Annexure -I
Interview Schedule
# Interview Schedule

## I. Personal Profile:

1. Name of the Respondent:
2. Father's Name:
3. Age:
4. Caste:
5. Religion:
6. Marital Status:
7. Education:
8. Occupation:
9. Annual Income:
10. Family Type:
   - Nuclear family/joint family/Single person

## II. Family Members Information:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship with respondent</th>
<th>Educational Qualification</th>
<th>Marital status</th>
<th>Occupation</th>
<th>Annual income</th>
<th>Others</th>
</tr>
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III. Social Conditions

11. Do you have own house
   Yes/No

12. If Yes what type of house
    a) Katcha     b) Semi Pucca    c) Pucca

13. Who built it
    a) Elders   b) Government   c) NGOs   d) Village heads

14. If you don't have house where do you live
    a) Rent house   b) Relatives house   c) Others

15. Have you built your house by your own
    Yes/No

16. Availability of Utilities
    a) Water taps   b) Electricity   c) Gas
    d) Sewerage system   e) others

17. Do you have any land?
    Yes/No

18. If yes Specify in acres
    Dry (   ) Wet (   )

19. Do you Possess any livestock
    Yes/No

20. If yes specify the number of livestock:

<table>
<thead>
<tr>
<th>Particulars</th>
<th>How many livestock's</th>
<th>At Present</th>
<th>Value in Rupees</th>
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<tr>
<td>Buffaloes</td>
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<td>Cows</td>
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<tr>
<td>Ox's</td>
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<tr>
<td>Goats/Sheep's</td>
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<tr>
<td>Others</td>
<td>Specify</td>
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</table>

21. Health Facilities Available
    a) Doctor   b) Hakim   c) Die   d) Others

22. Whom you or your family members prefer to consult for medical help:
a) Homeo b) Doctor e) Peer Fakir d) Hakim

23. Nearest health facilities
   a) 1 -3 km    b) 4 -6 km    c) 7 - 10 km    d) 10 -15 km

24. Are you or your family suffering any major disease: Yes/No

25. If yes what type of Disease
   a) T.B           b) Heart Problem     c) Cancer
   d) Respiratory Problem     e) Any other

26. Is there school in your village: Yes/No

27. Do you like your children to be educated: Yes/No

28. What difficulties you face in getting the child educated:
   a) School expenses   b) School timing  c) School distance
   d) Teacher Attitude  e) School education is not job oriented
   f) Child is not interested  e) Any other specify

29. Monthly income of the respondent
   a) Less than Rs 2000  b) Rs. 2001 to 4000  c) Above 4000

30. Number of earning members in the house
   a) 1 (one)   b) 2 (two)   c) 3 (three)   d) 4 (four)

31. Land Holding
   a) Less than 5 acres   b) 6 to 10 acres    c) Above 10 acres

32. Crops
   Main: a) Rice    b) Sugar Cane    c) Ground Nut
   Secondary: a) Wheat    b) Sunflower   c) Others
### IV. Rural Development Activities of NGO:

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<tr>
<th></th>
<th>Assets</th>
<th>Direct intervention of RISE</th>
<th>Linking with Government</th>
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<tr>
<td>33</td>
<td>Housing</td>
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<td></td>
<td>Land</td>
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<td></td>
<td>Irrigation</td>
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<td></td>
<td>(A) Wells</td>
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<td></td>
<td>(B) Surface boxes</td>
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<td></td>
<td>(C) Pump sets</td>
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<td>(D) Electricity</td>
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<td>34</td>
<td>Need Based</td>
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<td>Ration card</td>
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<td>Health card</td>
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<td>NREGS card</td>
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<td>35</td>
<td>Income Generation</td>
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<td></td>
<td>Land Reclamation</td>
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<td>Approach Roads</td>
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<td></td>
<td>Poultry-</td>
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<td>36</td>
<td>Agricultural Support</td>
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<td>Seeds supply</td>
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<td>Training on sustainable Agriculture</td>
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<td>Vermi Compost</td>
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<td></td>
<td>Horticulture</td>
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<td>37</td>
<td>Health and Nutrition</td>
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</table>
38. Do you have any caste organizations in your village:

