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The abstract of the above Ph.D. students (except Sr. Nos. 1-3) awarded the degree at 51st Convocation held on May 11, 2009 are provided herewith. Kindly arrange to publish it on the Institute's website/Newsletter.

Prof. M. Guruswamy:

Dr. S.K. Singh/Dr. Abhishek Singh:
GENDER, SEXUALITY AND REPRODUCTIVE HEALTH OF RURAL YOUTH: A STUDY OF PURI DISTRICT

By

Manas Ranjan Pradhan

Thesis submitted for the award of

Doctor of Philosophy

In

Population Studies

International Institute for Population Sciences
(Deemed University)
Deonar, Mumbai-400 088
2008
Appendix 6: Abstract of the thesis

Backdrop: Coupled with lack of and/or poor knowledge on matters related to sexuality and their inability and/or unwillingness to use health services besides strongly held gender roles, places young people in India in a very vulnerable situation, in truly crucial stage of their lives.

Objective: The study focuses on the sexual and reproductive health risks of rural married youth from a gender perspective.

Hypothesis: The study hypothesizes that greater adherence to traditional gender roles leads to negative sexual and reproductive health outcomes.

Methodology: Respondents in the present study were selected using multistage random sampling and both qualitative (focus group discussion and in-depth interview) and quantitative (semi-structured interview schedule) tools were used for data collection. Necessary ethical guidelines like informed consent of the youth have been taken into consideration during data collection. Univariate, bivariate and multivariate analysis techniques have been applied to analyze the data using software packages like SPSS, ANTHROPAC and Atlas-ti. The findings are based on 500 individual interviews besides eight focus-group-discussions and 42 in-depth interviews with youth residing in rural areas of Puri district of the state of Orissa, collected during 2006-07.

Findings: The study clearly brings out that the perceived gender role of youth towards sexual and reproductive behavior of young men and women are unequal. A significant number of young men and women expressed that their knowledge about various sexual and reproductive health matters was inadequate. The young men and women have also experienced unintended sexual and reproductive health outcomes. In a relative sense, young women are in a disadvantageous position with regard to sexual and reproductive health knowledge. Further, young women are more vulnerable to sexual and reproductive health risks. A number of socio-economic and cultural attributes influence the experience of sexual and reproductive health risks of young men and women. Young people especially, young women are again found to be in a confusing state of mind as far as their sexual and reproductive rights are concerned. Nonetheless, perceived gender role of youth has a significant association with experience of sexual and reproductive health risks, sexual and reproductive rights, and coping strategies. Qualitative data further emphasizes that the gendered socialization process and subsequent internalization as well as adherence of youth towards their expected roles on the basis of their biological construct influence their knowledge, attitude and behavior towards various sexual and reproductive matters. Healthy as well as coercion free sexual and reproductive life is the rights of every young man and woman, and thus the study urges focused efforts to intensify information education and communication (IEC) programs from a rights perspective for better sexual and reproductive health of young people.
Dynamics of Involvement of Panchayati Raj Institutions in Service Delivery of Maternal and Child Health Care: A Case Study of South 24 Parganas District of West Bengal

By

Arindam Das


International Institute for Population Sciences
Govandi station road, Deonar
Mumbai – 400 088
2009
Dynamics of Involvement of Panchayati Raj Institutions in Service Delivery of Maternal and Child Health Care: A Case Study of South 24 Parganas District of West Bengal

Student: Arindam Das
Supervisor: Dr. H.C. Srivastava

Abstract

The importance of involving the Panchayati raj institutions’ (PRI) members in various health care services were emphasized in different government documents over the period viz. Eighth five year plan, National Population Policy (2000) and the National rural Health Mission (2005-2012). On this backdrop, the study examines the dynamics of involvement of panchayati raj institutions in service delivery of maternal and child health care in South 24 Parganas district of West Bengal. However, the specific objectives of the present research are to study (i) The knowledge of the PRI members regarding maternal and child health care (ii) The involvement of the PRI members in maternal and child health care services (iii) The perception of the beneficiaries and the stakeholders regarding the involvement of PRI members in maternal and child health care services (iv) The determinants of the involvement in maternal and child health care services among the PRI members and (v) Knowledge and utilization of maternal and child health care services, namely antenatal care, safe delivery, child immunization among the beneficiaries. Certain hypotheses have been formulated and tested in this study.

