and affirmative action, wherever necessary.

Human Rights and Fundamental Freedom:

The de jure and de facto enjoyment of all Human Rights and Fundamental freedom of women on an equal basis with men shall be ensured both in letter and in spirit.

Elimination of Violence Against Women:

All forms of violence against women, physical and mental whether at domestic or societal levels, particularly sexual abuse, torture by alcoholic husbands will be eliminated.

Mechanisms/Schemes for assistance will be created/strengthened for rehabilitation of the victims of violence also the action taking agencies be strengthened.

Ending Discrimination Against Women:

Equal rights of women will be ensured in respect of access to and opportunity to avail of quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security, health care and public office.

Special awards should be started to the employment organization/workshop, which gives maximum employment opportunity to the women.

Elimination of Discrimination Against and Violation of the Rights of the Girl Child:

Strict enforcement of laws against pre-natal sex selection and foeticide, female infanticide, child marriage, child abuse and child prostitution. No discrimination in the treatment of the girl child in the family and outside will be allowed and positive image of the girl child will be actively fostered.

Women in Decision Making:

Active participation of women in decision-making will be ensured for the achievement of the goals of equality, development and empowerment. All measures to be taken to guarantee women's equal access to and full participation in all decision making bodies at every level in the public/private sector, including legislative, executive, judicial, advisory commissions, committee, Boards, Trusts etc. Appointments of Nodal Officers in every Government Department/ Agency in order to disseminate necessary information and General Statistics on the welfare programmes for women. Also provision of percentage share of women Directors in Cooperative institutions will have to be ensured.

Women and the Development Process:

Policies, programmes and systems will be established to ensure mainstreaming of women's perspectives in all development processes. Coordinating and monitoring mechanisms will be devised to assess from time to time the progress of such mainstreaming.

Sensitization to Women's Issues:

Specially designed and well funded sensitization programmes will be conducted on a regular basis for all sections of society. There will be special focus on functionaries of the State in the Executive and Judicial wings and all developmental Agencies, Government and Non-Governmental.

Ensuring Provision of Women's Basic Needs:**a) Education:**

Equal access to education for women and girls will be ensured. Measures to be taken to make education compulsory for girls up to age 14 years, eliminate discrimination, universalize educational system, increase enrolment and retention rate of girls. Vocational courses especially for women/girls in Hotel Management, House Keeping, Fashion Designing, Computer Training in existing Institutions like Polytechnic and Nursing Institutions will be introduced. State will provide free education for girls/women up to graduation level. It will provide necessary assistance to widows to pursue their further education. A special rolling fund to the tune of Rs. 1 crore for providing financial assistance in loan basis to the girls who desire to pursue their higher and professional education and cannot do so because of poverty be created, the income criteria to be adopted for this financial assistance should be Rs. 25,000/-

For the girl drop outs from eighth standard onwards a separate scheme should be started for the benefits of these drop outs. A new subject 'computer Awareness' would be included in the school curriculum.

b) Health:

A holistic approach to women's health will be adopted and special attention will be given to the needs of women throughout their lives, including the nutrition and basic services during infancy, childhood, adolescence, pregnancy, reproductive years and services during old age. Maternity leave of six months for mothers for adopting small family norm up to two children could be considered.

For ensuring general health of mother and child (especially the girl child) machinery should be set up for regular free health checkups after a certain age to check against diseases like Cancer, TB etc. This should be provided through the GMC by procuring equipments separately. Women should be encouraged to take advantage of such advanced modern facilities available in various institutions. Mobile clinics should be started by GMC in order to have free health checkups especially in rural areas. The system of maintaining health checkup cards in each and every school should be introduced.

c) Women and the Economy:

Women's perspectives will be included in designing and implementing macro-economic and social policies by institutionalizing their participation in such process. Women's contribution to socio-economic development will be recognized in the formal and informal sectors and appropriate policies related to employment and other working conditions will be drawn up.

d) *Support Services:*

Support services for women like child-care facilities including crèches at work places and educational institutions, hostels for working women, homes for the aged and the disabled will be expanded and improved so as to enable women to participate effectively in the development process. Also shelters and short stay homes be established for destitute, deserted, divorced women and unwed mothers.