39. Role of caste organization in your day to day activities:

40. Social Justice Intervention (community related activities)

<table>
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<tr>
<th>Promoted CBO's</th>
<th>Issues Addressed</th>
<th>Activities</th>
<th>Impact</th>
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<tr>
<td>1 Caste Organization Self Help Groups</td>
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<td>2 ITDA</td>
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</table>

V. After NGO Involvement

41. How is your self esteem and dignity.

42. Is there any change in your social status.

43. Is there any change in attitude of government officials in solving your problems.

44. Accessibility of government officials and resources.
### 45. Level of awareness

<table>
<thead>
<tr>
<th>Before NGO involvement</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>1 Govt. Benefits</td>
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<tr>
<td>2 Employment Opportunities</td>
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<td>3 Supplementary income sources</td>
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<td>4 Occupational Mobility</td>
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<tr>
<td>5 Nomadic Culture is Prevailed or Arrested</td>
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<tr>
<td>6 In completed Tasks by NGO</td>
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<tr>
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<td>7 Feed back to NGO (Suggestions)</td>
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Annexure-II
Articles Published
Sexual Harassment of Women at the Work Place: A Scenario

March - 2012

Editors
Prof. D.Usha Rani
Prof. V.Sheela Devi
Dr. C.Bhuvaneswari Devi
Dr. D.Sai Sujatha
D.Ramana

Centre for Women's Studies
Sri Venkateswara University,
Tirupati - 517 502.
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<td>Dr. Channaveer R.M. and Goverdan K.</td>
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<td>32.</td>
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<td>Y. Bhargavi, C. Nagajyothi</td>
<td>Sexual Harassment awareness training at workplace: Can it effect Administrators’ Perception?</td>
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<td>37.</td>
<td>L. Shobha Rani</td>
<td>Sexual harassment of women at workplace- Some suggested strategies</td>
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<td>38.</td>
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system points towards loopholes in our Justice delivery system. But to ask for justice we need only one Bhanwari Devi...One Bhanwari Devi to stand and say NO  

To conclude, it can be said that there should be more gender awareness in the society. Society should not excuse the offenders saying that it is just ‘eve-teasing’ and moreover police should also strict action against this which will set burning examples for others to do the offence.

REFERENCE
http://www.youthkiawaaz.com/2010/01/women%E2%80%99s-silence-nourishes-patriarchy/ (11.03.2012)

PARENTS, PEERS, AND PRESSURES: IDENTIFYING THE INFLUENCES ON RESPONSIBLE SEXUAL DECISION-MAKING

*T.M Prusal

ABSTRACT

Sexuality is a part of human life and human development. Adolescence signifies the onset of physical/sexual maturation and reproductive capacity. Social workers’ involvement with youths and families often is related to a sexual health issue, including maternal and child health, unintended pregnancy, sexual abuse and assault, or other problematic behaviors that occur with youths individually or with their family and community system.

The role of parents in the lives and decision-making processes of youths is often underestimated. Teenagers are most likely to seek sexual information from their friends (68 percent). Although they are least likely to seek information from their parents (32 percent).

http://www.newstrackindia.com/newsdetail/926
significant number of teenagers (43 percent) express a strong desire to have more information on how to talk to their parents about sex and relationships. Pressure to engage in sex increases during middle adolescence. Peer group attitudes about sex influence the attitudes and behaviors of teenagers.

The images that pervade the media (television, music videos, the Internet, and the like) are increasingly more explicit in sexual content. Among young people 10 to 17 years of age who regularly use the Internet, one-quarter had been exposed to unwanted pornography in the past year, and one-fifth had been exposed to unwanted sexual solicitations or approaches.

The circle of influence on sexual decision-making extends beyond the individual and family system. The political focus abstinence-only sexuality education has greatly impacted the nature and scope of information and services available to youth.

Issues of mental health, depression, low self-esteem, and feelings of hopelessness may encourage adolescent participation in intimate relationships. Be knowledgeable about the reporting policies in your state (on, for example, statutory rape or suspected sexual harassment of children).

Research Scholar, Dept of Sociology, S.V. University, TIRUPATI.

