

ISSN NO.-0975-7287

POPULATION & ENVIRONMENT BULLETIN

VOLUME 12 NO.1 2015



(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

ISSN NO.-0975-7287

Volume 12 No.1 2015

ENVIS TEAM

Faujdar Ram	Director IIPS
Aparajita Chattopadhyay	ENVIS Co-ordinator
Dhananjay W. Bansod	ENVIS Co-ordinator
Chandrakala Ramnayan	Project Manager
Sudha G	Research Officer-cum -Information Officer

PUBLISHED BY

Environmental Information System (ENVIS)
International Institute for Population Sciences

(Deemed University)
Deonar, Mumbai
Maharashtra-400 088



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**Ministry of Environment, Forests
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From Editor's Desk.....

Cheers to 2015!



Beginning of a new year, dreaming of new hopes and gaining momentum to walk further steadily on this beautiful planet. We presume that we are super intelligent. True indeed! We are cultured, have technological marvels. Yet, we are heavily grounded on earth- a natural system within which we have evolved. So, we must have minimum love and respect for this nurturing cradle.

The pessimistic news that shook our image of development is the report on Living Planet. The Living Planet Index, which measures more than 10,000 representative populations of mammals, birds, reptiles, amphibians and fish over the last 40 years, shows a decline of 52 per cent since 1970. This is indeed a stunning outcome of our self centred development.

The optimism is the recent consensus and move towards environmental safety, cleanliness which will hopefully change the conduct of the majority towards making our environment better and for ensuring a brighter future.

Pop-Envis, within its limitation, try to put forth summary report of our regular activities in this issue. It entails our efforts of knowledge dissemination in nearby slums with a mere contention of making them conscious on day to day issues, a brief of our workshop on environmental modelling, a commentary of my students on social environment based on their own experiences and Swachh Bharat initiative of our Institute.

Thanks to my team and my friendly students who are a benevolent supporter of pop-envis activities. Wishing my readers all happiness and a better environment for a brighter tomorrow! We live in this world when we love it. Cheers!

Editor

(Aparajita Chattopadhyay) aparajita@iips.net
(Population, Human Settlement & Environment)
01-01-2015

Cover Photography: Aparajita Chattopadhyay
Designed by: Chandrakala Ramnayan

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Letter to the Editor

Thanks for sending me Population and Environment Bulletin regularly. The bulletin looks very attractive and rich in content. It is heartening to know that Envis Centre at IIPS now organizes a variety of social, community and academic activities and actively engages young students for current social and national issues. The articles included in the Bulletin are rich in content and add academic flavor to the bulletin. The Bulletin is a good source of information about upcoming seminars and conferences. So congratulations for doing a good job. Keep it up.

Kamla Gupta

Chair Professor,

January 01, 2015

Ava Garware Research Foundation, Tata Institute of Social Sciences, Mumbai

Pop-Envis is inviting commentary on the following topics:

1. **Journey of food waste**
2. **Save water: Some suggestions**
3. **What can I do for reducing pollution**
4. **Turning waste into wealth: Some innovative ideas**

Guidlines:

- Format: 1.5 spacing, 2000-2500 words, 12 font: Times New Roman
- Writings must contain some data support to substantiate your views.
- Own photography related to the above subjects with details (date/place) can be added.
- Selected write-ups will be uploaded on Pop-Envis Website.
- Authors of best commentaries will be given a token of appreciation.
- Mention your name, email id and add your photo. All participants will get a certificate of appreciation.
- Last date of Submission: 31 January, 2015
- Send to: **popenvis@iips.net** (Sub: Competition on Environment)

Learning from a Community Based Orientation Programme in Mumbai Slum: Some Suggestive Measures

¹ Rajan Kumar Gupt, ² Aishwarya, ³ Prahlad Kumar, ⁴ Mukesh Ravi Roshan, ⁵ Anshu Barnwal, ⁶ Kaveri Patil, ⁷ Arun Kumar, ⁸ Absar Ahmed, ⁹ Aparajita Chattopadhyay *

Abstract:

Multidimensional development is considered to be an important improving factor for maternal health and social quality of life at community level in urban cities. Yet, little attention has been paid to understand how the health outcome and social quality of life of community people can be improved through dissemination of knowledge and upgradation of insider's view about their own community development programme. Using qualitative methods the present study reveals the level of knowledge on social and health issues of women and children of non-notified slum population of Eastern Mumbai. The study found that people of the community were living in the financial capital of the country at one end and struggling for basic amenities of life on the other. The women are deprived of proper awareness related to breastfeeding, and are in great need of husband's support for health and family planning services. The study concludes that we need an integrated approach so that the disadvantaged communities such as slum dwellers of Mumbai can have a better quality of life.

Keywords: Slum, Water, Sanitation, Child, Health, Education.

Introduction:

Despite faster economic growth and increasing urbanization, the marginalized urban poor are not able to avail the fruits of development in India. A section of population in most of the big cities of India enjoy luxuries of life, but on the other hand there exists a population struggling for subsistence in same cities. Mumbai is not an exception to it. According to the Government of India Planning Commission (2013), 13.7% (around 53 million) urban dwellers live below poverty line. Most of the urban dwellers live in one room houses in congested slums under compromised basic amenities of life (such as water, drainage and sanitation). Data from National Sample Survey Organization (NSSO 2008) shows that around 50 percent of the total urban poor population reside on footpaths, construction sites, brickkilns, limekilns, etc. Owing to the high prices of private services and the lack of coordination among the various government service providers in the cities, they are unable to cater to the needs of urban poor. Several schemes Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Slum Rehabilitation Scheme, World Bank Sanitation Programme etc. has been initiated by the government to improve the living condition of slum dwellers.

