CHAPTER 6

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"But somehow the fact that ultimately everything depends on the human factor gets rather lost... in our thinking of plans and schemes of national development in terms of factories and machinery and general schemes. It is all very important and we must have them, but ultimately, of course, it is the human being that counts, and if the human being counts, well, he counts much more as a child than as a grown-up."

(Pandit Jawaharlal Nehru)

This chapter sums up the research findings of all the three major aspects, viz., Health, Education and Work of the Female Children in Rajasthan, as presented in the foregoing chapters. The findings have been presented as per the objectives of the study i.e., (i) to examine the regional contrasts in the study area as regards health, education and work of the female children, across developed district - Jaipur and less developed district - Tonk, in both rural and urban setting; and (ii) to identify the gender gap to assess the extent to which health, education and work status of female children differs from the male children; and (iii) to analyse mothers' perception to ascertain the attitude and awareness of mothers towards health, education and work of female children.

Methodologically, a five stage stratified sampling technique is followed for the selection of the sampling units at different stages. In the first stage, from the derived factor scores based on the developmental indicators of the girl child (0-19 years), one developed district - Jaipur and one less developed district - Tonk in Rajasthan are selected. For urban sample, Jaipur city and Tonk city are selected. Both are also the district headquarters. For rural sample, from the derived composite scores, based on percentage of villages available with various amenities, one tehsil from medium category of each district is selected, namely Bassi Tehsil from Jaipur district and Tonk Tehsil from Tonk district. Five villages from each tehsil are selected randomly. Thus, 10 villages represented rural sample from both the districts. A total sample of 800 children and 372 mothers are surveyed from 372 households from both the districts. Data are collected using a detailed questionnaire. Various statistical methods have been used for data compilation and data analysis including multivariate analysis.
Health and Nutrition

The chapter on 'Health and Nutrition' deals with living environment, morbidity pattern and medical care, immunisation of children, infant feeding and supplementary nutrition; gender gap in health and nutritional status; and mothers' perception on health and nutrition. Although the general health condition of female children in rural areas is poor because of their economic status, poor hygiene, sanitation, nutritional status etc., the overall health status of female children is observed to be better in developed than in less developed district - Jaipur and less developed district-Tonk.

Rural Setting

1. In both Jaipur-rural and Tonk-rural, though large proportion of houses are semi-pucca type, Tonk-rural has higher percentage of kutcha houses as compared to Jaipur-rural. Information on the sources of drinking water in the study area revealed that in Jaipur-rural, hand pump is the major source of drinking water whereas in Tonk-rural, well is the major source of drinking water. The concept of personal hygiene is almost absent among majority of the children in rural areas.

2. In Jaipur-rural, there is a greater incidence of reporting cold and cough and diarrhoea among female children of all ages, compared to Tonk-rural.

3. Compared to Jaipur-rural, there is greater incidence of reporting fever among female children in Tonk-rural.
   (25 percent in Jaipur-rural and 46 percent in Tonk-rural)

4. In Tonk-rural, higher percentage of ailing female children received allopathic treatment, compared to Jaipur-rural.
   (30.43 percent in Jaipur-rural and 54.23 percent in Tonk-rural)

5. Nearly two-fifths of the ailing female children in Jaipur-rural, received home-remedy compared to one-sixth in Tonk-rural.
   (41.30 percent in Jaipur-rural and 16.95 percent in Tonk-rural)

6. Compared to Jaipur-rural, higher percentage of ailing female children were taken to local deity (supernatural belief) for cure, in Tonk-rural.
   (19.56 percent in Jaipur-rural and 23.73 percent in Tonk-rural)

7. The major reasons for not receiving allopathic treatment (as given by mothers) are:
   (i) Home remedy sufficient.
       (56.25 percent in Jaipur-rural and 29.63 percent in Tonk-rural)
   (ii) Belief in supernatural forces.
       (15.62 percent in Jaipur-rural and 51.85 percent in Tonk-rural)
   (iii) No permission from elders in Jaipur-rural and treatment not necessary in Tonk-rural.
8. In both Jaipur-rural and Tonk-rural, a uniform tendency of increase in coverage rate is observed in each vaccine from higher age-group to lower age-group. Thus, the coverage rate is highest in 0-4 age-group and lowest in 15-19 age-group.

9. Compared to Jaipur-rural, higher percentage of female children of ages 0-4 years in Tonk-rural received each vaccine, viz., BCG, DPT, Polio and Measles.

(52 percent, 44 percent, 60 percent, and 24 percent in Jaipur-rural, respectively; 76 percent, 76 percent, 80 percent, and 52 percent in Tonk-rural, respectively)

10. Among all the vaccines, the coverage of polio is maximum, in both the districts.

11. A substantial proportion of female children of all ages are not vaccinated all.

(54 percent in Jaipur-rural and 61 percent in Tonk-rural)

12. The major reasons for not receiving any vaccine are:

(i) Lack of knowledge.

(38.89 percent in Jaipur-rural and 32.79 percent in Tonk-rural)

(ii) Against cultural belief.

(25.92 percent in Jaipur-rural and 29.51 percent in Tonk-rural)

(iii) Vaccine not available.