INTRODUCTION

Sexual exploitation of children and young people has been difficult to identify, but is increasingly recognizable as practitioners gain more understanding of grooming and other methods of sexual exploitation, and begin to take a proactive and coordinated approach to this type of abuse.

Sexual health is an essential part of good overall health and well-being. Sexuality is a part of human life and human development. Good sexual health implies not only the absence of disease, but the ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual actions, to be knowledgeable of and comfortable with one's body, and to be free from exploitation and coercion. Whereas good sexual health is significant across the life span, it is critical in adolescent health.

Adolescence signifies the onset of physical/sexual maturation and reproductive capacity. Young people have a need and a right to know about their bodies and to be educated and informed about their sexual health, yet they face many social, political, and community barriers to receiving and gaining access to the right information. Sex is often a challenging and difficult issue for both youths and adults to discuss. The consequences of not talking about sex, however, can be severe:

Every hour of every day, two American young people contract HIV, 96 become pregnant, and nearly 350 more contracts a sexually transmitted disease (U.S. Public Health Service, 2001).

Although national overall rates of teenage pregnancy have declined, nearly 1 million teenagers become pregnant every year (AGI, 1999). Although women, regardless of age,
income, race, and ethnicity, experience unintended pregnancy, a disproportionate number of them are low-income African American and Latina teenagers.

One-quarter of all new HIV infections in the United States are estimated to occur in young people under the age of 21 (Advocates for Youth, 1998). Sixty-four percent of adolescents ages 13 to 19 reported with HIV are females, and 84 percent are ethnic minority youths (CDC, 2000).

Social workers’ involvement with youths and families often is related to a sexual health issue, including maternal and child health, unintended pregnancy, sexual abuse and assault, or other problematic behaviors that occur with youths individually or with their family and community system. Our proactive involvement on the issue is critical to help youths navigate the barrage of conflictual messages about sex.

Facts

The perceptions held by adults and youth overestimate the percentage of teens that are sexually experienced (Child Trends, 2001).

The percentage of high school students who have had sexual intercourse has decreased from 54% to 50% in the last decade (Kaiser Family Foundation, 2000c).

Most Americans (7 out of 10) do not believe that sexuality education encourages sexual activity (Advocates for Youth & SHECUS, 1999)

Risk of STDs and pregnancy are primary influences in the sexual decision-making of older teens (ages 15 to 17). Younger teens (ages 12 to 14) are more likely to cite parents, teachers, and religious advisors as primary influences (Kaiser Family Foundation, 2000b).

UNDERSTANDING THE INFLUENCES IN SEXUAL DECISION-MAKING

Making good decisions and responsible choices about sexual activity during the teenage years can have immediate and lasting implications for overall health outcomes. How teenagers make decisions about relationships, abstaining or participating in sex, and protecting themselves and others from sexually transmitted diseases and pregnancy is influenced by numerous factors. Parents, peers, the media, access to education and services, and a host of other factors influence decisions and subsequent health outcomes. Understanding the context of decision making and the social influences provides significant insight for effective health interventions. It gives instructive guidance for social workers’ individual work with youths and families, as well as programmatic and policy implications.

Young people, sexually active or not, are influenced by a range of individual and social factors:

The Role of Parents and Family Dynamics

The role of parents in the lives and decision-making processes of youths is often underestimated. Although the transition to greater independence is the hallmark of this developmental phase, parents clearly have a role and exert significant influence in the choices young people make about sex.

Teenagers are most likely to seek sexual information from their friends (61 percent). Although they are least likely to seek information from their parents (32 percent), a
A number of teenagers (43 percent) express a strong desire to have more information to talk to their parents about sex and relationships (Kaiser Family Foundation, 2000b).

Early 80 percent of teenagers indicate that what their parents have told them and their parents might think influence their decisions about sex and relationships (Kaiser Family Foundation, 2000b).

The more those teenagers are satisfied with the mother–child relationship, the less they are to be sexually experienced (Advocates for Youth, 1997). Conversely, poor communication with parents about sex and safe sex practices, and parental substance abuse are linked with risky sexual behaviors (Fraser, 1997). Parent–child relationships are associated with depression in adolescents. For young boys, this may lead to more frequent use of alcohol, which is strongly linked with early sexual activity. For young women, estrangement at home often leads them to seek and establish relationships outside the family, seeking the warmth and support they lack at home. Girls experiencing sexual abuse in the family are linked to increased risk of teenage pregnancy (U.S. Public Health Service, 2001).