Resources:

There will be an enhancement in the budget for women's programmes and earmarking of funds for women in the budget of Ministries/ Departments implementing development programmes in different sectors like education, health, welfare, rural development, Urban Development, Labour, Agriculture, Industry, Science and allocation by Department/ Agency.

Involvement of NGO's:

The involvement of Voluntary Organizations, Associations, Federations, Trade Unions and other Non-Governmental Organizations including educational institutions and University will be ensured in formulation, implementation, monitoring and review of all policies and programmes affecting women.

GOA STATE COMMISSION FOR WOMEN

The Goa State Commission for Women came into existence in 1996 with the Goa State Commission for Women Act (Goa ACT 10 of 1996) which was passed by the Legislative Assembly of Goa on 31-7-1996 and received the Governor of Goa's assent on the 11-9-1996.

The term of each Commission is three years (1997 - 2000) (2000 – 2003) (2003 – 2006). The current Commission was constituted on the 3rd October 2003. The members of the present Goa State Commission for Women are as follows:

Ms. Swati (Karpe) Kerkar	Chairperson
Ms Kunda S. Chodankar	Member
Ms. Kala S. Naik	Member
Ms. Neena R. Naik	Member
Ms. Meenakshi Martins (Shukla)	Member
Ms. Maria Fatima Braganza	Member
Ms. Archana J. Kochrekar	Member
Ms. Victoria Fernandes (MLA)	Member
Ms. Candida Fernandes	Member Secretary

NATIONAL COMMISSION FOR WOMEN MEETING WITH THE CHIEF SECRETARY AND OTHER SECRETARIES OF VARIOUS DEPARTMENTS OF THE GOVERNMENT OF GOA

MINUTES OF MEETING HELD ON 27 FEBRUARY 2004

At the outset, Ms. Nirmala Sitharaman, Member, National Commission for Women informed the Chief Secretary and other Secretaries of the Government of Goa about the purpose of the NCW's visit to Goa with regard to assessing the status of women in Goa and the methodology followed so as to help the State to provide information on the status of women in Goa. Goa was the twelfth State being visited by the NCW team for the purpose. Member, NCW, appreciated that the State has a high literacy rate and has pioneered to protect civil society.

Chief Secretary, Goa, welcomed the team of NCW and appreciated its efforts to assess the status of women in the State, with the intention to help empowering women in Goa. He informed that Goa was the first State to have a Common Civil Code. He further informed that Goa was also the first State to have the Children and Girl Child Act. Besides various other economic-related activities, tourism was its biggest industry. Sex tourism had, of course, become an unwanted fallout of the conducive tourism policy. Baina has grown into a major commercial sex area. He informed that they are trying to address themselves to the directions given by the Goa Bench of the Bombay High Court. In this regard they are tying up with the States of Karnataka and Andhra Pradesh from where the bulk of these sex workers have come.

Registration of FIR's

Home Secretary informed that they have not received any complaints from any quarter with regard to difficulty in registering the FIR's by affected women. The number of rape cases registered with the police stations has increased during the last year because of better registration of such cases. The NCW pointed out the concern of NGO's about not getting copies of the FIR's. The State Government informed that earlier they were issuing carbon copies of the FIR's to the complainants there and then but now it takes two-three days to give the copy because it has to be generated after recording the FIR in the computer system. The ineffective use of technology became apparent which was more a man made than a technical one. The need for correction was insisted to which the State Government expressed a positive response.

Drug Abuse

The State Government informed that they are, of course, seized of the matter but it is not a big problem in the State. The supply lines were unclear to the State authorities. The police were using dog squads to track down drug carriers. However, since the foreign tourists were very cloistered it was difficult to identify supply lines.

Trafficking

Member, NCW pointed out that the State Government's excessive emphasis on tourism should not make it oblivious to its fall out on sex tourism. The State Government informed that there was only one area known as Baina where organized trafficking was going on. It was further informed that most of the girls in the brothels are from Karnataka and Andhra Pradesh besides a few from other areas such as Nepal, Himachal Pradesh as well as Goa. But since the judgment of the Goa Bench of the Bombay High Court delivered in October 2003, the State Government has taken steps to segregate the area and now the traffickers were not being allowed to enter that area. However, steps to rehabilitation them were in the offing. It was further informed that the police was regularly patrolling the tourist spots. The hoteliers had been instructed to keep an eye on their guests. The State Government also informed that they were suggesting alternative occupation to those involved in sex tourism such as resorting to horticulture, floriculture, etc. as part of their rehabilitation. They were required to be taken up by the Goa State Commission for Women and NGO's besides the State Government.