(1.85 percent in Jaipur-rural and 21.31 percent in Tonk-rural)

(iv) No need felt.

(12.96 percent in Jaipur-rural and 11.47 percent in Tonk-rural)

13. In both Jaipur-rural and Tonk-rural, almost all the female children are not fed colostrum, instead they receive prelacteal feeds of different kinds during the first one or two days before regular breast feeding.

14. With regard to initiation of breastfeed, large proportion of children in both Jaipur-rural and Tonk-rural, are given breast milk on the third day.

(68.23 percent in Jaipur-rural and 79.38 percent in Tonk-rural)

15. It is recommended that breastfeed should be continued for as long as possible, preferably until the child is one and a half to two years (≥18 months). Compared to Jaipur-rural, higher percentage of female children of all ages in Tonk-rural, are breastfed for 18 months and more.

(60.46 percent in Jaipur-rural and 79.54 percent in Tonk-rural)

16. Likewise, supplementary feed should be initiated by 6 months of age after birth (≤6 months). In both Jaipur-rural and Tonk-rural only small proportion of children are given supplementary feed by less than 6 months of age.

(15 percent in Jaipur-rural and 14 percent in Tonk-rural)

17. The major reasons for discontinuing breastfeed are:

(i) mother became pregnant.

(66.28 percent in Jaipur-rural and 63.63 percent in Tonk-rural)
18. The exercise on gender gap revealed the extent to which health and nutrition status of girls differ from boys. Both Jaipur-rural and Tonk-rural, either have small gender gap in incidence of illness or there is a reverse gap, i.e., lower percentage of female children reported to be ill as compared to male children. (with fever in Jaipur-rural and with cold & cough in Tonk-rural). There is a very large gender difference among ailing children in Jaipur-rural, who have not received allopathic treatment, as compared to medium gender difference in Tonk-rural.

19. In both Jaipur-rural and Tonk-rural, though large proportion of mothers have knowledge of immunisation, among them very high percentage have knowledge of eradication of polio through vaccination as compared to other diseases. In both the districts almost all the mothers informed that prelacteal feeds of different kinds should be the first feed of an infant. On initiation of breastfeed, majority of the mothers are of opinion that it should start from third day after birth, and on initiation of supplementary feed, it should start from 12 months of age.

**Urban Setting**

1. In Jaipur - urban, except 9 percent households, which are semi pucca, all the other households are pucca. In Tonk - urban, 36 percent of houses are semi pucca. Tap is the major source of drinking water for 88 percent households in Jaipur - urban and 75 percent households in Tonk - urban.

2. In Tonk-urban, except diarrhoea, there is a greater incidence of reporting cold and cough, fever and other diseases among female children of all ages, compared to Jaipur-urban.

3. In Tonk-urban, higher percentage of ailing female children received allopathic treatment, compared to Jaipur-urban. 
   (65.91 percent in Jaipur-urban and 75.51 percent in Tonk-urban)

4. In both the districts, nearly one-fourth of the ailing female children received home remedy.
   (22.73 percent in Jaipur-urban and 24.49 percent in Tonk-urban).

5. The major reasons for not receiving allopathic treatment (as given by mothers) are:

   (i) Home remedy sufficient. 
   (69.23 percent in Jaipur-urban and 58.33 percent in Tonk-urban)

   (ii) Financial constraint. 
   (7.69 percent in Jaipur-urban and 33.33 percent in Tonk-urban).
6. In both Jaipur-urban and Tonk-urban, a uniform tendency of increase in coverage rate is observed in each vaccine from higher age-group to lower age-group. Thus, the coverage rate is highest in 0-4 age-group and lowest in 15-19 age-group.

7. Compared to Tonk-urban, higher percentage of female children of all ages, received each vaccine viz., BCG, DPT and Polio, in Jaipur-urban.
   (77 percent, 75 percent and 80 percent in Jaipur-urban ;
   64 percent, 62 percent and 70 percent in Tonk-urban respectively)

8. In Jaipur-urban, nearly one-fifth of the female children of all ages, are not vaccinated at all, compared to nearly one-fourth in Tonk-urban
   (19 percent in Jaipur-urban and 27 percent in Tonk-urban)

9. The major reasons for not receiving any vaccine (as given by the mothers) are:
   (i) Lack of knowledge.
       (57.89 percent in Jaipur-urban and 33.33 percent in Tonk-urban)
   (ii) No need felt.
       (15.79 percent in Jaipur-urban and 25.92 percent in Tonk-urban)
   (iii) No permission from elders.
       (10.52 percent in Jaipur-urban and 11.11 percent in Tonk-urban)
   (iv) Against cultural belief.
       (15.79 percent in Jaipur-urban and 7.41 percent in Tonk-urban)

10. In both Jaipur-urban and Tonk-urban, a vast majority of children of all ages are not fed colostrum, instead they received prelacteal feeds.
    (86 percent in Jaipur-urban and 94 percent in Tonk-urban)

11. In Jaipur-urban, higher percentage of children were given breastmilk on first day, followed by second day and third day. Contrary to this, in Tonk-urban, majority of children were given breastmilk on third day, followed by second day and first day.