The Role of the Peer Group

The peer group is an important factor in adolescent development and has some impact on teenagers’ decisions about sex.

Adolescents (ages 13 to 18) report that they are most likely to get information about all health issues from their peers (Kaiser Family Foundation, 2000a).

Pressure to engage in sex increases during middle adolescence (Fraser, 1997). Peer attitudes about sex influence the attitudes and behaviors of teenagers. Youths who resist engaging in sexual activity tend to have friends who are abstinent. They also tend to have strong personal beliefs in abstinence and the perception of active parental reactions. Youths who are sexually active tend to believe that most of their friends are sexually active as well, that rewards outweigh the costs of sexual involvement, that sex overall is rewarding, and that it is all right for unmarried adolescents over age 16 to engage in intercourse (Advocates for Youth, 1997).

The Role of the Media

The images that pervade the media (television, music videos, the Internet, and the like), are increasingly more explicit in sexual content.

More than half (56 percent) of all television shows contain sexual content—averaging more than three scenes with sex per hour. For shows with sexual content, just 9 percent include any mention of the possible risks of sexual activity, or any reference to contraception, protection, or safer sex (Kaiser Family Foundation, 1999).
Among young people 10 to 17 years of age who regularly use the Internet, one quarter had been exposed to unwanted pornography in the past year, and one-fifth had been exposed to unwanted sexual solicitations or approaches (U.S. Public Health Service, 2001).

Although media images of sex and sexuality may be socially defined as a negative influence on teenage sexual decision-making, there is considerable potential for the use of media in conveying messages about responsible sexual behavior. For example, more than one-half of high school boys and girls indicate learning about birth control and pregnancy prevention from television (U.S. Public Health Service, 2001).

The Role of Communities, Schools, and Social Policy

The circle of influence on sexual decision-making extends beyond the individual and family system. Key considerations of these extended influences include:

- Impoverished communities that lack sufficient employment and educational opportunities, access to providers and medical services, and overall social disintegration are associated with higher sexual risk taking (Fraser, 1997).

- Schools have unique opportunities to provide education and information, as well as structured activities that discourage unhealthy risk taking. Greater involvement in school related to decreased sexual risk taking and later initiation of sex, pregnancy, and childbearing (U.S. Public Health Service, 2001).

- Young women who were the least successful in high school are the most likely to become pregnant (National Association of Social Workers [NASW], 2000). Substance use and abuse are also factors in sexual decision making. One-quarter of sexually active high school youths reported using alcohol or drugs during their most recent sexual encounter (Kaiser Family Foundation, 2000c).

- Youths often encounter barriers in obtaining needed information and services regarding their sexual health. Policies on medical confidentiality, parental involvement, and consent, as well as the nature of sex education available to youths, are important considerations in sexual health outcomes.

- The political focus on abstinence-only sexuality education has greatly impacted the nature and scope of information and services available to youth. This focus on abstinence only until marriage however, contradicts the beliefs of the majority of Americans who favor comprehensive sexuality education that includes abstinence as well as information on contraception, pregnancy prevention, STDs, and HIV/AIDS (Advocates for Youth & SIECUS, 1999).

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Defining Responsible Sexual Behavior: Individual and Community Responsibility

The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior (2001), has helped to frame the dialogue on sex and sexuality in a manner that highlights the importance of good sexual health and identifies core components of responsible sexual behavior that will positively impact individual and public health goals. Social workers working on behalf of health, youths, and families can use these concepts in a manner that promotes prevention and positive youth development.
Individual responsibilities include

- understanding and awareness of one's sexuality and sexual development
- respect for one's self and one's partner
- avoidance of physical or emotional harm to either oneself or one's partner
- ensuring pregnancy occurs only when welcomed
- Recognition of tolerance and diversity of sexual values.
- Community responsibility includes assurance that individuals have
  access to appropriate sexuality education
  access to sexual and reproductive health care and counseling
  the latitude to make appropriate sexual and reproductive choices
  respect for diversity and freedom from stigmatization and violence on the basis of
  gender, race, ethnicity, religion, or sexual orientation.