According to Census 2011, slum is defined as “a compact settlement of at least 20 household with a connection of poorly built tenements, mostly of temporary nature, crowded together usually with inadequate sanitation and drinking water facility in unhygienic conditions.” Area notified as slum by the respective municipalities, corporation, local bodies, or development authority is treated as “notified slum.” According to UN-Habitat (2010), children living in slum are vulnerable to infectious diseases because slum settlements have deplorable living and environmental condition, categorized by inadequate water supply, squalid condition of environmental sanitation, breakdown or non-existence of waste disposal arrangement, overcrowded and dilapidated habitation, hazardous location, insecurity of tenure, and vulnerability to serious health risks (Arimah and Branch, 2001). It is also found that high morbidity among infants is due to infections from the introduction of weaning foods, which may be stored or prepared under unhygienic condition. Literature review shows that poverty is a major factor leading to child morbidity and health seeking behaviors in slum communities. However, the poor environmental and housing condition is one of the main reasons causing heavy burden of disease on households, particularly on children because they are more vulnerable to infectious disease (Ndugwa and Zulu, 2008).

Literature on health inequality among slum and non-slum dwellers suggest that household hygiene and health seeking

behaviors are important factors for minimizing the infectious disease and overall prevalence of morbidity among children in poor urban settlement. Poor household hygiene, delay in seeking medical care and inappropriate medical care can compound the burden of disease and undermine the efforts to improve child health outcomes (Harrison, *et al.*, 1995; Iyun and Tomson, 1996). Health care practices such as duration of breastfeeding, timing of first breastfeeding, feeding practices and, umbilical cord care are important factors for survival and better health of the neonatal (Beser *et al.*, 2010; Geethanath *et al.*, 1997). On the other hand, studies reported that child nutritional status and the effect of community level infrastructure (hygiene, health service delivery) are also playing a significant role (Sahn and Alderman, 1997; Fosto and Kuto, 2005). Children living in the clean neighborhoods may have better health outcome than their counterparts from children living in the unclean neighbourhoods (Fosto and Kuto, 2005).

Children are more vulnerable to environmental risk. Children are not aware of the risk and unable to protect their health. According to WHO-2009 providing safe drinking water, access to improved sanitation within the household environment can reduce the risk of mortality and morbidity among children under age five (Pongour, Ezzati and Salomon, 2006). Awareness related to personal health, hygiene and sanitation programme must be created among the children of slum community so as to protect them from vulnerable conditions.

Mumbai is the most populous mega city in India. It is also well known for its skyscrapers, wide roads, job opportunities and squatters as well. Census 2011 data shows that in Greater Mumbai, 41.3 percent population is living in slum areas. Chikalwadi (in Mankhurd) is the unauthorized slum of 3200 slum-dwellers, deprived of adequate toilet facilities, water supply, proper drainage system and health care facilities. Lack of knowledge, poor sanitation facility and unhealthy surrounding, play an important role contributing to health risks and morbidity. Hence there is an urgent need to conduct some knowledge dissemination and awareness programmes on personal health, hygiene and sanitation in order to educate them on basic health issues. We therefore took this initiative to organize a workshop related to awareness of health and hygiene with the help of community people in order to make them aware of healthy hygiene practices and to familiarize them with the hazards of unhealthy surroundings. Community based initiatives are proved to be effective and popular in addressing the needs of the vulnerable population. The aim of community based programme was to create awareness, bring behavioral changes regarding health related issues and to increase the use of health care services. With the support of **POP-ENVIS project**, International Institute for the Population Sciences, we conducted an orientation programme among the mothers and children of a non-notified slum in Mumbai. Sessions of the orientation programme included importance of education, Hygiene and sanitation, Importance of self-help group, Maternal and reproductive health, Immunization, Nutrition and Child abuse.

Methods and Materials:

A qualitative survey was carried out in non-notified slum of Mankhurd, Eastern Mumbai, India. Around 165 slum dwellers participated in the programme including 50 married women with at least one child of reproductive age group (15-49 years), school going children (50 anganwadi going children and 50 non-anganwadi going children) and also a few men of reproductive age group. Respondent were selected purposively on the basis of some underlined characteristic such as mother of reproductive age group with at least one child, children with or without anganwadi coverage and men having knowledge and control over the community.

The present programme was supplemented by mix method of qualitative research (WHO, 2002). The researchers prepared guidelines in advance to discuss their respective issues in the community. We had a detailed discussion with the participants on health, child growth, and nutrition practices, water and sanitation, importance of education in child rearing, mother's health, birth preparedness, post-natal maternal health and child abuse. Further, through this programme, we tried to fill the gap between their present and expected knowledge in our best possible way. The programme was implemented successfully only with the help of community people.

Figure1. Image of the study area at Chikalwadi unauthorized slum (Mankhurd) Mumbai



Results and Discussion:

a) Profile of the community people

More than 80 per cent of the women in our study were married and half of the women were illiterate. About 75 per cent husband had no formal education. Economic status was described as poor by all. Most of the households were engaged in unorganized sector, as unskilled labours. We observed that most of the inhabitants of the area were migrants from Uttar Pradesh, living here for 10-15 years. Majority of them were Muslims. Most of the women were housewives whereas men were tailors, rickshaw drivers, and vegetable vendors or had small shops. Hygiene and sanitation was the major issue as appeared from the walk through observation. During the field visit, we found a big open drainage adjacent to the houses, spreading foul smell in the area.