12. In both Jaipur-urban and Tonk-urban, nearly half of the female children are breastfed till 18 months and more .
    (54.94 percent in both Jaipur-urban and Tonk-urban)

13. Compared to Tonk-urban, high proportion of female children are given supplementary feed by less than 6 months of age, in Jaipur-urban.
    (58 percent in Jaipur-urban and 34 percent in Tonk-urban).

14. The major reasons for discontinuing breastfeed are:
   (i) mother became pregnant.
       (54.94 percent in Jaipur-urban and 65.93 percent in Tonk-urban)
   (ii) child refused.
       (27.47 percent in Jaipur-urban and 13.18 percent in Tonk-urban)
   (iii) insufficient milk.
15. In both Jaipur-urban and Tonk-urban, though the sex differential in both incidence of illness and immunisation is insignificant, there is a medium gender gap among ailing children in Jaipur-urban, who have not received allopathic treatment, compared to no gap in Tonk-urban.

16. In both Jaipur-urban and Tonk-urban, very high percentage of mothers have knowledge of eradication of polio as compared to other diseases. On first feed, majority of mothers preferred 'ghutti' than breastmilk as the first feed in both the districts. On initiation of breastfeed, in Jaipur-urban higher percentage of mothers feel that it should start from the first day itself. Whereas in Tonk-urban, majority of mothers feel that breastfeed should be initiated on third day. In Jaipur-urban, large proportion of mothers are in favour of introducing supplementary feed by 6 months of age, as compared to Tonk-urban.

**Education and Attitudes**

The contents of chapter on 'Education and Attitudes' are discussed keeping in view of the participation of children in school, school dropouts, attitudes and aspirations of children, gender gap in education attainment and, mother's perception on education attainment.

**Rural Setting**

1. Compared to Tonk-rural, higher percentages of female children of all ages have ever attended school in Jaipur-rural.
   (57.33 percent in Jaipur-rural and 30.67 percent in Tonk-rural)

2. In Jaipur-rural, higher percentage of female children are currently enrolled in school compared to Tonk-rural.
   (34.67 percent in Jaipur-rural and 21.33 percent in Tonk-rural).

3. In Jaipur rural, higher percentage of female children are admitted to school between ages 6 to 7 years, whereas in Tonk-rural, higher percentage of female children are admitted to school by age 7 years and above.

4. Compared to Tonk-rural, higher percentage of female children are enrolled in middle and matric level.
   (15.38 percent and 11.54 percent in Jaipur rural and 6.25 percent each in Tonk-rural respectively)

5. In both Jaipur-rural and Tonk-rural, vast majority of female children cover a distance of one kilometre or less from their residence to reach their school.
   (84.61 percent in Jaipur-rural and 93.75 percent in Tonk-rural)

6. In both Jaipur-rural and Tonk-rural, vast majority of female children do not participate in any co-curricular activities.
   (84.61 percent in Jaipur-rural and 81.25 percent in Tonk-rural)
7. The major reason responsible for non-enrollment is, 'parents did not consider the education of daughter to be important', in both the districts. (68.75 percent in Jaipur-rural and 73.07 percent in Tonk-rural)

8. Higher percentage of female children dropped out of school in Jaipur-rural compared to Tonk-rural. (39.53 percent in Jaipur-rural and 30.43 percent in Tonk-rural)

9. Compared to female children of ages 10-14 years, the percentage of dropouts is high among female children of ages 15-19 years, in both Jaipur-rural and Tonk-rural. (31.58 percent and 73.33 percent in Jaipur-rural and 36.36 percent and 60 percent in Tonk-rural, respectively)

10. A vast majority of female dropouts of all ages dropped out of school before completing class V in both Jaipur-rural and Tonk-rural. (82.35 percent in Jaipur-rural and 85.71 percent in Tonk-rural)

11. The major reasons for dropouts are:
   
   (i) to attend domestic work (35.29 percent in Jaipur-rural and 42.86 percent in Tonk-rural)

   (ii) parents did not feel that going to school was important for the child (23.53 percent in Jaipur-rural and 28.57 percent in Tonk-rural)

   (iii) failure in examination (11.76 percent in Jaipur-rural and 14.28 percent in Tonk-rural)

12. Nearly two-fifths of the female children of all ages in Jaipur-rural received encouragement from parents to pursue their education. Whereas only one-fifth of the female children in Tonk-rural received encouragement from parents. (36 percent in Jaipur-rural and 20 percent in Tonk-rural)

13. With regard to ideal level of education, a high proportion of female children of all ages in Tonk-rural, restricted their answers to 'do not know', compared to female children in Jaipur-rural. (36 percent in Jaipur-rural and 72 percent in Tonk-rural)

14. Similarly, with regard to occupational aspiration, a vast majority of female children in Tonk-rural, did not aspire for any occupation. A substantial proportion of female children in Jaipur-rural wanted to become housewives.