This framework can serve as the basis for workshops, counseling sessions, prevention programs, and other related services.

Getting the Boys Involved

Much of the attention to adolescent sexual health is dominated by teenage pregnancy prevention. Although this focus is laudable, it is equally important to address the multiplicity of issues that lead young people to early experiences with sex and potential parenthood. In addition, it is important that young people who services and assistance need be able to gain access to systems of care and help before a pregnancy, which is often when young girls are identified.

Assisting all youths in establishing and maintaining good sexual health requires a focus on the appropriate socialization and behaviors of both females and males.

Gender roles that accord higher permissiveness for males and passivity for females can negatively impact the sexual and overall health of young girls and women, if they are unable to protect themselves against unintended pregnancy and sexually transmitted diseases (U.S. Public Health Service, 2001).

Young men are more likely than young women to become sexually active at younger ages, 12 percent and 4 percent, respectively. Males are more likely than females to report having had four or more sexual partners (Kaiser Family Foundation, 2000c).

Not all men involved in teenage pregnancies are teenagers themselves, especially when very young teenagers or coercive sex is involved. Whereas 63 percent of sexually active females ages 15 to 19 have partners who are within two years (older or younger), the younger the girl is when she has sex the first time, the greater the average age difference is likely to be between her and her partner (Kaiser Family Foundation, 2000c).

Studies show that programs that provide direct counseling and role models for boys can delay the onset of sexual activity, lead to effective use of birth control, and involve fathers in effective fatherhood practices (NASW, 2000).
Helping young people establish healthy relationships and communication with their peers and partners, to be mutually respectful of one another, and to support greater equity in relationships and sexual decision making can make a difference in health outcomes. Age of Child Sexual Abuse Victims

There is evidence that the risk of child sexual abuse may differ for females and males at specific ages:

- For girls, the risk may be highest either when they are very young or when they are in their pre and early adolescence. According to the CIS, girls aged 4-7 and 12-15 were the victims in about twice as many cases of sexual abuse as girls aged 0-3 or 8-11. In 2002, the rates of sexual offences reported to police were highest among girls between the ages of 11 and 14, with the highest rate at 13 (165 per 100,000 females).
- For boys, the risk may be highest when they are very young. According to the CIS, 4-7 year old boys accounted for three times more cases than other age groups of boys. Among boys, rates of family-related sexual assault reported to police in 2002 were highest for those between the ages of 3 and 7.

MENTAL HEALTH CONSIDERATIONS

Because of our unique roles and diversified practice areas, social workers have the opportunity to bring to bear more contemporary understanding of youth sexual behavior and subsequent outcomes. Issues of mental health, depression, low self-esteem, and feelings of hopelessness may encourage adolescent participation in intimate relationships. The need for intimacy and connection, coupled with the mortality rates of young men, particularly African American men, are important concepts to consider, particularly as they relate to teenage pregnancy.

Additional Ways To Become Involved In Helping Youths and Communities Achieve Responsible-Sexual Behavior:

In school settings, share information with other staff and health professionals on evidence-based intervention models. Approaches that have been effective include community-based programs, school-based programs, clinic-based and religion-based programs (U.S. Public Health Service, 2001).

Understand the connection between the psychosocial aspects of sexual decision making as a point of intervention. This helps to expand the connection of issues beyond the use of contraception.

Be knowledgeable about health education and health services access in your local community:

» Have resources and referral information available for youths and families in your community.
» Advocate for policies that protect the confidentiality of youths seeking health care services.
» Work with youths and families to facilitate communication about responsible sexuality.
Be knowledgeable about the reporting policies in your state (on, for example, statutory rape or suspected sexual exploitation of children). The fathers of babies born to underage mothers are likely to be older than the mothers: about one in five infants born to married minors are fathered by men five or more years older than the mother (AGI, 1999).