Table 1: Dimension of different sessions covered under orientation program in slum area in Mumbai, India

Sr.No.	Session	Dimension
1	Water and Sanitation	Local drainage system: connecting drainage, cleanliness, personal hygiene practices, disposal of household waste and its management.
2	Education	Educational attainment, importance of education and awareness.
3	Child Nutrition	Balance diet, quality of food, importance of breastfeeding and birth weight.
4	Self Help Group	Financial support, community solidarity and self-help group (SHG).
5	Family Planning	Family planning (FP) services, husband’s support, knowledge and awareness FP.
6	Birth Preparedness	Maternal health, newborn risk, danger sign, and child health.
7	Child Abuse	Social life, child exploitation and law for child protection.

b) Water and Sanitation

The challenges on water, sanitation, and hygiene continue to plague the community. High rates of morbidity and mortality

from water-related diseases persist particularly among younger children which can be prevented (ADB, 2007). Despite the increase in overall literacy much is desired to be done with regard to safe water, sanitation and hygiene (WASH). Effectively addressing community needs require technologies or approaches that are economically, ecologically, and socially appropriate and sustainable (Bernard, 2006). The present study is an attempt to improve the awareness among the community people so that the risk of diseases born by water and sanitation can be reduced to some extent.

People of the Mankhurd slum were using either public toilet or open place for defecation. Men and women use shared toilet, whereas, children defecate outside the home and it was usually disposed either by their mother or elders. Walk through observation and in-depth interviews show that more efforts are required at the household level to improve the household environment. Wrappers, peels of eatables, plastics and other garbage were not properly disposed in the absence of dustbins. The “*bada nala*” (big drainages) was used as dustbin in the area.

Figure 2. Slum and open drainage system



The people of the slum fetched water from nearby tap for drinking purpose (provided by Mumbai Municipal Corporation), whereas, regular water were being utilized for other purposes such as washing, cleaning and domestic chores. Women reported that water provided by the corporation was of good quality and could be directly consumed. But some other member of the community reported that the piped water was sometimes dirty. Use of such water may be harmful for them if untreated before consuming it.

Figure 3. Interaction with the community people on water and sanitation



While entering into the slum, we saw poor sanitation and drainage system in the area. The water tap was open and water was flowing freely on the streets, somewhere *nalas* were choked because of irregular cleaning. The wrappers and other household waste materials were thrown in the open drain (*nala*). Every household had its own drain (*nala*) which was connected to the main drain of the community. Mothers participated in the awareness program were well aware about the healthy hygiene practices. They keep the household waste at proper place and throw it at defined place which indicates that community dwellers were already aware about the importance of household cleanliness whereas some women reported that they were too busy to take into consideration the hygiene practices. Most of the community women were engaged in

small scale business in order to run the household economy smoothly. It was generally observed that the eldest siblings look after their younger ones.

Though, slum dwellers were well aware of the healthy hygiene practices, all of them were not practicing it properly. The community people had inhibitions in disclosing the real situation that was observed by us. The school going children were somewhat neat and clean compared to their younger and non-school going children of the same age. But the children who reported themselves clean were found that they had rough skin and rough hair. We suggested them to use oil for skin and hair, cut nail properly during knowledge dissemination activity. There is a wider scope of intervention in such community where people were aware about the ideal practices but are not practicing it. It was found that the community had the knowledge about the practices of health and hygiene and it was consistently passed on from elder generation to the younger generation. The interaction with the anganwadi going children reported that cleanliness means cleaning the body, nails, hair and brushing their teeth daily. When asked about washing cloths and their bathing habits, children reported that their mothers take care of such activities. It indicates that the socially accepted notion of better health related practices are widely prevalent but the community still need to maintain such practices on a regular basis.

“Hame apna vatavarn saaf rakhna chahiye. Idhar udhar gandagi nahi failani chahiye. Main apna Nakhun chhota rakhta hu. Ye hame rog se dur rakhta hai”. (We should keep our surroundings clean; we should not pollute our surroundings. I take good care of my nail because it prevents us from diseases).

----- A school going boy, aged 9 years.

c) Educational attainment and awareness

During our interaction, we found that most of the inhabitants of this area were migrants from Northern India, living in the slum since 10-12 years. We discussed about the importance of education with the community people. Most of the children of the locality go to *Balwadi*. Three to four municipal schools were available in the area. There were 4 private schools too in the vicinity. As informed by children, toilet facilities were available but they were not in proper condition in most of the municipal schools. It was good to know that water supply was sufficient in schools. Most of the schools were close by, while few private schools were away and children used public transport to reach schools.

Almost all children go to school. We found only one child who dropped out because he was not interested in studies. Few questions were asked to the school going children regarding general awareness. We were happy to know that most of the questions were answered correctly by them. English was the most favourite subject for most of the children. When asked about their aspirations, a boy said *“mai bada hokar doctor banana chahata hun”* (I want to become a doctor). A girl studying in 5th standard spoke in English *“I want to become a teacher because I like my English teacher a lot”*. Most of them go to the municipality schools though a few could afford to go to private schools too. Few mothers complained about the absence of teachers in public schools. Most of the children had to resort to private tuitions. It was encouraging to note that women actively interacted with us regarding children's study and had many queries too. We tried to inform them about the importance of education and importance of performing better.