The necessary data for the present study has been collected from three different types of respondents namely, PRI members, stakeholders and beneficiaries. Two blocks, one having rural hospital and another without the rural hospital was selected for the study. Attempt was made to interview all the Gram Panchayat and Panchayat Samiti members of the selected blocks. In total, 387 elected panchayat members from the three-tier panchayat system were interviewed. Besides, the interview was conducted with 150 stakeholders and 300 beneficiaries. Both quantitative and qualitative techniques of data collection have been adopted for the collection and analyzing the data. Different statistical techniques namely, univariate, bivariate and multivariate have been used at the appropriate places. Additionally scaling technique has also been extensively used and based on the same different indices have been constructed, namely wealth index, index of knowledge, index of involvement etc.

Years of schooling of the PRI members and their political affinity were emerged out as the most important predictors, while determining the knowledge regarding maternal health care among the PRI members. Further their economic prosperity and education played significant role in determining their knowledge about child health care. Besides, education, knowledge pertaining to maternal and child health care and the political affinity of the PRI members were emerged out as the most important predictors, while determining their involvement in maternal health care. More or less similar observations were made while examining the determinants of PRI members’ involvement in child health care services. Further, it was evident from the analysis that PRI members’ involvement has played an important role to determine the utilization of maternal and child health care services irrespective of the existence of rural hospital. However, for safe delivery one cannot eliminate the importance of rural hospital. It is worth mentioning that all the objectives laid down for the study have been accomplished and interestingly, hypotheses formulated have been proved. Therefore, the study suggests the importance of the existence of rural hospital as well as the involvement of the PRI members in maternal and child health care services.
Son Preference in Punjab: Its Levels, Trends and Selected Demographic Implications

Aswini Kumar Nanda

Thesis Submitted for the Award of Degree of Doctor of Philosophy
In
Population Studies

International Institute for Population Sciences
(Deemed University)
Deonar, Mumbai 400 088, INDIA
2008
Abstract

Punjab offers an interesting setting to study son preference and its demographic consequences in India. The current work, devoted to this end, intends to: a) Consider the factors that explain the prevailing preference for the sons and the changes thereon in a historical perspective, b) Use suitable indicators to outline the contours of son preference within the working demographic definition(s), c) Quantitatively measure the level of son preference in Punjab, and examine the extent to which the changes, if any, have taken place between NFHS-1 and NFHS-2, and d) Focus on selected and important demographic outcomes of son preference such as fertility, contraception, and infant and child mortality in the state. First two rounds of the NFHS, conducted nationally in 1992-93 and 1998-99, with a sample of 3,391 and 3,070 households, and 3,262 and 2,873 eligible women respectively in Punjab, are used as the main source. Data from these rounds are used to build indicators at different levels to facilitate comparison on social class, spatial and demographic lines. Multivariate analysis is used to unfold the links of preference for the male child with the background characteristics, and to estimate the strengths of the effects of son preference on fertility, family planning, and infant and child mortality.

In spite of declining son preference, desire for a boy is widespread in Punjab and the desire for a girl or a daughter (as the next child) is substantially less. Selected indicators reveal that the son preference is comparatively strong in rural areas, among older women, illiterate women, women with lower standard of living, and women in landless households. Besides, Sikhs and Hindus do not differ much from each other with regard to the choice of the sex of the children. Though scheduled castes exhibit marginally high son preference, they still have better receptivity towards daughters. There is a progressive rise in son preference, particularly beyond the second-order births. In every age group boys are favoured among the currently married women.