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Sexual Harassment of Women

Dr. K. Dhanalakshmi*, Mattipalli Naveen Kumar**

ABSTRACT

Sexual harassment of women is found in every society and at all stages of the development of human civilization. In a male-dominated Indian society, a woman is sexually harassed every 12 minutes. Considered women as soft targets, they often have to face sexual innuendo, unwelcome passes and lewd remarks and jokes, and the fact that there are no proper implementation of Indian laws for women against sexual harassment worsens the scenario. Sexual harassment of working women has been widely practiced and systematically ignored. A recent study by The People foundation also revealed that 8 out of every 10 women in the city are subjected to some form of harassment in public places every day but only 1 out of 10 women lodges a police complaint and not more than two confront the perpetrator or attempt to stop him. Studies find that sexual harassment is still endemic, often hidden, and present in all kinds of organizations. Yet it is still not always viewed as a problem, which has to be systematically tackled. Govt has approved the Protection of Women against Sexual Harassment at Workplace Bill, 2010, that ensures a safe environment for women at workplace. However, effective training programmes are essential to sensitize/train all their staff members, men and women, to recognize sexual harassment, deal and prevent it. Let's take a step to stop this sexual harassment menace.

Introduction

Harassment of women is a common universal phenomenon found in every society and at all stages of the development of human civilization. Data about the United States indicate that one out of every ten women are raped or sexually assaulted during their lives, while more

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GROWING URBANIZATION

CHALLENGES AND STRATEGIES

D. SAI SUJATHA
GROWING URBANIZATION - CHALLENGES AND STRATEGIES

India's urban population is second largest in the world after China. Except China, America and Russia, in numerical terms India's urban population is higher than the total urban population of all countries of the world. 30 per cent of the India's population is living in urban areas and this 400 million people are generating two-thirds of the Gross Domestic Product (GDP) of our country and 90 per cent of the government's revenue. Five of the most densely populated cities in the world are in India. This rapid growth of urban areas is the result of two factors: natural increase in population (excess of births over deaths), and migrating to urban areas. Today the movement of people from rural to urban areas (internal migration) is the most significant. It has been estimated by 2020, 140 million people will be migrating to the urban areas and it will reach to 260 million by 2050. Rapid urban growth is responsible for many environmental and societal changes in the urban areas and its effects are strongly related to global change issues. This in fact has become a threat to India. India has to improve its urban areas to achieve objectives of economic development. Keeping in view of the vital importance of Growing urbanization and its effects on basic amenities, an attempt has been made to compile the papers presented in the National Seminar on “Growing Urbanization: Challenges and Strategies” by the academicians of different universities and institutions, to examine the various challenges and to assess the strategies to provide basic amenities on par with growing urbanization.

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Introduction

The whole collection of shanty-sheds for human beings was surrounded on two sides by houses and a factory; an on third by the river, and besides the narrow street up the bank, a narrow dooryard alone led out into almost equally ill-built, ill-kept latrines of dwellings... On re-reading my description, I am forced to admit that instead of being exaggerated, it is far from black enough to convey a true impression of the filthy, ruin, and uninhabitable, the offence of all considerations of cleanliness, ventilation, and health which characterize the construction of this single district, containing at least twenty to thirty thousand inhabitants. And such a district exists in the heart of the second city of England, the first manufacturing city of the world." Engels, 1845.

"Homeless people are living in cardboard boxes next to gleaming skyscrapers occupied by corporations whose budgets exceed those of many developing countries" UNCHS, 2001.

Urbanization has come to be viewed as a reflection of overall socio-economic development, and its attainment is considered crucial to the overall strategy of progress. Urbanization involves the construction of infrastructural and industrial demands of individuals and their incomes. Along with progressively better economic opportunities, its one of the most important features of economic growth (Kuznets, 1966). And it is the urban economy which provides opportunities for raising productivity by generating favour of commodities which have declining ratios of land use to that of other inputs, in particular labour. This leads to an increase in population density, and hence urbanisation. Urbanisation, therefore, like industrialisation is a concomitant of economic development. A country's overall development strategy or policies connected with the implementation of sectoral objectives are almost certain to have an impact on urbanisation. As Kingman (1994) argues... whatever changes are made in economic policies, their implementations for urban and regional development within countries are an important, neglected issue.