We also observed that some of the housewives were educated till graduation while most were 8th or 10th standard pass. It was interesting to note that girls of the locality were going to school and many of them were quite good in studies. They also aspired to continue their studies and even wanted to go for higher studies, given a chance. Cleanliness, hygiene and sanitation were seen as the major problem in the area. We tried to educate them on such issues and encouraged them to adopt healthy hygiene practices.

d) Immunization, Nutrition and Child growth

Most of the mothers have knowledge about immunization and they received their basic immunization in health center as most of the delivery was institutional. Basic vaccines like BCG, DPT 1, 2, 3, Polio 1, 2, 3 and measles were known to

everyone but only a few of them knew when to administer it. Most of them kept the immunization card of their children safely and carried it whenever they visited the health centres.

During the session, we discussed about nutrition, breastfeeding, child's health, health care practices, hygiene and sanitation. Further, information was given to the mothers regarding child health and their growth.

The growth of the child starts from mother's womb and is greatly influenced by mother's care during pregnancy. So, child care should start from the beginning since the child starts growing in the mother's womb. In absence of such care, even if children consume enough quantity of food after birth, the anthropometric indicator of child health does not turn out to be satisfactory. Another important factor of poor nourishment may be absence of balanced diet. Children of Mankhurd were reported to be consuming sufficient food, yet were reported to be weak with repeated fever, and other illness. The mothers of such children reported that children consume rice, chapati and pulse daily in addition to some vegetables depending upon the monthly household income. It has been reported that despite the consumption of sufficient quantity of food, the growth of child was not satisfactory. One respondent reported about his son – *“he is thin and repeatedly falling ill”*. This highlights the fact that the people of the community were not aware of balanced diet. People still emphasize on the quantity instead of quality of the food. There is a need of balanced diet for both children as well as mother. Furthermore, people were convinced that children of those households who consume green vegetables and took nutritious diet performed better in education and fell sick lesser than their counterparts.

We talked about the WHO declaration i.e., if child's age is less than six months, the child should be exclusively given mother's milk for the first six months, thereafter, the child should be given other complementary food such as fruits, milk, green vegetable, pulses, fish, and chicken; and with increase of age the frequency of such complementary food should be increased (WHO, 2008). We also told them that at the time of birth, the first food that should be given to child is mother's milk because it is best for the new born baby. Mother's milk includes all the required nutrition and provides immunity to the new born baby. We also tried to convince them about WHO recommendation that sucking of mother's milk should commence within one hour or as soon as possible after the birth. We convinced the mothers that first milk or yellow milk is the most important first food for a child, whereas, the social ideology related to such milk is quite opposite of the WHO recommendations as some women reported that yellow milk is not good for child health.

“chika doodh pilane se bachche ke seene me phasta hai isliye hum ise bahar kar dete hai. Jab bachcha janm leta hai to pahle use bakari ka doodh ganv (village) me dete hai yahan per to aisa nahi karte, Isliye mother ka hi doodh dena padta hai” (mother's first milk gets stuck in the chest of newborn and therefore we throw it. When child is born we give goat's milk in our villages. But due to unavailability of goat milk here in the city we have to give mother's milk now).

----- Woman Aged 25.

We advocated that exclusive breastfeeding is most important for child health. Exclusive breastfeeding is defined by WHO as feeding of only mother's milk without any additional food or drink, not even water till six month. Exclusive breastfeeding makes a difference in proper mental development of the child compared to those who do not get it. Film actor Amir Khan's advertisement for the child nutrition and the importance of mother's milk has played a great role in creating awareness among the mothers and in this context some of the mothers said, *“han bachhe ko fayda hota hai to mummy ko bhi fayda hota hai”* (yes, we support breastfeeding as it benefits the child as well as mother) another woman added. Birth weight is also good indicator of child health; however, most of the mothers did not have correct knowledge regarding weight at the time of birth but some mothers knew the importance of weight at birth. One of them said *“jab janm hota hai to 2-3 kg se kam nahi hona chahiye”* another said *“3.0 kg se upper hona chahiye”*. One mother said that *“mere bachhe ka wajan nahi badh raha hai lekin mai to use sab kihlati hu. Use chaval, dal, sabji khilaate hai,”* (I feed him rice, pulse and vegetables). We advised that only rice, pulse and vegetables are not sufficient for the growth of child and they need to consume fruits, milk, green leafy vegetables, gruel, egg and meat. Hygiene and sanitation is also important for child health. Washing of hand with soap is an important component before taking food and after defecation; also cleaning of teeth, nail,

and wearing clean clothes are necessary for good health. The walk through observation shows that the surrounding area was not clean so as to provide better health for the community. One woman opined,

“Aadami situation ke anusar rah lete hai, hamare chahne se to sab kuchh nahi milta hai, Allah (God) chahenge to ek na ek din sab kuchh thik ho jayega” (Human beings learn to live according to situation and everything do not happen as we wish, if God wish everything will be fine one day).

----- A Woman (Age: 29).