The State Government assured h NCW that they were seized of the fallout of tourism into sex tourism and were taking due care in this regard.

Obscenity

The State Government was informed bout the concern expressed by NGO's about depiction of obscene advertisements on the billboards as it distracts the traffic on highways besides polluting the minds of the public. The State Government informed that the obscene billboards as well as those advertising drugs, tobacco products etc. were being pulled down. The NCW team suggested that the Government should be in regular consultation with the owners of the billboard sites and chalk out the regulatory system so that they do not re-appear on the roads and the highways. The State Government agreed to the suggestion.

Liquor

No liquor bars/shops were being allowed within 75 metres from the main roads. However, the policy in this regard was being framed and the liquor sale would be regulated in the State through a Notification after passage of a Bill in this regard.

Sensitisation of Police

It was informed that out of 4500 police personnel in the State there were 900 women police in the ranks of constable to DSP level constituting about 20% of the total force. It was further informed

that women police personnel were posted in each and every police station. So the female complainants should have no difficulty in registering their FIR's. They have one Mahila Police Station. The DGP mentioned that they had a system of women police being rushed to police stations whenever there was an urgent need.

The Government admitted that sensitization of police was a continuing affair and they were regularly sensitizing them from time to time. The laws relating to minors were being monitored by senior police officers, Secretary (Home), Chief Secretary, and even by the Chief Minister on a regular basis.

Ms. Nirmala Sitharaman , Member NCW suggested that the course on Gender & Police prepared by the National Police Academy for the Commission may be used by the Government of Goa for sensitizing its staff.

Health

It was informed that Mahila organizations were regularly participating in their health programmes. Hazardous industries were covered under ESI. Health facilities were being monitored by factory Inspectors. They had set up mobile medical laboratories which move from place to place to look after employees, including women, working in hazardous industries. There were no shrimp/food processing units in the State and children were not employed in any hazardous industry. Equal and minimum wages were being paid in all the industrial units.

Labour

An Advisory Committee has been set up under the Labour Department, which regularly meets and discusses the problems being faced by labour in various industries. Its composition includes women employees as well as NGO's. The NCW pointed out the concern of the NGO's that though these Committees have sufficient powers they do not fully exercise them. The State Government assured to look into the matter and make these Committees more effective.

Creches

The State Government informed that they were providing crèches in the industrial establishments having women employees. However, there was a lack of positive response from the employees. As a result a few were being shut down. The number was not clearly stated by the Government.

Sexual Harassment at Workplace Complaint Committees

The NCW team asked about the status of implementation of the Visakha judgment in the State. The State Government informed that they had issued instructions for the formation of Complaint Committees in the organized sector. However, on enquiry it was found out that, firstly, Complaint Committees were not set up in all Government Departments as well as the industries; secondly, they were not properly formed as per the directions of the SC judgment; and thirdly, there was no regular

monitoring of their functioning. The requirements with regard to the composition of these Committees was explained by the NCW team. The State Government assured that they will be formed as per these directions in all the organized establishments and would monitor their functioning on a regular basis.

Education

The State Government informed that the ratio of girls coming out of University education was 60% as compared to 40% boys. The literacy rate in the State was better than the All India average. The drop out rate for girls at school level was only 8% as they were providing the required infra-structural facilities such as separate toilet for girls, etc., in the schools. It was informed that the drop out rate was 41% after 10th standard. The State Government provides incentives to girl students to the extent of Rs.1000 per year besides other stipends to poor girls. The State Government also provides hostel facilities to the BC/SC/ST girls as well. It was further informed that there were six backward Talukas in which they were providing a sum of Rs.200/- per month to each girl student as stipend. There was no discrimination among male and female students in higher education.

The State Government informed that they were planning to introduce vocational courses after the 8th standard in order to check the heavy drop out rate of girls after school level.

Social Security

It was informed that Dayanand Social Security Scheme had been formulated to cover senior citizens (60 plus). A sum of Rs.500 per month was being paid as stipend to every senior citizen who was eligible to be covered under the scheme, eg., having no regular source of income, or dependents to fall upon. About 55,000 persons had been covered under this scheme. It had a budget of more than Rs.2 crore per annum. An online bank account facility had been extended to the beneficiaries.