The urbanisation process in the Third World has been approached through four major alternative perspectives (McGet, 1993). The first one is the 'world political economy approach' in which urbanisation and urban centres of the Third World countries are taken as an important manifestation of the role that the national systems play in the international economic system. The contributions from the perspectives of demographers, geographers and anthropologists constitute the second major approach to this issue. Of the remaining two one is derived from the body of development theory with its growing concern about the persistent poverty in general and urban poverty in particular and the other is related to the concept of the 'informal sector'. Our analysis in the present volume corresponds mainly to the latter two approaches.

Urban theory is useful in looking at the differences in culture and values between the Middle East and the United States because cities develop according to those factors (Derrnan). Cities have been built-up over many hundreds of years, and each successive wave of invaders or settlers has added its own character to the city. The urban is composed of successive layers of new features superimposed on what has survived from previous cycles of development. The urban landscape expresses the social and economic development of society, and by constraining what alterations can be made, shapes future social and economic organization. The evolving global economy has an impact on urban areas. Their economies are restructuring, and some evolve successfully while others do not.

Urban riotsing was highly publicized and fundamentally unsettling to the nation's social fabric (Otaat, Shaw and McEwaney, 1996). Examination of the content of media accounts during this period brings this to bear. The dominant media frame was with respect to the notion of "urban crisis", which captures both expensive and debilitating social ills, as well as physical deterioration. During the 1960s, crisis coverage echoed the spatial relationship of urban problems—such as poverty, crime, failing buildings, and racial
through to the late 1980s. Systemic interest plummeted from the mid-1970s through early 1990s.

The conflicts between the objectives of growth and employment in the organised industry have been reinforced in the Third World countries in general, and India in particular (Edgerton, 1989). The reasons usually cited include— the emphasis on the heavy industry and the adoption of capital-intensive techniques of production—the presumed superiority of capital-intensive methods being based on the idea that they would generate bigger investible surpluses than labour-intensive methods. The unionisation of labour that the organised industry faces and the subsidisation of capital are other features which have influenced the choice of capital intensive techniques. Subsequently the growth in value added of the organised manufacturing has not been accompanied by concomitant growth in labour absorption. Despite slowing down of the growth rate of labour force in a number of Asian countries including the Indian subcontinent, growth in demand for labour is too sluggish to eliminate unemployment (IICTARTEP, 1990). The surplus labour has, therefore, spilled over into the sector which has been loosely termed as the urban 'informal sector' (Talati, 1986).

In the face of limited demand for labour in the high productivity sector, rapid population movement as the urbanisation thesis would suggest, from rural areas due mainly to 'push' factors aggravates the employment problem in urban areas. Deficiency of reproducible tangible capital (relative to labour) in the face of a low land-man ratio is taken to cause a sizeable volume of unemployment and under-employment ultimately being manifested in the form of immigration to cities. Rural-to-urban movement of labour without concomitant growth in demand for labour originating from the organised segment of the industrial sector increases the urban labour supplies. The result is a residual absorption of labour in low productivity activities, unemployment and growing poverty in the urban areas. This process of transfer of the urbanisation rate gets inflated while the proportion of labour engaged in high productivity secondary sector stagnates or declines and even when it increases, it continues to remain at a low level relative to the historical experience of the present day developed countries. Thus, urban poverty and rural poverty co-exist and in such a situation city growth rates become a byproduct, that is conducive to economic development. The low rate of growth of industrial employment and the high rate of rural-to-urban migration make for excessive and even explosive urbanisation involving a transition from rural under-employment to excessive urban unemployment and under employment, a visible proliferation of poverty and vast stretches of slums in cities. The major concern of the planners has, therefore, been to evolve policies and mechanisms that help control city sizes and restrict immigration to cities.

The attainment of a balanced pattern of urban settlements. Given high levels of under-employment and unemployment in large parts of India and regional equality employment generation through industrial dispersal is considered essential. Industrial location policies in India which aim at spreading industrial activities across space can be summarised under the following heads:

- Policies encouraging small-scale enterprises.
- Industrial estates programme.
- Rural industries project programme.
- Metropolitan planning in the major states.
- Incentives to promote industrial development in backward areas.