Table 2. Guidelines and importance of adequate feeding practices for children

Guidelines for adequate feeding practices		Importance of Practices
0-6 Month	Exclusive breast feeding till six month	For ensuring the safe nutrition to the infant and all round development of health
6+ Month	Start home based semi solid food to the infant after six month	Breast-milk alone is not adequate for infant beyond six month of age.
Home-made food	Cereals (wheat, rice, ragi, jowar, bajra, etc.) Pulses (grams/dhals), nuts and oilseeds (groundnut, sesame, etc.), oils (groundnut oil, sesame oil etc.) sugar and jiggery.	Since infants cannot consume bulky complementary food, in sufficient quantities, energy-rich foods like fats and sugars should be included in such preparations. Infants can also be fed green leafy vegetables juice (GLVs), which are rich, yet inexpensive, sources of vitamins and minerals. However, greens should be well cleaned before cooking lest the infants develop loose motions.
How to feed a young infant	Infants should be fed small quantities at frequent intervals (3-4 times a day).	Infants cannot eat large quantities of food in one sitting at a given time. So, they should be fed small quantities at frequent intervals (3-4 times a day). Also, the food should be of semi-solid consistency for easy swallowing.
Hygienic practices	At the time of preparation and feeding of the recipes, mother should observe proper personal hygiene and the utensils used for cooking should be thoroughly washed or sterilized.	Most often, infection is caused by unhygienic practices. The weaning foods which are properly cleaned and well-cooked are safe even for young infants.
Infection and feeding Practices	Common childhood infections like Diarrhea, measles and pneumonia occur in association with malnutrition and contribute to about 70% of mortality.	Never Starve the child. Feed energy-rich cereals - cereals-pulse diet with milk and mashed vegetables Feed small quantities at frequent intervals. Continue breast-feeding as long as possible. Give plenty of fluids during illness. Use oral rehydration solution to prevent and correct dehydration during Diarrheal episodes.

Source: National Institute of Nutrition, India

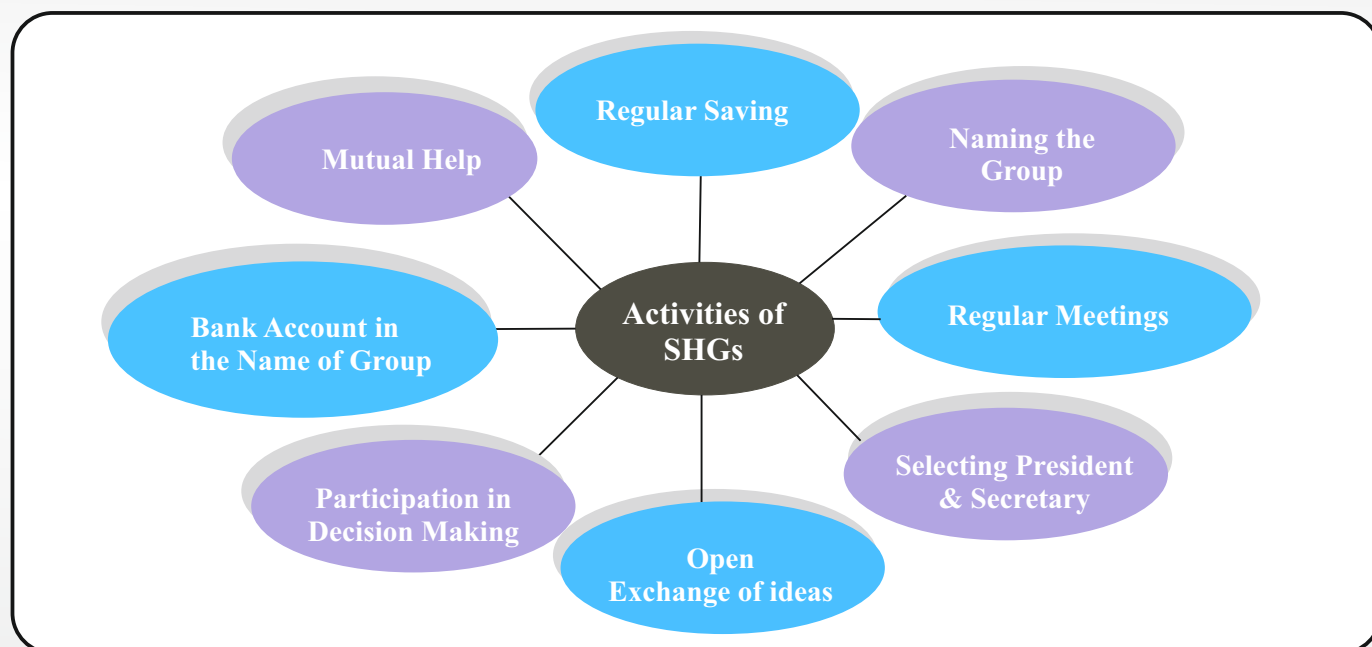
e) Small savings through Self-help Groups

Self Help Group (SHG) is a self-managed institution by 10-20 members, based on common interest & affinity for socio-economic improvement of their members. The common objective of any SHG is to create an appropriate & sensitive forum for addressing the need of the people, inculcate saving habits in the community, generate a sense of collective action,

improve socio-economic status and access the outside resources if possible. Self Help Group should be within the ward area. For a successful functioning of SHGs, economic homogeneity is rather more important than heterogeneity by caste and class. Group must have developed a vision for the long-term association. Training and exposure plays a crucial role for the successful and sustainable development of the SHG members as well as for the society.