Sex ratio of children ever born in at the time of birth suggests a move towards masculinisation of births at the second, third and higher parities with maximum masculinisation at the second parity. Among couples with more than one child, induced abortions tend to rise with the number of daughters, as those who already have a daughter or daughters are averse to more daughters and indulge in sex-selective abortion after ascertaining the sex of foetus. The current pregnancy rate declines with the number of living sons instead of the rising number of children. When parity progression is linked to sex composition of the living children and socio-economic background characteristics, it is revealed that the chances of having an additional child in next five years among second parity women depend significantly on the experience of previous child loss besides the number of living sons, residence in urban areas in NFHS-1, and caste status in NFHS-2. A strong correlation also exists between the sex composition of surviving children and methods adopted for family planning in Punjab, where prevalence of contraception increases sharply up to two living sons and then usually levels off. Here, the use of contraception rises progressively with the rise in parity; particularly rise in the number of living sons. Multivariate analysis reveals that among various social, economic, social and demographic predictors of contraception, son preference is not an overwhelming determinant among Punjabi couples. The fact that the sex differentials in adjusted and unadjusted infant mortality does not vary also indicates that the sex differentials in mortality are mainly due to the impact of sex itself than due to other variables included in the study. Girls of higher birth order (3\textsuperscript{rd}, 4\textsuperscript{th} or higher) encounter greater mortality risk as indicated by hazards model. The adjusted child mortality rates are significantly lower for males than for the females in Punjab—a low mortality state in India. Results of this work may be helpful in refining intervention programmes besides being valuable in conceptualisation of new policies for combating son preference.
Social Welfare Programmes and Fertility Decline in Tamil Nadu: A Case Study of Thanjavur District

Name and Address:

P. Murugesan
Research officer and Research Scholar
Department of Fertility Studies
International Institute for Population Sciences (IIPS)
Govandi Station Road, Deonar, Mumbai-400 088
E-mail: aasai_muru@yahoo.com

Abstract:

Fertility decline in Tamil Nadu is quite significant compared to other states in the country. The predominant factor that influenced change in the fertility political commitment through social reform. The political efforts paved way for providing social welfare programmes since 1960s. Such social welfare programmes emphasizing the social development and demographic change. The main objective of the present study is to examine the linkages between social welfare programmes and fertility behaviour. The data was collected from 360 ever-married couples drawn proportionately from both rural and urban areas of Thanjavur district. First stage one revenue village (Big village) having sizeable number of households and one municipal ward in the urban area was randomly selected for this purpose. After the selection of the village and the urban ward, the total sample has been drawn on the basis of the proportion of the population to the total district population, i.e., 66 per cent from rural and 34 per cent from the urban areas. Second stage the quota sampling has been used for the rural area for selecting the household and urban area the selected ward had 820 households and it was divided into four parts, from each part it was decided to take 40 households. For this purpose systematic sampling has been used to get the household. The relevant data was collected with the help of both quantitative and qualitative techniques.

In addition with this primary data the secondary data had also collected various Social Welfare Programmes implemented time to time in Tamil Nadu in the view of Social Reforms. Some of the important social welfare programmes information related to beneficiaries of the same, for the period 1980-2002, has been collected from the social welfare and other concern departments in Tamil Nadu in particular Thanjavur district. The analysis based on the secondary data showed that the number of the beneficiaries of each social welfare programmes has been found increasing over the period of the time. For example in Thanjavur district the number of the beneficiaries of the marriage assistance scheme increased from 525 in 1991 to 6835 in the year 2001-02. Similarly, increase has also been observed in the proportion of the beneficiaries of the free house
site and free house schemes from 1985 to 2001. It is interesting to note that percentage achievement of the beneficiaries from the nutritional meal programme has declined in case of Tamil Nadu as the whole from 27 percent for 1985-86 to 23 percent for 2000-01. The similar phenomenon has been observed while considering the trend of he beneficiaries for Thanjavur district as the percentage values declined from 10 per cent for 1985-86 to around 3 percent for the year 2000-01. The possible explanation behind decrease in the beneficiaries from the nutritional meal programme could be due to reduction in the fertility giving raise to availability of lesser number of children.

The 360 couples have been divided into two groups i.e., forty years of age or less will be a young generation and above forty years of age will be an old generation. The fertility behavior among the younger generation has much significant with the old generation and policy programmes has exaggerated the significant change in the society. The initial push given by Periyar for rising age at marriage and women empowerment continues to be given support by the Tamil Nadu government or the political leaders in the state. An influence of the same has been observed in the mean age at marriage by the generation. The political leaders while attending the marriage functions used to speak about the small number of children couples should have as was reported the in-depth interviews and focus group discussion. The same has been clearly shown in the mean number of the children ever born and survived by the generation.