Mohan (1993) provides a comprehensive review of the studies which attempted an evaluation of location policies and their effectiveness particularly in South Korea (Lee, 1985; Lee et al., 1987; and Murray, 1988). In order to make location policy effective these studies suggest that:

i. the input which is used extensively by the firm and is a poor substitute for other inputs is to be subsidised by the government.

ii. if government has to make infrastructure investment then the public input for which the firm is otherwise willing to pay high prices and which is a good substitute for other inputs needs to be subsidised.

However, the impact of specific industrial location or regional policies on the actual location of industry has been quite limited not only in India but in various countries in the world (Mohan, 1993).

An important fact which is often forgotten is that urbanisation may also influence aggregate growth. Although computable general equilibrium models tried in the context of urbanisation address themselves to quite a few complex problems, the aim at harnessing the empirical associations between economic development, structural change and urban dynamics, the impact of urbanisation on economic growth is not discussed very extensively therein. However, the literature on city scale economics considered this aspect. Some industries are said to induce concentration of economic activity as they exhibit high economies of scale in operation, and some others benefit from concentration because of the operation of agglomeration economies. From concentration of activities a new firm not only benefits in terms of forward and backward linkages, but the existence of the complementary services also reduces its cost of operation. The effective price of infrastructure services like power, water supply, roads etc. is reduced if there is concentration of users of these services. Government action, however, has mostly failed to recognise the merits of concentration, and this has often led to suboptimal utilisation of resources. As Mills and Becker (1966) argued, "...misguided attempts to
Reconceiving National Urban Policy

Since the late 1960s, public policy theory has developed tremendously. Yet, it was to take a look at the bookshelf of any given policy scholar, or she might find just a smattering of works on the process of federal urban policymaking. In Harold Wolman’s (1999) quick and dirty survey of federal urban policy, he found many a chapter devoted to national urban policy processes. Calling attention to this informal survey is not to suggest that public policymakers have ignored federal urban policy outright. It is to suggest that the majority of scholarship on the subject relies too heavily on electoral and partisan explanations to the detriment of a more nuanced understanding of changes to the urban policy process. I shall outline this prevailing narrative of the rapid rise and decline of urban affairs on the federal policy agenda and then make the case for a more encompassing conceptualization of urban policies to help explain historical ebbs and flows in federal policymaking that targets urban problems.

The present study makes an attempt in this direction, in addressing itself to some of the issues concerning urban development in developing countries in general and India in particular (Urban Development and Urban Ills, Edwin S Mills, Arup Mitra).

Objectives of the Study

- To examine the growing urban development programmes
- To understand the factors lead to the making of the urban ill
- To know the background characteristics with which urban development professionals have centered urban ill
- To understand the migration in the process of growing urbanization
- To develop the sanitation, drainage systems, solid waste, and conditions in slums and urban poverty
- To improve the access to health and education services.

Cause and Effect

- Slums symbolize urban poverty: For the families living in them, they create hazardous and unsafe conditions that compound the poverty which forced them to set up homes there in the first place.

With inadequate sanitation, waste disposal, and drainage systems, sewers are created by rubbish and human excrement.

Alongside walkways between the densely packed shanties—disease thrives and people, especially children, become ill.

In these conditions simply being ill can have severe implications. It can mean loss of livelihood, leaving families struggling to buy food or water, let alone medicines.

With weak ownership rights to the land, residents are vulnerable and cannot build safe, sturdy homes, so they become easy victims of weather conditions, fire, and crime.

With no voice to change policy decisions or demand essential services, slum dwellers face an enormous challenge in such uncertain and unfair circumstances.

In this environment, with no land, traditional coping mechanisms like relying on extended family or small-holder farming falter. The result is that people’s homes and neighborhoods become both a cause and an effect of poverty and something that can be extremely difficult to break out of recognition of this growing problem culminated in 2000 when, the world’s richest governments pledged through the Millennium Development Goals to improve the lives of 100 million slum dwellers by 2020.

Urban Poverty Facts

- Cities in the developing world will absorb 95 per cent of the world’s expected population growth between 2000 and 2050.
- According to recent estimates there are now over 900 million people who can be classified as slum dwellers.
- Based on 2001 estimates, 43 per cent of the urban population in the developing world lives in slums. In the least developed countries, this percentage rises to more than 78 per cent.
- If present trends continue, 1.5 billion people out of 3.3 billion urban residents will live in slums by the year 2020.
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