Panchayats

The concern of NGO's about the elected women Panches in Gram Panchayats not being allowed to function as per their mandate was placed before the Government. The NCW team further desired that the State Government conduct training/awareness camps to build their capacity. The State Government assured to co-operate in the matter.

Registration of Marriages

The NCW team highlighted the ambiguity in registering the civil marriage in two stages of declaring their intention and solemnizing the marriage after a gap of about two weeks. It was further brought out that the couples normally go in for the first stage of declaring their intention to marry. At this stage, they get an impression that they have fulfilled the marriage formalities and forget its solemnization at the second stage. Technically they remain unmarried in the eyes of law. This technically has wider implications at the stage of resolution of many of their family disputes at a later stage such as inheritance of property, divorce or at the death of one of the spouses. It also affects the legal status of the children. It was also pointed out that the Sub Registrars do not properly fill up the proforma

relating to marriage certificate as frequently they leave the second part of the certificate relating to the option to retain or change the name of the woman after marriage as blank. Since the repercussions of such ambiguities are wide, the State Government agreed to reconsider the entire system of issuing the marriage certificate and simplification of the marriage procedure.

Short Stay Homes

It was informed that the State Government is setting up short stay homes in each and every Taluka with a capacity of 100 inmates.

Family Courts

It was pointed out by the Commission that there were no Family Courts in Goa and the women were facing a lot of problems when in pursuit of their matrimonial/family disputes in Civil/ Criminal Courts, which take unduly longer time. There appears to be a necessity for providing fast track mechanism to settle their disputes quickly. It was with this background that the concept of Family Courts came up and other States have set up such Courts under women judges. It was, therefore, suggested that the Government of Goa should also set up such Family Courts in the State. The State Government agreed to examine the suggestion.

ASSURANCES OF THE GOVERNMENT OF GOA

The State Government assured to:-

- Simplify the system relating to handing over copies of FIR's to the Complainants
- Be in regular consultation with the owners of the billboard sites and chalk out the regulatory system so that obscene billboards do not reappear.
- Make Advisory Committees under the Labour Department more effective
- Form the Complaint Committee as per the Supreme Court directions in all the organized establishments and Government Departments would monitor their functioning on a regular basis
- To conduct training/ awareness camps to build the capacity of Mahila Panches
- Simplify the entire system of Registration of Marriages and issuing the Marriage Certificates.
- Examine the setting up of Family Courts in the State of Goa.

SOME WELFARE SCHEMES FOR WOMEN IN GOA

Directorate of Women and Child Development

FINANCIAL ASSISTANCE TO WIDOWS, DIVORCEES, DESERTED & JUDICIALLY SEPARATED WOMEN

This is a State funded scheme formulated and being implemented since 1996-97. Under the scheme, the women in the age group of 18 –50 years, who are either widows, divorced, deserted or judicially separated are given financial assistance of Rs. 500/- per month till the age of 50 years or till the eldest child attains the age of 21 years, whichever is earlier. In the case of childless widows, however, the assistance is sanctioned anytime after 18years of age and continues for whole life. However, certain other conditions apply for availing this assistance.

1. The applicant should be a bonafide resident of Goa by birth or by domicile for 15 years or married to a resident of Goa, 15 years domicile at the time of application.
2. Should have family income not exceeding Rs. 12,000 per annum, should not have children of 21 years and above at the time of application.

There are several procedures to be followed and documents to be submitted by the applicant before the assistance can be sanctioned.

INDIRA MAHILA YOJANA (IMY)

This is a Government of India scheme which aims at raising the economic status of women through the encouragement to start self-help groups at the local level. The Government has sanctioned the scheme for only one Block in Goa, ie. Bardez Taluka. A one time grant of Rs. 6.10 lakhs was released to the IMY Block Society. The Society has registered 120 IMY Kendras and an amount of Rs. 4500/- has been sanctioned to each Kendra.

WORKING WOMEN'S HOSTEL

This is a Government of India scheme. Under this scheme, grants have been sanctioned to two voluntary organizations namely Gomantak Maratha Samaj at Panaji and All India Women's Conference (Goa Branch) at Porvorim for the construction of hostels to provide cheap and safe accommodation to working women coming to cities from far off rural areas. Both hostels are currently functioning.