15. The exercise on gender gap in educational attainment revealed the extent to which girls are not given equal educational opportunity relative to boys. In both Jaipur-rural and Tonk rural, very large gender difference is observed among children who never attended school and children who received discouragement from parents to pursue their education. There is a moderate gender gap among
children who dropped out of school. In both Jaipur-rural and Tonk-rural, only minor percentage of mothers believed in equal education opportunity for boys and girls. A substantial proportion of mothers in Jaipur-rural, expressed greater demand for 'girls' schools', against few mothers in Tonk-rural. In Tonk-rural, maximum proportion of mothers stated 'no choice'. Further the study revealed, that in Jaipur-rural, higher percentage of mothers want their daughters to complete primary level, followed by middle and matric level. In Tonk-rural, though one-fourth of the mothers stated primary level as the ideal level for girls, nearly two-fifths (42.25 percent) of them did not want their daughters to be educated.

16. With regard to reasons why girls should study less than boys, the observations are:

(i) boys do jobs and bring financial stability to home, whereas, girls go to their conjugal household.
   (37.09 percent in Jaipur-rural and 41.17 percent in Tonk-rural)

(ii) believe in early marriage of girls.
   (25.81 percent in Jaipur-rural and 29.41 percent in Tonk-rural)

(iii) girls get spoilt.
   (14.52 percent in Jaipur-rural and 7.84 percent in Tonk-rural)

(iv) if girls will go to school who will work.
   (4.83 percent in Jaipur-rural and 13.73 percent in Tonk-rural)

17. In both Jaipur-rural and Tonk-rural, large proportion of mothers are not aware of legal age at marriage and a high proportion of mothers are in favour of child marriage. The major reasons given in favour of child marriage are:

(i) 'unsafe environment' is the major concern of mothers.
   (28.78 percent in Jaipur-rural and 44.08 percent in Tonk-rural)

(ii) it is customary to marry their daughter early.
   (15.15 percent in Jaipur-rural and 22.62 percent Tonk-rural)

(iii) 'financial considerations', as the ceremony is held for several girls simultaneously.
   (13.64 percent in Jaipur-rural and 15.47 percent in Tonk-rural)

(iv) villagers interference and societal pressure.
   (15.15 percent in Jaipur-rural and 8.33 percent in Tonk rural)

(v) believe in marriage before puberty.
   (19.69 percent in Jaipur-rural and 4.76 percent in Tonk-rural).

Urban Setting

1. Compared to Tonk-urban, higher percentage of female children of all ages have ever attended school in Jaipur-urban.
   (88 percent in Jaipur-urban and 73.33 percent in Tonk-urban)
2. In Jaipur-urban, higher percentage of female children are currently enrolled in school/college, compared to Tonk-urban.
   (65.33 percent in Jaipur-urban and 52 percent in Tonk-urban)

3. In Jaipur-urban, higher percentage of female children are admitted to school by age less than 4 years, whereas, in Tonk-urban, higher percentage of female children are admitted to school by age 5 to 6 years.

4. Compared to Tonk-urban, higher percentage of female children are enrolled in matric and higher secondary level in Jaipur-urban.
   (16.33 percent and 10.20 percent in Jaipur-urban and 7.69 percent and 5.12 percent in Tonk-urban).

5. In Jaipur-urban, higher percentage of girls participate in co-curricular activities compared to Tonk-urban.
   (46.94 percent in Jaipur-urban and 33.31 percent in Tonk-urban).

6. Nearly one-fourth of the female children in Jaipur-urban travel more than one kilometre from their residence to reach their school as against minor percentage in Tonk-urban.
   (24.48 percent in Jaipur-urban and 5.13 percent in Tonk-urban).

7. The major reason responsible for non-enrollment are:
   (i) Parents did not feel important to educate their daughter.
       (77.78 percent in Jaipur-urban and 45 percent in Tonk-urban)
   (ii) Financial constraint is also one of the important reasons in Tonk-urban (25 percent)

8. Higher percentage of female children of all ages dropped out of school in Tonk-urban (25.45 percent), compared to Jaipur-urban (19.70 percent). The percentage of dropouts is high among female children of ages 15-19 years, compared to ages 10-14 years, in both Jaipur-urban and Tonk-urban.
   (45.45 percent and 13.63 percent in Jaipur-urban and 58.82 percent and 16.67 percent in Tonk-urban respectively)

9. The major reasons for dropouts are:
   (i) In Jaipur-urban, 'marriage' is the main reason for dropping out of school, followed by financial constraint, to attend domestic work, and parents did not feel important.
   (ii) In Tonk-urban, 'failure in examination' is the main reason for dropping out of school, followed by lack of interest and motivation of children, and participation in household economic activity.

10. Higher percentage of female children received encouragement from parents in Jaipur-urban, compared to Tonk-urban.
11. With regard to ideal level of education a maximum proportion of female children of all ages in Tonk-urban, restricted their answers to 'do not know' compared to Jaipur-urban.

(32 percent in Jaipur-urban and 54 percent in Tonk-urban)

12. With regard to educational aspirations, in Jaipur-urban, most of the girls would like to do a specialised degree, followed by graduation. Whereas in Tonk-urban, nearly two-third of the female children gave no response, followed by few girls who would wish to do any specialised degree.

13. Similarly, regarding, occupational aspiration, in Jaipur-urban, though majority of female children (54 percent) did not aspire for any occupation, nearly one-fifth of them want to do some job. There are few girls who want to become doctors. In Tonk-urban, 70 percent girls did not aspire for any occupation. Few girls want to become teachers.