As discussed earlier, that by and large, the qualitative data analysis based on in-depth interviews and focus group discussion suggested that the young generation had more exposure to the social reforms and the policies adopted in the state related to the reproductive activities in contrast with the old generation. This view point has been brought out the in-depth interview of the elected panchayat leader who is from the old generation group. Likewise the mean age of acquiring knowledge of the family planning methods for the old generation has been found 45 years and above. It is suggested that getting knowledge when they are at the close end of their reproductive span is not useful. Probably because of the same the mean children ever born and survive was 3 and above for the old generation. One of the important programmes implemented by the government of Tamil Nadu was the provision to provide protein food every day for the pregnant women from the third month to till the child complete one year. Large number of people had benefited by this scheme as nearly 50 per cent of the young generation respondents availed the facility and it helped them in bringing down the Infant Mortality and Maternal Mortality as well as resulted in better child survival.

The outcome of the multivariate analysis proved that exposure to social welfare Programmes, implemented from time to time has its impact on decline of fertility in the study population. Therefore, the overall conclusion of the research is that the social welfare programmes and political involvement played a significant role in the fertility decline in the study population.
A STUDY OF DISABILITY
AND
HEALTH EXPECTANCY IN INDIA

SANGRAM KISHOR PATEL

Ph.D. THESIS

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES
(DEEMED UNIVERSITY)
DEONAR, MUMBAI-400 088

2008
ANNEXURE-II

Ph.D. Thesis Abstract

Introduction: Disability, as a potential measure of health status of a population has not received much attention, and studies considering both fatal and nonfatal health outcomes for measuring the health status are limited and have not been potentially explored yet at national and sub-national levels in India. This study is an attempt to fill this research gap and highlight some of these issues of disability in India.

Objectives: The basic objectives of the study are, first, to study the causes, age at onset and time spend in different types of disabilities and examine spatial variation of disability. Secondly, to assess the treatment seeking behavior of disabled persons by different background characteristics. The other objective is to assess work limitations as the onset of disability among working age population (15-59 years) by different background characteristics. Lastly, to examine health expectancy in terms of disability-free life expectancy (DFLE) and disability- adjusted life expectancy (DALE)) at birth and to assess the inter-group inequalities in the length of life with and without disability in major states of India.

Hypotheses: To test the hypothesis that there is no spatial pattern of prevalence of disability. Secondly, likelihood of disability is concomitant with age. Thirdly, there is no association between severity of disability and work limitations. Lastly, there is no change in the prevalence of disability over time (1991-2002).

Methodology: For this study univariate; bi-variate; multivariate analysis (logistic regression, multinomial logistic regression, multiple classification analysis); multilevel analysis; descriptive statistics; GIS technique; epanechnikov kernel density; ANOVA; Sullivan’s Method; Population Attributable Life Loss (PALL); Index of Dissimilarity in Length of Life (IDLL) have been used.

Data Sources: This study is mainly based on National Sample Survey Organisation (47th round)-1991 and 58th round-2002 data on disabled persons in India; SRS abridged life tables (1989-1993) and (1999-2003).