SHORT STAY HOME FOR WOMEN AND GIRLS (SSH)

The SSH scheme for women and girls extends temporary shelter and rehabilitation to those women and girls who have no social support systems to depend on due to family problems, mental strains, social ostracism, exploitation and other causes. There is one short stay home in Goa namely Asha Mahal at Taleigao which is currently run by Association for Social and Moral Health in India (Goa Branch).

GOA STATE COMMISSION FOR WOMEN

With the aim of improving the status of women in Goa, the Goa State Commission for Women Act was passed in 1996. The first Women's Commission was established in Goa in 1997.

GOA STATE SOCIAL ADVISORY BOARD

The Board implements the following schemes:

1. Creches for children between 0 – 5 years.
2. Vocational Training Courses – Computer training, Typing and Shorthand.
3. Condensed Courses for Adult Women (SSCE failed).
4. Voluntary Action Bureau and Family Counseling Centre.

Rural Development Agency

Welfare Schemes for Women below the Poverty Line including Slum Dwellers

A. SWARNAJAYANTI GRAM SWAROZGAR YOJANA (SGSY)

The Swarnajayanti Gram Swarozgar Yojana (SGSY) was launched on 1.4.99. This programme is meant for families living below the poverty line and aims at Self Employment. Through the programme self-help groups are formed for initiating an economic activity, and training is provided to them on subjects such as credit, technology, infrastructure and marketing. A self-help group (SHG) may consist of 10 – 20 members but this number may be relaxed on the decision of the State Level SGSY Committee. For projects such as minor irrigation and for those who are disabled, the number is generally reduced to 5. However, at a recent Committee meeting on the 17/2/2003 it was resolved that 5 member sub groups would be permissible for the entire State of Goa.

After the completion of 6 months of formation of the SHG, a revolving fund is released which is equal to the group corpus with a minimum of Rs 5000/- and a maximum of Rs. 10,000/-. If the revolving fund released is successfully utilized, then a further funding of up to Rs. 20,000/- can be considered.

The group is entitled to a subsidy of 50% of the project cost subject to per capital subsidy of Rs. 10,000/- of Rs.1.25 lakhs, whichever is less and for individual Swarozgaris, the subsidy will be 30%

of the project cost, subject to the maximum of Rs.7500/-. In respect of SC/ST disabled persons, the subsidy will be 50% of the project cost subject to a maximum of Rs. 10,000/-.

Under this scheme, the pattern of assistance is 75:25 basis of Central and State Government share. During the year 2002 – 2003 the expected result under SGSY was to assist 276 women beneficiaries. The number of women who actually benefited of the scheme in 2001 –2002 was 220.

B. RURAL HOUSING

1. INDIRA AWAAS YOJANA (IAY)

The objective of the Indira Awaas Yojana(IAY) is to provide shelter to the people who are living below the poverty line. Under this scheme, financial assistance is provided for construction of new houses and upgradation of existing houses. This scheme was started in 1.4.1999. The pattern of assistance is 75:25 basis of Central and State Government.

New Construction: Under this scheme, financial assistance of Rs. 20,000/-is provided for the construction of new houses including toilets and smokeless chulas

Up-gradation of Existing House: Under this scheme financial assistance of Rs.10,000/- is provided for the up-gradation of an existing house.

Under IAY, during the year 2002 –2003, 48 women have been assisted to construct a new house and 32 women have been assisted to up-grade their existing houses. In 2001 –2002, there were 116 beneficiaries to this scheme.

2. PRADHAN MANTRI GRAMODAYA YOJANA (PMGY)

This scheme gives supplementary assistance to the IAY scheme on a 100% financial assistance by the Central Government.

New Construction: Under this scheme, financial assistance of Rs. 20,000/- is provided for the construction of new houses including toilets and smokeless chulahs.

Up-gradation of Existing House: Under this scheme, financial assistance of Rs. 10,000/- is provided for the up-gradation of existing houses.

During 2002-2003, 18 houses were provided to women below the poverty line. In 2001 –2002 there were 2 beneficiaries of this scheme.

C. NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

The Government of India introduced this programme on 1.8.1995 and it has the following three components

1. National Old Age Pension Scheme
2. National Maternity Benefit Scheme (Currently under the Directorate of Health Services)
3. National Family Benefit Scheme

1. **NATIONAL OLD AGE PENSION SCHEME:** Under this programme, pension of Rs. 75/- per month is provided under the following criteria:

- The age of applicant should be 65 years or above.
- The applicant must be destitute ie: Should have little or no regular means of subsistence from his/her own source of income or through financial support from family members or other sources.

The total number of female beneficiaries assisted during 2002 - 2003 was 1877. During the year 2001 – 2002, 1754 women benefited from this scheme.

2. **NATIONAL MATERNITY BENEFIT SCHEME:** This scheme is currently under the Directorate of Health Services. However in the year 2001 –2002 when it was under the RDA, 108 women benefited.

3. **NATIONAL FAMILY BENEFIT SCHEME :** Under this scheme, assistance of Rs. 10,000/- is given to a family on the death of its primary breadwinner. The following criteria has to be fulfilled to be eligible for this assistance:

- The primary breadwinner is the member of the household (male or female) whose earnings have contributed substantially to the total household income.
- The death of such a primary breadwinner should have occurred whilst he/she is in the age group of 18 to 64 years ie. more than 18 years and less than 65 years of age.
- The bereaved household qualifies as one below the poverty line to receive assistance.

A total of 227 women have availed of the benefits of this scheme in 2002 –2003 and 57 in the year 2001 – 2002.

D. BALIKA SAMRIDHI YOJANA (BSY)

The Balika Samridhi Yojana (BSY) aims at changing the attitude towards and status of the girl child in India. It covers the girl child in families below the poverty line as defined by the Government of India in rural and urban areas. Only children born after 15th August 1997 are eligible. A post birth grant of Rs.500/- is given to a girl child. In addition to this an annual scholarship is also given for attending school and after successfully completing all years of schooling. The total number of children assisted under this programme during 2002 –2003 was 410 and between 2001 –2002, 479 children benefited from the scheme.

Directorate of Health Services, Goa

NATIONAL MATERNITY BENEFIT SCHEME

This scheme was transferred from the Rural Development Agency to the Directorate of Health Services in June 2002. However in the year 2001 –2002 when it was under the RDA, 108 women

benefited. In 2002 – 2003, 47 women benefited from the scheme and in 2003 –2004, 34 women availed of this assistance with an expenditure of a total of 17,000/- of a total budget of 9 lakhs.

Directorate Of Social Welfare

Special Component Plan: This scheme however does not distinguish between male and female Scheduled Caste applicants. Stipends/ Scholarships are given to both boys and girls of Scheduled Castes (SC). There is 2% reservation in employment for men and women of SC and the Prevention of Atrocities Act (1989) is implemented in the State of Goa. The Government has also constituted a Committee to look into the interests of the SC under the Chairmanship of the Minister for Social Welfare. However there is no women representative on this Committee.

Outlay and Expenditure of SCP (Rs. in lakhs)

2000 - 2001		2001 - 2002		2002 - 2003	
Outlay	Exp	Outlay	Exp.	Outlay	Exp.
15.72	14.76	18.82	10.37	19.35	14.02

Loans disbursed to Women Beneficiaries by the Goa State SC/OBC Finance & Development Corporation

Sr.No.	Year	No. of Beneficiaries	Amount
1	2000 – 2001	4	Rs. 84,000
2	2001 – 2002	2	Rs. 17,468
3	2002 – 2003	2	Rs. 1,59,497
4	2003 – 2004 up to 20/2/04	1	Rs. 7,500
	Total	9	Rs. 2,68,465

GOA IS IN URGENT NEED OF SHELTER HOMES FOR WOMEN

Bailancho Goa, A Women's Collective, Goa, 2003

- 1) For women with psychological problems and mental illnesses.
- 2) For women afflicted with HIV/AIDS.
- 3) Short stay homes for deserted/destitute women.

Home For Women With Psychological Problems And Mental Illnesses.

Bailancho Saad is a women's collective based in Goa, working on gender issues. In the course of our work we have encountered several women of all ages especially young women, who some have been suffering from some mental illness. While some cases may require more specialized treatment.