14. The exercise on gender gap indicates that while Jaipur-urban has no significant gap between male and female children who never attended school, Tonk-urban has small gap between male and female children who never attended school. In both the districts, medium gap is highlighted among children of all ages who dropped out of school. It is also observed that there is a very large gender difference among children who are discouraged for education in both Jaipur-urban and Tonk-urban.

15. In both Jaipur-urban and Tonk-urban, nearly two-fifths of the mothers gave opinion for equal education of boys and girls. More number of mothers would not like to educate their daughters in Tonk-urban, compared to Jaipur-urban. Further, in Jaipur-urban, nearly two-third of the mothers preferred girls' school, whereas in Tonk-urban, nearly four-fifths of the mothers preferred girls' school. In both the districts, mothers want their daughters to complete matric level followed by graduation. With regard to reasons why girls should study less than boys, they are:

(i) Boys bring financial stability, whereas, girls go to their conjugal household. (46 percent in Jaipur-urban and 45.24 percent in Tonk-urban)

(ii) Believe in early marriage of girls. (20 percent in Jaipur-urban and 33.33 percent in Tonk-urban)

(iii) Religious constraints. (12 percent in Jaipur-urban and 7.14 percent in Tonk-urban)

(iv) Financial constraint. (2 percent in Jaipur-urban and 9.52 percent in Tonk-urban)

16. In both Jaipur-urban and Tonk-urban, though higher percentage of mothers are aware of legal age at marriage, it is observed that high proportion of mothers are
in favour of child marriage in Tonk-urban. The major reasons given in favour of child marriage are:

(i) 'unsafe environment' is the major concern of mothers. (35.71 percent in Jaipur-urban and 38.09 percent in Tonk-urban)

(ii) It is customary to marry their daughters early. (21.42 percent in Jaipur-urban and 26.19 percent in Tonk-urban)

(iii) Marriage is solemnised in the presence of grand-parents. (17.85 percent in Jaipur-urban and 16.67 percent in Tonk-urban)

**Work Status**

The chapter on 'Work Status' has a focus on child workers (paid worker), domestic workers including unpaid family labour, gender gap in work status and mothers' perception on work of children.

**Rural Setting**

1. There are various economic activities in which children are engaged in rural as well as urban areas. In Jaipur-rural, most of the female child workers are engaged in gem polishing, followed by broom making. In Tonk-rural, agriculture is the main occupation of female children.

2. Compared to Tonk-rural, more number of female children of all ages are engaged in Jaipur-rural. (10.67 percent in Jaipur-rural and 4 percent in Tonk-rural)

3. In Tonk-rural, only 12 percent female children of ages 15-19 years entered the labour force, whereas, in Jaipur-rural, there are examples of female children who started economic life from the age of 5 years.

4. A high proportion of female working children are school dropouts in Jaipur-rural. In Tonk-rural, the data confirmed that there is widespread illiteracy among female working children. (50 percent (dropouts) in Jaipur-rural and 66.67 percent (illiterate) in Tonk-rural)

5. In both Jaipur-rural and Tonk-rural, higher percentage of female child workers are working within the family, inside the house. (75 percent in Jaipur-rural and 66.67 percent in Tonk-rural)

6. No female child worker travel beyond a kilometre of distance in both the districts.

7. A substantial proportion of female child workers in Jaipur-rural and all the female child workers in Tonk-rural work for 5-8 hours a day. (75 percent in Jaipur-rural and 100 percent in Tonk-rural)

8. In both Jaipur-rural and Tonk-rural, for female child workers, Rs. 250-500 per month is the highest average remuneration.
9. One important fact emerged from the study is that income of vast majority of female child workers in Jaipur-rural, and all the female child workers in Tonk-rural, is received by their parents.

(75 percent in Jaipur-rural and 100 percent in Tonk-rural)

10. With regard to working willingly or not, the ambiguousness of response is reflected among female child workers as higher percentage of them are quite ambivalent of their answer and said 'it is both'.

11. The major reasons given for participating in paid work are:

(i) To supplement family income followed by parents force to earn, are the reasons given by female child workers in Jaipur-rural.

(37.50 percent and 25 percent respectively)

(ii) Poverty of their family is the main reason for working, given by majority of female child workers in Tonk-rural. (66.67 percent)

12. A high proportion of female children are doing domestic work in both Jaipur-rural and Tonk-rural.

(73.33 percent in Jaipur-rural and 77.33 percent in Tonk-rural)

13. In Jaipur-rural, nearly two-fifths of the female child domestic workers are going to school and nearly one-third are illiterate. In Tonk-rural, a vast majority of female child domestic workers are illiterate (72.41 percent).

14. In both Jaipur-rural and Tonk-rural, though 7 years of age is the probable age of entry into household chores, it is observed that by 10 years, participation in domestic work increases and becomes almost mandatory.

(92 percent in Jaipur-rural and 96 percent in Tonk-rural)

15. With regard to working willingly or not, in both Jaipur-rural and Tonk-rural, high proportion of female child domestic workers said that they do household chores of their own accord.