Major Findings: Majority of the disabled persons in India are predominantly males, live in rural areas, belonged to working age population, illiterate and are from poorest economic quintiles. Most of the disabled persons have not received any help/aid/appliance from government or any other organisations reflecting lack of clear policy and implementation strategies. Prevalence of locomotors, hearing and visual disability are higher as compared to other types of disabilities. Tamil Nadu, Kerala, Andhra Pradesh, Orissa, Maharashtra and West Bengal are the states having the higher incidence of disability. Onset of mental, speech and locomotors disability are mostly occurred at early (younger) ages as compared to visual and hearing. Median duration of time spend as disable person by after the onset of disability in India is found to be twelve years. It is an irony that more than two fifth of the disabled persons have not taken or undergoing any treatments. It seems there is an urgent need to provide better health facilities and medical care to the disabled persons. Except hearing/speech disability, onsets of other disabilities have major impact on the working status of the working age population in India. Severe disabled have more chances of loosing their works/jobs than others. Study clearly indicates that there is no sign of compression or expansion of disability years, as it is more or less same in the inter survey period (1991-2002). The finding suggests evidence of increase in disability-free life expectancy and disability-adjusted life expectancy in India in this period. Private sector health care spending has a better influence on disability free life expectancy than the public sector health care spending in India. Kerala, Maharashtra, Himachal Pradesh have the highest gender inequalities in length of life with and without disability in India, while Assam, Bihar, Uttar Pradesh and Orissa have the highest rural-urban gap. This study clearly highlighted certain issues which can be implementated for policy and planning for disability and disabled persons in India.
PhD THESIS

DEMOGRAPHIC GROWTH INEQUALITIES AMONG MAJOR STATES IN INDIA AND IMPLICATIONS FOR PARLIAMENT REPRESENTATION

By

J. RETNAKUMAR

THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT OF THE DOCTOR OF PHILOSOPHY IN POPULATION STUDIES

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (DEEMED UNIVERSITY)
DEONAR, MUMBAI - 400088
2008
ABSTRACT

The main aim of this study is to assess the impact of population change on account of demographic transition and its consequences on the size and distribution of Lok Sabha seats among the Indian states. The specific objectives of the study are to: 1) project the population of major states, smaller states and union territories of the country and India as a whole separately till 2051; 2) assess the impact of population changes on the re-alignment of political representation in India; 3) suggest suitable methodological framework for the allocation of parliamentary seats to overcome the problems of over-representation and under-representation; 4) assess the extent of discrepancies in the Lok Sabha electoral rolls; 5) study the problems and prospects associated with the political representation of women and; 6) examine the impact of freeze and de-freeze mandate on the representation of SC/ST population.

The study uses multiple secondary data sources such as India’s Census, Sample Registration System and Election Commission data. Cohort Component Method has been used for the projection of population of 21 states with more than 10 million population and the logistic curve function has been applied for projecting the population of eight smaller states and six union territories. Gini-coefficient has been used to measure the inequalities in political representation. Webster’s method has been used for allocation of representation of the states. A set of weighted indices have been developed in this study towards an effort to provide a basis and framework for a fair and equitable allocation of seats in Lok Sabha.

The assessment of political representation suggest that, once the representation of the states were re-allocated based on population criterion, all those states which contained the population growth would be losing significant number of representations in Lok Sabha. On the other hand, those larger demographic giants, who have not been successful in curbing the population growth would gain significant number of additional representations in the Lok Sabha in the future at the cost of those states who controlled the population growth. Given this background, a new framework with weighted indices has been proposed in this study. The framework is expected to provide a resolution to the allocation of seats on scientific rationale principles, rather than looking at the issue of representation of the states from a population size perspective alone.

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COST, ACCESSIBILITY AND UTILIZATION OF HEALTH CARE FACILITIES IN INDIA:
A STUDY OF HOSPITAL INPATIENTS

Thesis submitted in partial fulfillment for the award of the Degree of
Doctor of Philosophy in Population Studies

By

Chungkham Holendro Singh

International Institute for Population Sciences
Govandi Station Road, Deonar
Mumbai - 400 088
2008
Annexure

Thesis Abstract

Introduction: Preventive and curative healthcare can considerably reduce the burden of disease in India. When it comes to hospitalization not much is known about particulars of ailments, accessibility, utilization, cost and duration of hospitalization. The present thesis is an attempt to address these issues pertaining to inpatient treatment in India.

Objectives: The specific objectives are to understand inpatient healthcare behavior, analyze healthcare accessibility at household level, to understand differential in utilization of services by individual, household and health facility backgrounds, to make an assessment of healthcare cost for hospitalization and to compare duration of hospitalization for some selected ailments across latent class of individuals.

Methodology: The main statistical techniques used to accomplish the objectives of this study are bivariate analysis, logistic regression, finite mixture modeling, zero-inflated regression and multilevel modeling.