With community support some women can be integrated back into the mainstream society. We have seen several cases of women suffering from psychological disorders and mental illness which have resulted from a) love affairs b) parental pressure c) a traumatic experience d) violent marriage e) sexual abuse f) post natal depression g) rejection etc. These women need love & support of their families. However many families discard such people. In such circumstances the young women are more vulnerable to sexual abuse, diseases, etc.

In the course of our work when we have tried to help such women we have found that there are no homes where we can send women who have been rejected by their families. Asha Mahal in Taleigao is the only existing shelter in Goa and is not able to meet the demands in the society with the increase in the number of cases.

There is an opinion that if institutions are set up, there will be an increase in the number of cases of rejection by family members. But our opinion is that rejection exists and shelter would keep these women off the streets and places of abuse. We believe that a multi pronged strategy needs to be adopted to deal with this issue.

1. Address the causes of the psychological problems /mental illness in women.
2. Make the families / society aware & convince them to take care of such women
3. Set up relief mechanisms like medical care, shelter, counseling etc.

Shelter Home For Women with HIV/AIDS

Saad Alashiro, a registered body of Bailancho Saad has been working in the area of HIV/AIDS for the past 3 years and a project on *Gender and AIDS in the Coastal Areas of Goa* was undertaken. In the course of our work, we came across several cases of women who are stigmatised and rendered homeless because of their HIV status.

Women are also blamed and held responsible for the husband's infection. If a man has AIDS, his wife is expected to look after him. While most of the women whose husband's have died of AIDS are often disinherited or pressured to leave the house. Women with HIV have often lost their jobs.

In Goa some short-stay homes/orphanages ask for a negative AIDS test before admitting a women.

Currently there is a home for HIV+ women at Tivim, however this home is leased out only for a period of 2 years.

Home For Deserted Women

One of the major problems that women face is desertion. The reasons for desertion are manifold, marital discord being the prime reason for abandonment however the only existing home Asha Mahal is ill equipped to deal with the growing demand with the increasing cases of violence against women

On Dalit Women

Lack of education, caste discrimination, economic deprivation and political marginalization are some of the issues faced by Dalit Women.

There is a low literacy rate among Dalit communities.

The socio-economic situation of this group of women is also very low. They for example earn around Rs 300 to Rs 500 a month making bamboo articles. They are mostly engaged in odd jobs in the village and in seasonal agricultural work. In the urban areas those who have basic education are employed as class IV employees. Very few hold higher posts due to lack of access to education.

Untouchability is still prevalent in Goa. It is necessary to eliminate all forms of discrimination against Dalit women.

Other issues of concern amongst this community are alcoholism, tobacco consumption, ghutka etc.

Dalit women have to be motivated to register births, marriages etc.

There should be further reservation for SC and ST women in the Assembly. So far Goa Assembly has had only one male MLA from the Dalit community.

Government schemes do not reach the Dalit community. There should be checks on the use of central government funds allocated for the welfare of Dalits.

Dalit women have to be encouraged to participate in educational, social , economic and political processes.

Bailancho Saad (A Women's Collective) Goa, 2003

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**A SITUATIONAL ANALYSIS
OF
WOMEN IN GOA**

BY
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NCW Team
Ms. Nirmala Sitharaman
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**NATIONAL COMMISSION FOR WOMEN
NEW DELHI**

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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

PREFACE

Goa ranks very high with respect to other states in India in terms of commonly used Human Development Indicators – per capita income, life expectancy and literacy ranks Goa high with respect to other Indian States. Goa has been fortunate that the progress on these indicators have been positive.

There is, however, need for caution when one discusses women's development issues in the state. Behind the popular development indicators are others, which suggest that reality is more complex, not everything is getting better, and therefore there is need for judicious evaluation. This report, brings together a large collage of data relating to women – from official reports, academic papers to NGO and activists' inputs, to make available to the citizen, researchers and policy maker statistics on women in one compilation.

We are most grateful to the National Commission for Women for this opportunity to discuss the situation in the state of Goa in a national perspective and the Goa State Commission for Women for their co-operation at various stages. Different government departments like the Department of Women and Child Development, Directorate of Planning, Statistics and Evaluation, Directorate of Health Services, to name a few, besides many NGO groups and activists have been very helpful in providing information that has gone into this report.

We are aware that there are information gaps and we hope future research will shed light in those areas so that the process of gender empowerment is further accelerated.

Goa, May 2004

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