(74.54 percent in Jaipur-rural and 58.62 percent in Tonk-rural)

16. In both Jaipur-rural and Tonk-rural, there is a reverse gender gap among children who participated in paid work. This means that higher percentage of male children are doing paid work compared to female children. There is very large gender gap among children who contribute in domestic work, in both Jaipur-rural and Tonk-rural.

17. In both Jaipur-rural and Tonk-rural, all the mothers are of opinion that daughters should participate in domestic work. In Jaipur-rural, majority of mothers are of opinion that girls should start working from 8 years of age. In Tonk-rural, majority of mothers want their daughters to start household chores even before attaining 8 years of age. The major reasons given for 'why girls should participate in domestic work' are:

(i) It is necessary for girls to participate and learn all household chores.
(ii) To train girls and to make them aware about art of performing domestic duties in their conjugal household.

(22.35 percent in Jaipur-rural and 27.84 percent in Tonk-rural)

**Urban Setting**

1. In Jaipur-urban, most of the female child workers are engaged in gem polishing and in Tonk-urban, among female child workers bidi making and namda embroidery are the two important activities.

2. Compared to Jaipur-urban, higher percentage of female children are engaged in paid work, in Tonk-urban.

   (8 percent in Jaipur-urban and 20 percent in Tonk-urban)

3. In Jaipur-urban only 8 percent female children of ages 10-14 years entered the labour force, whereas in Tonk-urban, 32 percent female children of ages 10-14 years are working.

4. In both Jaipur-urban and Tonk-urban, higher percentage of female child workers are working within the family, inside the house.

   (83.33 percent in Jaipur-urban and 73.33 percent in Tonk-urban)

5. While no female child worker in Jaipur-urban, travel beyond a kilometre of distance to reach their work place, around 13.33 percent female child workers in Tonk-urban travel more than one kilometre.

6. In both Jaipur-urban and Tonk-urban, for substantial proportion of female child workers, working hours range from 5 to 8 hours a day.

   (66.67 percent in Jaipur-urban and 80 percent in Tonk-urban)

7. In Jaipur-urban for female child workers, between Rs. 500 to 750 per month is the highest average remuneration. Whereas, in Tonk-urban it is Rs. 250 to 500 per month.

8. In both Jaipur-urban and Tonk-urban, a high proportion of female child workers are unaware about the monetary value of their contribution in economic activity.

   (50 percent in Jaipur-urban and 73.33 percent in Tonk-urban)

9. In Jaipur-urban, income of all the female child workers, and in Tonk-urban, income of majority of female child workers is received by the parents.

   (100 percent in Jaipur-urban and 66.67 percent in Tonk-urban)

10. The findings confirm that there is widespread illiteracy among female working children in both Jaipur-urban and Tonk-urban.

    (50 percent in Jaipur-urban and 66.67 percent in Tonk-urban)

11. In both Jaipur-urban and Tonk-urban with regard to working willingly or not, higher percentage of female child workers were quite ambivalent of their answer and said it is 'both'.

    (50 percent in Jaipur-urban and 66.67 percent in Tonk-urban)

12. The major reasons given for participating in paid work are:
(i) To supplement family income is the major reason given by female child workers, followed by parents forced to earn, in Jaipur-urban.
(50 percent in Jaipur-urban and 33.33 percent in Tonk-urban)

(ii) Poverty of the family is the main reason given by female child workers, in Tonk-urban. (80 percent)

13. Nearly two-third of the female children are doing domestic work in both Jaipur-urban and Tonk-urban.
(66.67 percent in Jaipur-urban and 65.33 percent in Tonk-urban)

14. In Jaipur-urban, nearly three-fifths (62 percent) of the female child domestic workers are going to school as compared to 12 percent who are illiterate. On the contrary, in Tonk-rural two-fifths (40.82 percent) of the female child domestic workers are going to school as compared to 30.61 percent who are illiterate.

15. A high proportion of female child domestic workers said that they do household chores of their own accord in both the districts.
(70 percent in Jaipur-urban and 53.06 percent in Tonk-urban)

16. In Jaipur-urban, there is a reverse gender gap among children who participated in paid work, whereas, Tonk-urban shows small gender differences in participation in paid work, which means, higher percentage of female children are working compared to male children. Further it is revealed that there is a very large gender difference among children who contribute in domestic work.

17. In both Jaipur-urban and Tonk-urban, all the mothers are of opinion that daughters should do both domestic work and studies. Most of them want their daughters to do household chores from 8 years of age. With regard to reason for working, in both the districts, 80 percent of the mothers felt that, it is necessary for girls to learn all domestic work.

Determinants of Health, Education and Work
The chapter on 'Determinants of Health, Education and Work Status of Children', contains an analysis to know likely determinants of well-being of children and their extent of influence and nature of relationship using a multivariate regression model.
For this purpose, the variables were divided into three categories, viz., familial, maternal and perceptive (mother's perception in terms of awareness). The results of the regression analysis to assess the effect of various determinants are summarised below.