Main findings: More educated, urban and richer patients are more likely to choose for costly private facilities. Most of inpatients continued treatment after discharge from any hospital either private or public. Higher investment in public health care in terms of health expenditure as percentage of state domestic product, better health facility and accessibility to health care resulting from urbanization and favorable doctor density all lead to more accessibility of inpatient services. The study supports the importance of state level background in explaining healthcare accessibility variation. This study also confirms differential in utilization of inpatient healthcare services by socio-demographic characteristics and applicability of zero-inflated regression model in handling excess zero count variable. The present study also highlights significant heterogeneity in characteristics of different latent groups of patients in regard to duration of treatment. The study identifies three latent groups as short-stay, medium-stay and long-stay groups. Finally the study reconfirmed that people go for more costly unregulated private facilities.
Knowledge and Misconception of HIV/AIDS and Opinion about Sex Education among Adolescent in Sangli District of Maharashtra

By
Uttam Jakoji Sonkamble

Thesis Submitted For
The Award of Doctor of Philosophy
In
Population Studies

International Institute for Population Sciences
(Deemed University)
Govandi Station Road, Deonar
Mumbai-400088
2009
Abstract

Adolescent reproductive issues have become the concern of national governments as well as the international communities after ICPD1994. Adolescent phase is transition from childhood to youth. In this phase biological and physiology-social changes occurs and due to this they search information related to pubertal changes, reproduction and sexuality from various modes like television, peers, friends, etc. Most of the time the massage was incorrect which results in confusion, frustration, despair and risk taking behavior.

The present thesis is an to explore is finished to access of knowledge and sources of information about reproductive health matters, HIV/AIDS and opinion about sex education among adolescent in Sangli district of Maharashtra. Discretely 30 school teachers were also interviewed to explore their opinion to add sex education in school curricula.

The study began by reviewing all the available related literatures, which later helped the development of three important hypotheses and the conceptual framework of the study. In order to collect the required input data, a comprehensive questionnaire was developed. Following this, a two day's training session was organized for three investigators. A pilot test was conducted in two schools that were selected through purposive sampling technique, which helped the finalization of the questionnaire. The data was collected from 630 adolescents who were selected through the list available in school. Upon the successful completion of the fieldwork, the data entry and analysis were done using the SPSS computer software package.

The study shows that knowledge of HIV/AIDS is wide spread among adolescents along with few misconceptions. The opinion to attend classes on reproductive health issues, majority of the adolescent favorable. As far as knowledge is concern sources of information is most important and most of the adolescent reported book, teacher and television as source of information and preferred source. Majority of the adolescent reported that sex education has to be included in
school curricula so that school children will get correct and scientific information about HIV/AIDS and reproductive health issues.

To conclude, on the basis of the findings, few policy recommendations were given. Both male and female adolescents are positive to include sex education in school curricula. The largest part of adolescents is preferred teacher to gain reproductive health related knowledge. The study shows that great amount of exposure resulted in better knowledge gain. We have already entered in to dangerous zone, where our children may under threat by possible sexual abuse, sex scandals, sex related crime, pre-marital pregnancy, sexually transmitted infections and HIV/AIDS. Hence the sex education for school children would certainly enhance their knowledge.
TRAFFICKING OF WOMEN INTO SEX-WORK IN INDIA: A CASE STUDY OF ANDHRA PRADESH

Battala Madhusudana

Thesis Submitted For
The Award of Doctor of Philosophy
In
Population Studies

International Institute for Population Sciences (Deemed University)
Govandi Station Road, Deonar
Mumbai-400088
2008
Annexure II: Thesis Abstract

Title: Trafficking of women into sex-work in India: A case study of Andhra Pradesh

Objectives: the specific objectives of the study are;
1. To study the process of trafficking of women into sex work
2. To examine risky traits, health risks and protective behaviors during and after trafficking including treatment seeking behavior.
3. To study the psychosocial consequences and the coping strategies adopted by the rescued women.
4. To explore the problems in rehabilitating and reintegrating

Hypothesis: As the study is explorative in nature and hypothesis are not framed.