People collect certain fixed amount of money from each member on daily or weekly basis and deposit it to any linked foundation or banks which are working for development of these groups. The main function of SHGs is to save, provide loans, repayments and maintain their book of account and records. They develop a channel in order to communicate among the groups and try to link themselves with other agencies with the help of leaders and organizations which are working for the welfare of women. In SHGs, most of the women who are housewives and do not have any extra work other than household chores, are encouraged to join and work for SHGs in their leisure time and at their home itself. In SHGs, each member is given proper training on small scale business like packaging, sewing, stitching, and preparing pickle and other domestic needs by the concerned organizations. It was observed that very few women in the community had knowledge of SHGs and no one among them was associated with any of the SHGs.

Activities of SHGs



During the dissemination program we explained the community people about how to use their leisure time in doing small scale business and other activities at home in order to have an additional income. A woman was aware of a self-help group known as *Swayamsiddha Bachat Gat Foundation (BGF)* based in Mumbai and working for Mumbai slums. BGF is quite popular for their great achievement and success story.

f) Role of Family Planning and husband's involvement in women's health

In this section, the knowledge and awareness related to family planning were disseminated. Though, the women in the community were in need of a lot of information on family planning but they hesitated to discuss such issues. However, during this interaction process, some women started sharing their experience with our female disseminator on family planning methods, number of children a couple should have, communication on use of contraception with husband, any sexual and reproductive disease, and sexually transmitted disease, etc. Women reported that though they want to communicate with husband on such issues but they were socially tabooed. The information best available on family planning methods such as condom, oral pills, intra uterine device (IUD), vasectomy and tubectomy were widely discussed during this dissemination at the community. The average number of children in a family was reported to be 3-4. The time period between age at marriage and age at first birth was 1-2 years in the community as they wanted to achieve the desired

family size soon. The family planning methods such as IUD and tubectomy were most common in the community.

Figure 4. Interaction on family planning methods and child care



Reason for not using other family planning methods was mainly reluctance of the husband according to the community women. When a woman with 5-6 month's old son was asked about the desired gap between her son and the next child, she answered that it should be 2-3 years. Despite this knowledge, she was not using any family planning method. Another woman said that she wants to use family planning method, but IUD and pills do not suit her health, so doctor told her to use injectables, but she does not have appropriate knowledge of the side effects of injectables. The woman was using oral pills earlier, but she said that the particular brand she used is not available now, so she does not take pills. Another woman told that she had to go for tubectomy or female sterilization after the birth of her seventh child as she faced some complications during her delivery. None of the woman reported about vasectomy and use of condoms by the husbands.

In the community, there were two *Anganwadi* workers. Communication between community women and Anganwadi workers are limited on issues such as child care, immunization, hygiene, and nutrition. But they do not discuss about family planning methods. So, we observed that there is an urgent need to promote awareness about timeliness, usefulness, and advantages-disadvantages of family planning through doctors or Anganwadi workers.

g) Importance of Birth Preparedness

Session of maternal health was very interesting. Flip cards were used to create awareness regarding management of health during pregnancy. Women of the community were asked about the knowledge and importance of birth preparedness. The idea behind this orientation programme was to create awareness about the importance of ANC visits, institutional delivery, pregnancy, delivery and post-delivery complications among the pregnant women and the women who have recently delivered a child. Our findings show that women of the community were not properly aware about the importance of ANC visits and the monetary incentives of institutional delivery. They had no information about the arrangement of transport, how to identify and contact skilled birth attendants and health facility in advance for delivery. These practices result in poor maternal health. It was quite starkly visible as women who discussed less on family planning reported to have more number of children. The interaction revealed that the women were not aware about the importance of birth preparedness in advance.

A traditional birth attendant (Dai) of this community always comes for checkups at home. A woman reported that she had already planned to deliver her baby at home with the help of the lady (Dai). Some women narrated that : *“Hum asptal me barabar checkup ke liye jaate hai, lekin waha doctors, nurse aur compounder ka vywahar accha nahi hota hai, bheer adhik hone ke karan wo bahut jaldi-jaldi me checkup karte hai. Yaha aas paas ke asptalo me delivery ke liye mahila doctor nahi hai, ham logo ko ek purush doctor se baat karne aur checkup karane me sharm aati hai. Hamare area me road sahi nahi hai, aur autoriksha pakarane ke liye bahut door jana padta hai. Kabhi kabhi delivery ke liye Shatabdi hospital, Sion hospital aur Baba hospital jaane me bahut der ho jaati hai.”* (We usually go to hospital for check-ups but the behavior of compounders and doctors were not satisfactory, the hospital is crowded all the time and doctors hardly checkup properly.

There is no female doctor in nearby hospital and we face hesitation while consulting male doctors. On the other hand, the roads are not good, we have to walk longer distance to get an auto-rickshaw. For delivery, sometimes we have to go to Shatabdi Hospital or Sion Hospital or Bhabha hospital which is quite far).

----- A woman (Age: 23)

The importance of birth preparedness was explained to the women in detail with the help of different flip cards and pamphlets. We explained the importance of at least 3-4 antenatal visits, consumption of 100 IFA tablets/syrups within 100 days and at least two TT injections before delivery. It was found that institutional delivery was prevalent, but people of the community were facing problems of transportation and quality of care. In continuation with the importance of birth preparedness, importance of three delay model was also explained to the community people, i.e. (1) women ignore the danger symptoms during pregnancy, delivery and post-delivery, and as a result; (2) they delay in seeking proper health care due to their lack of awareness; and (3) they delay in reaching hospital due to delay in taking decision to get appropriate health care at the right time which may lead to several and severe health risks.

h) Child Abuse and related awareness

Child abuse is one of the pertinent issues which remain unaddressed in most of the orientation programme. In 2007, the Ministry of Women and Child Development (MWCD) released a study report on child abuse. Study found widespread incidence of child abuse in India. Children between the ages of 5-12 are at the highest risk for abuse and exploitation. The study found that 69% of children reported to have been physically abused; surprisingly, out of these 55% were boys. Fifty three per cent boys and 47% girls reported to be abused within their family environment. Every two of three school children reported facing corporal (physical) punishment. In juvenile justice institutions 70% of children in conflict with law and 53% of children in need of care and protection reported as physically abused. With regard to child labour 50% of children work for all seven days of the week whereas, 81% and 84% of the girls work as paid labour in domestic households and boys at tea stalls or kiosks respectively. The 66% boys and 68% girls living on the street reported of being physically abused.