1. The analysis on immunisation of children indicates that in both Jaipur-rural and Tonk-rural, 'mothers age at child birth' which showed positive influence and 'children ever-born' which showed negative impact, are the most important
determining factors in the immunisation of children. This means mothers who are older at the time of birth of their babies, demonstrate high probability of immunisation of their children. Thus, indicating increasing awareness of immunisation among recent mothers. Besides these, 'mothers knowledge of immunisation' has a large and highly positive effect on immunisation of children. In urban area, mothers education, work status (i.e., working mother) and knowledge of immunisation are the most important determining factors for immunisation of children.

2. The analysis on duration of breastfeed indicates that mothers perception on this factor determines the duration of breastfeed, with the child being breastfed till 18 months or more in rural areas. Breastfeeding behaviour of urban mothers is different from rural mothers in the study area. In urban area, lower educational level of mothers and lower economic status tend to be associated with greater likelihood of continuing breastfeed till 18 months and more.

3. The analysis on initiation on supplementary feed indicates that among the factors that influence initiation of supplementary feed by 6 months, the role of mothers perception is high in both Jaipur - rural and Tonk - rural. In urban areas, mothers knowledge of supplementation in Jaipur-urban, and along with mothers' knowledge, her education in Tonk-urban, are the most important determining characteristics of initiation of supplementary feed. Thus, the effect of maternal characteristics on immunisation, duration of breastfeed (≥ 18 months) and initiation of supplementary feed (≤ 6 months) is stronger than familial characteristics.

4. The analysis on 'ever-attended school' indicates that children of developed region - Jaipur have high probability of 'ever-attended school' relative to less developed district-Tonk in both rural and urban setting. It shows that in Jaipur-rural, religion has a significant positive effect on female children who ever attended school. In Tonk-rural, religion showed negative influence, household income showed positive influence indicating that higher the household income, higher is the incidence of 'ever-attended school'. in urban areas, the analysis
shows that family size which showed negative influence is the most important determining characteristics of 'ever-attended school'. The negative influence is greater for female child compared to male child with each one-member rise in family size.

5. The analysis on school enrollment indicates that among the factors that influence children currently enrolled in school, the role of development of region is statistically not significant. The role of mothers' encouragement is very strong and seems to have made very strong contributions to school enrollement for both male and female children.

6. The analysis on school dropouts indicates that in rural areas, mothers' encouragement for education showed negative influence on school dropouts. In Jaipur-rural, mothers' work status is positively associated with school dropouts. In Jaipur-urban, household income and mothers' encouragement are the two determining characteristics of school dropouts. In Tonk-urban, religion, caste and mothers, encouragement are closely associated with school dropouts. Thus, in rural areas, effect of maternal characteristics on dropouts is stronger than familial characteristics, whereas in urban areas both maternal and familial characteristics influence incidence of school dropouts.

7. The effect of various determinants of work status of children are summarised below. The analysis indicates that development of region have no role in participation in paid work. It shows that in rural areas, mothers age and mothers preference for work are important determining characteristics of participation in paid work. In urban areas, religion showed negative influence and mothers preference for work which showed positive influence, are the important determining characteristics in Jaipur-urban, whereas in Tonk-urban, mothers preference for work is the most important determining characteristics.

8. The analysis on participation in domestic work indicates that mothers age and mothers' perception are closely associated with domestic workers. Among these mothers' perception that 'children should learn the household chores' is very
strong and seems to have made very specific contributions for participation in domestic work.

Conclusion

The following conclusions may be drawn from the foregoing analysis of the health, education and work status of the girl child in Rajasthan.

1. The health awareness generated through state programmes has contributed to the improvement in health standards in terms of increased coverage rate of children in health care and immunisation in this region. This is further reflected in the early initiation of supplementary feed among recent mothers, compared to older mother. It is concluded that state should continue its systematic efforts to propagate its health awareness programmes and its gender sensitisation programmes, to further reduce the gender gaps in health care in the region.

2. The study reveals that significant cultural factors have played strong role in children's nutritional well-being specially with regard to the first feed. Children are deprived of colostrum (initial breastmilk), which is called 'first immunisation' of the child, basically due to cultural practices. There is a need to build up a strong information base to familiarise the mothers with the advantages of 'colostrum' as a natural immunisation device for the children. The job of information, education and communication (IEC) should be taken up by the ANMs seriously and on a wide scale.

3. The literacy level and educational status of the girl child continue to be low despite an increase in school enrollment in the younger age-groups. Besides, lack of separate middle and secondary schools and the social and cultural factors have kept the young girls out of school.

4. The study has revealed that female children are generally admitted to school by age 7 years and above in rural areas. It is also noticed that 10 is the probable age, when participation in domestic work becomes almost mandatory. The age of 10 years is also the mean age of entering into economic activity. Therefore, it is important to handle girls in the age-group of 7 years to 10 years with extreme care. First, there should be an attempt to get them enrolled in schools earlier
than age seven. Second, the parents should be persuaded to allow the girls to continue their education beyond the age of onset of puberty. Third, if needed, government should open separate sections in schools for girls at the middle and secondary level to facilitate their education.

5. The analysis of gender gap in health and education reveals that education of mothers and exposure to urbanisation have played a positive role in reducing the gender gap. Hence, there is a need to educate and sensitize mothers for their positive role for the development of the status of their girl child through appropriate programmes.