Study area: The data has been collected from a predominant cluster in Andhra Pradesh and red-light area in Bhivandi

Sample: The study is based on 167 structured individual interviews of trafficked women, 106 in-depth interviews (55 pre-survey and 51 post survey) and 65 interviews of different types of stakeholders.

Instruments/tools used: Both qualitative and quantitative tools were used for data collection. In qualitative tools, free lists, pile sorts, in-depth interview guidelines for individual respondents and stake holders have been canvassed. A structured questionnaire has been developed and used for collecting quantitative data with the returned trafficked victims.

Techniques: For the analysis of data collected through qualitative methods, purpose, the text in the interviews were coded with well defined codes and the quotations were analyzed using Atlas-ti and N6 Packages. Network view analysis has been carried with the help of Atlas-ti to understand the multi-access of the specific issues. In statistical analysis, chi-square and logistic regressions were used with the help of SPSS package.

Major findings
The major findings of the study are, majority of the trafficked women are young women who have been forced into prostitution and are trafficked from drought prone areas; nearly half of them had ever intention to go back to sex work; their problems are compounded with age and religion and are unaffected by education, caste, and duration of trafficking; more than half of the women were found to be suffering from STI; some women are well settled with support from NGOs; few of them are still engaged in commercial sexual relations in their areas after returning; few of them have been experiencing discrimination by their family members and community people in their localities; the treatment seeking behavior for their sexual health problems explained through network view is quite interesting.
LABOUR MIGRATION OF WOMEN FROM KERALA: SOCIO-ECONOMIC IMPACT ON MIGRANTS AND THEIR FAMILIES

RESHMI R. S

Thesis submitted for the award of
Doctor of Philosophy
in Population Studies

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES
(DEEMED UNIVERSITY)
DEONAR, MUMBAI -400088

2008
Annexure –II

ABSTRACT

The feminization of migration is an important aspect in recent times although it is less explored. In the past, women migration in India was neglected since it was considered as a passive addition to their male family members. Although a reasonable proportion of migrants in India are originating from the state of Kerala, there is lack of information about issues related to women’s migration. The present study focuses on the levels, trends, process, and the factors specifically related to women’s migration and the socio-economic impact of migration on the migrants as well as on their families. For the present study, the villages in Thiruvananthapuram district were divided into three strata on the basis of female work participation rates and from each stratum, two villages were selected randomly. A total of six villages were selected and from each selected village, three wards were selected randomly in order to get approximately 1000 households in each village. A complete house listing was done in all selected wards of six villages. A total of 5786 were house listed. Households with current female migrants or return migrants were selected. A sample of 92 return migrants and 120 current migrant’s family members were interviewed.

The study revealed that majority of the migrants was international migrants and doing domestic work. A higher proportion of them were Christians and belonged to other backward classes, a sizable proportion of them were illiterates, and either widowed, separated or divorced. As far as the procedure of migration is concerned, majority of the women migrants did not know about the actual procedure of migration. Most of the international migrants had migrated through recruiting agencies and paid a large amount for migration. As majority of them were from lower socio-economic background, they had to manage the resources for financial cost of migration mostly by borrowing with a huge rate of interest. The burden of repayment of loans must have forced the migrants to accept the unfavourable conditions of work at the destination. On an average it took at least three years for a woman migrant to earn a reasonably sufficient amount of money for them and their families. Further, both success as well as failure of the previous migration made women to repeatedly migrate for work. A vast majority of the migrants sent money to their family and the remittances were used for day-to-day living, to repay the debts incurred, and education of children. There was a significant increase in the mean standard of living of migrants after migration. The impact of women migration was manifested in the social aspects of life of migrants and their families also. Thus, even if women are migrating in the context of poverty and have to face differing situations at the destination, it has also got an impact on the autonomy of women. Return migration was under compulsion for some of the women because of their illegal stay, expiry of work contracts, health related problems and familial problems. Return migrants got benefits as well as disadvantages from their return. Women migrants had faced differing situations after their return such as financial problems and other tensions in the family. Because of their deteriorated financial status after return or due to familial problems these women would like to migrate again. In some cases, return migrants want to migrate again not necessarily for financial benefits but due to the problems in the family because of their return.