We tried to capture this issue in the larger interest of the community as many incidents of child abuse are reported to be in slum settings. One of our discussants tried to give some insight about the severity of the issue. He told that child abuse is not disclosed and is not discussed widely in the society. Normally, it may occur anywhere especially at home, which is considered to be the safest place. It has been found that unfortunately child abuse is mostly perpetuated by relatives and friends. Child abuse can be in the form of physical, emotional, sexual harassment, neglect, and exploitation. While discussing this issue, it was found that they were not much aware about the severity of child abuse; they only considered it as sexual abuse. Afterwards, they were told about all the dimensions of child abuse which are potentially harmful to child's physical, mental and social health.

Figure 5. Disseminating knowledge on child abuse and nutrition



When the community people were asked about child abuse most of them answered that girls are more vulnerable. Usually

parents physically and mentally abuse their child and as a consequence the child gets secluded and stops interacting with parents. Some girls reported that they are neglected by their family members. Interacting on “who is doing more work, a boy or a girl child?”, people's response was skewed towards girls indicating that girls contributed more in the household work.

Our dissemination was also about “how to prevent children from sexual abuse”. The community people were surprised to know that in India 53% of children face some form of sexual abuse of which about 21% faces serious abuse (rape, nakedness, touching of private parts) and 32% faces moderated abuse (kiss) (WHO, 2008). Therefore, in order to prevent such act an initiative should be taken in the family itself. Parents should be aware of their children's daily life style. At the same time children should be instructed to report either mother or father if any person touches private parts (i.e. chest, between legs, bottom) of the body during bath, illness or through other way(s). At the end of the discussion, we emphasized about the legal assistance as people did not have much knowledge about any law which provides security against such act. The parent and family member are closest to the children and if they want to prevent such act, the children can be protected. Moreover, there is no law which protects children against abuse (i.e. physical & emotional) at home. However, Parliament of India passed the “*Protection of Children against Sexual Offences Bill, 2011*” regarding child sexual abuse on May 22, 2012 Act (WHO and UNICEF, 2013).

The findings from observation and group discussion show that people started discussing among themselves about many of the above issues. Moreover, there is a great need of such awareness programmes in the community which can address issues like child abuse as WHO reports “Child abuse has many forms: physical, emotional, sexual, neglect and exploitation. Any of these that are potentially or actually harmful to a child's health, survival, dignity, and development are abuse” (WHO, 2009).

Conclusion:

The orientation programme was intended to disseminate knowledge about multiple dimensions of social and health related issues in a non-notified slum of Mumbai. After interaction with 165 members of the community, it was found that the community was facing major challenges such as lack of proper drainage system, poor sanitation facilities, over-crowding, unemployment, poverty, and illiteracy. The community was not much aware about birth preparedness, self-help groups and use of family planning methods. We found that none of the husbands take responsibility to control family size and use family planning methods consistently.

Our programme brings out three important queries in the context of sustainable and healthy development of the vulnerable community. **First**, what are the factors responsible for their social and health vulnerability? **Second**, what can be the best strategies to make them aware about various social and health related issues and to change their behavior? **Third**, is it possible to bring out multi-dimensional policy for such community so that most of the issues can be resolved under one umbrella? For example, sanitation along with hygiene and nutritional issues can be addressed simultaneously. Proper action should also be taken to develop better infrastructure such as housing, drainage system and toilet facilities.

The present study has following recommendations: **first**, more social intervention programs regarding cleanliness and sanitation should be conducted through government welfare activities and NGOs. We recommend that cleaning the big drain in the area on a priority basis by municipal authority is a basic prerequisite for a healthy life. Interestingly an official letter says “it gets automatically cleaned during rainy season. Also, even if one cleans it, slum dwellers dump garbages there. So why to waste money by cleaning it regularly?”; **second**, the SHG activities should be promoted in the community through awareness campaigns and with the help of community leaders as it may benefit the economically weaker sections of the society, specially women in terms of financial inclusion, resource mobilization, promotion of savings and banking habits, socioeconomic justice, women empowerment, and developing individual skills in group members; **third**, the effectiveness of the birth preparedness may improve maternal health as it has provision of encouraging husbands to actively support their wives to ensure better health outcome by minimizing both gynecological and obstetric morbidities

(Chattopadhyay, 2012); **fourth**, the quality of social life can be improved by providing access to educational materials and training of the health care professionals such as doctors, nurses, midwives and other health care professionals focusing on the importance of birth preparedness, friendly behavior, providing quality services; moreover, projecting husbands as an excellent support system and creating an enabling environment for service utilization in the community in a simple manner; **fifth**, adult literacy is very low among the community members. Many mothers do not even know about how to write their names. Hence, there is an urgent need by government, non-government and citizens group to provide voluntary education to the slum community and especially to the women; **sixth**, we need to create awareness among children about the issue of child abuse at school as well as at household level. No place is considered safe for child as child abuse has been reported to be perpetrated by known people and in known environment too. Therefore, we recommend that some kind of knowledge dissemination is required in order to educate/train the children about the facts of child abuse in all schools as well as in health centres. Also they should be explained about the modalities to protest against such abuse and to protect themselves in such situation.