6. The study reveals that younger boys and all working girls form part of the 'family labour', working part time to full time as they advance in age. They may continue to study along with work. But the older children, (15 to 19 years old) specially males, are mostly school dropouts and work full time outside the family. The female working children still work within the family. The income of girls and not that of boys is received by their parents. This reflects the secondary economic status of a girl in the family.

7. In urban areas, though probable age of taking up a job is ten years, there are examples of male children starting paid work at the age of five. Economic compulsions and lack of interest in studies, push many a children into paid work.

8. During field study, mothers in general were found to have a positive attitude towards child's labour be it a boy or girl. Children are persuaded into work both domestic and paid economic activity by the parents as early as at the young age of seven. Parents consider it a process of growing and training of children and children also seem to be quite reconciled to the idea that work precedes education and other activities. There is a need for complete reorientation in the attitude of children and that of parents towards education and work to improve the quality of skill and earning capacity of the children through education and appropriate training.

9. Since mothers' perception has emerged as the principal factor influencing children's health, education and work, special programmes need to be launched to sensitize mothers. This job could be taken up by the NGO's, the social
workers, the health visitors and the state representatives through several government programmes.

Recommendations

The following recommendations, in addition to conclusion above, are proposed based on the findings of the study and field experience:

1. **Priority should be given to safe drinking water and sanitation facilities.** Article 24 of the convention on the rights of the child, recognises the right of the child to the enjoyment of the highest attainable standard of health and the child's right to clean drinking water and environmental sanitation. In the study area poor housing, lack of safe drinking water and sanitation facilities was found both in rural areas (where children due to lack of toilet facilities are exposed to open space beyond their immediate homes which are unhygienic) and urban areas (where open drains flowing outside the houses is a common phenomenon and households having open and dry latrine particularly in Tonk city). Hence improvement in supply of drinking water, environmental sanitation and housing conditions may be given priority to improve the quality of life of children.

2. **Health education should be imparted to maintain personal and environmental hygiene.** As observed in the field, the general awareness about the importance of personal hygiene is almost absent among majority of children in rural areas. This is more true in Tonk -rural where washing clothes, bathing and cutting nails is not a regular phenomena. Therefore, the study brings out the need of a good knowledge and information about hygiene, disease transmission and to maintain housing and environmental hygiene.

3. **Awareness regarding immunisation should be stepped up.** It has emerged from the analysis that mother's knowledge of immunisation is the strongest predicting factor, as children whose mother's have knowledge of immunisation are much more likely than other children to be immunised. This study clearly reflects that overwhelming percentage of mothers have knowledge of eradication of Polio through vaccination which is attributable to government effort towards
universal immunisation and awareness campaign. Hence there is a need to increase the knowledge of other preventive diseases (Tetanus, Smallpox, measles) among mothers, including the specific schedule of immunisation, which will result in increase in coverage of these vaccines.

4. **The Region should be provided with separate schools for girls.** In the society where 'unsafe environment is the major concern of mothers as they express their anxiety about the security of girls, highest priority should be given to provide girl's school. It is observed that in rural areas, parents may be willing to send girls to co-education schools for only few years but after their attaining puberty which is considered as synonymous with 'growing up ', parents remove them from school. So, there is a specific need for separate schools for girls, more so, in rural areas.

5. **New curriculum should be introduced in school.** Findings of this research would suggest a need to develop a new curriculum, which will enhance the interest of girls to join school. Since school going girls are also engaged in household chores they are not able to open their books after school hours. On the other hand, boys are comparatively regular in their studies. This leads to poor performance of girls in examinations and in many cases failure. This is one of the most discouraging factor both for the girls and their parents, as girls become disinterested in their studies and feel alienated from curriculum, and parents in absence of good results discourage them or remove them from school. In this situation, parents often blame teachers which also shows their dissatisfaction on them. Therefore, there is a need to develop a curriculum in which girls will feel comfortable. In rural society where girls are envisaging their future as 'housewives' and whose aspirations revolves around 'household chores' there is a need to develop a curriculum relevant to their area of interest. Thus, along with basic course education should be linked with knowledge of farming, grazing, health and nutrition particularly reproductive health, family life etc. Besides these, emphasis should be given to introduce vocational training including various local crafts to develop skills in them which will further
enhance their future employment possibilities. This will be seen by parents as an additional advantage which will lead to demand for girls schooling.

6. **Priority should be given to female teachers.** In the society where custom dictates that female should have limited interaction with males, female teachers can bring remarkable change in the attitude of girls, who will feel more comfortable in expressing themselves in classrooms. This will also reduce parents concern about their daughters' safety.

7. **There is a need to encourage children to participate in co-curricular activities** which will help to develop their personality and also to recognise their talent. During field visit to different primary schools in rural areas, it is observed that there is dominance of boys in both classroom and play ground.

8. **Mothers should be oriented to the needs of the children.** From the findings of the study it emerges that mothers encouragement is one of the strongest and consistent factors in influencing child health, school enrollment, school dropouts and child labour. Therefore, it is essential to give due importance to the role of mothers, in improving the overall status of the girl child. For this, rigorous orientation programmes should be organised by the teachers in schools, NGOs and State Representatives to orient the mothers to the requirements of the girl child and to the improvement of her status in life.