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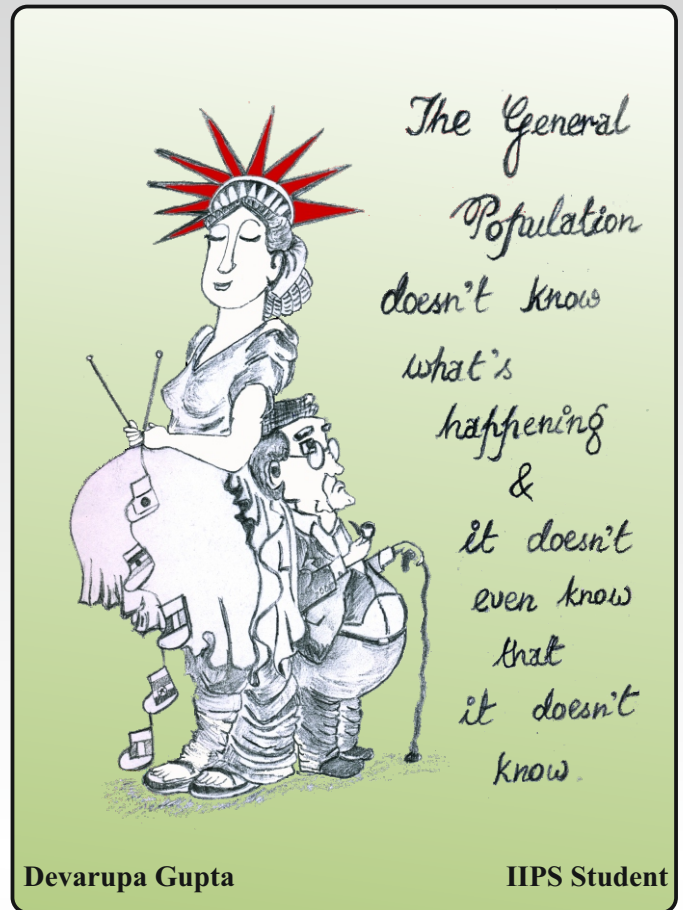
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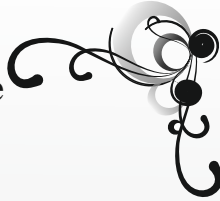
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A Grave Mistake Srishti Swarnima*

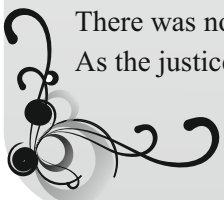


It was a peaceful midnight of 1984;
And the air around BHOPAL was clean and pure
For everyone was asleep in the room for sure
But suddenly a leak in the works
Made the air deadly and sour

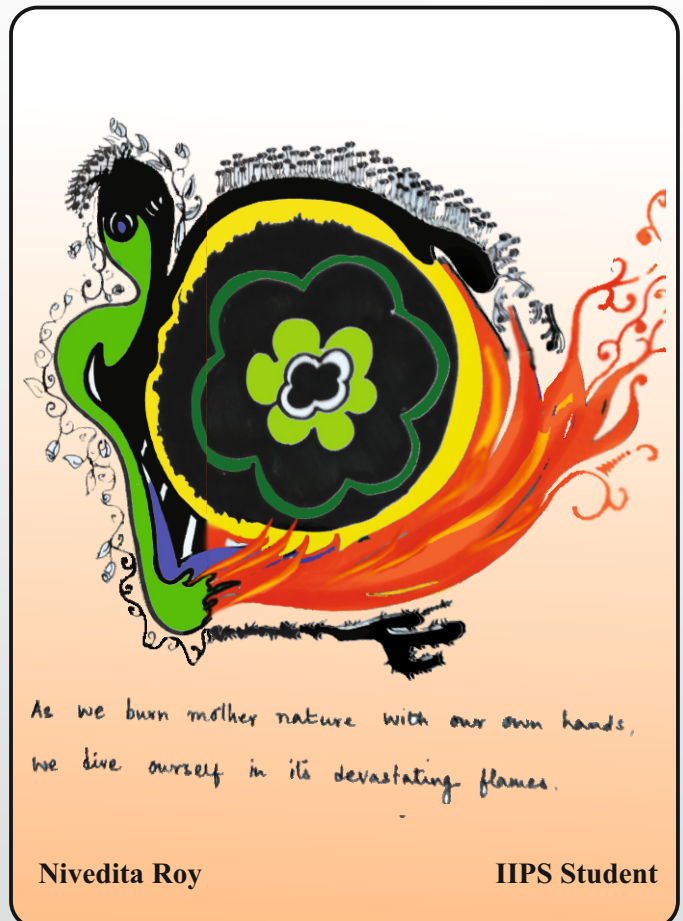
The small ignorance led to a grave mistake
As people's dreams turned to nightmares
And made the children cough in despair

Thousands were injured and dead
And the left could not earn a bread
The people were struggling from life and death
Alas! But most of them lost their breaths

The survivors were striving for a fair play
As the scared culprit ran away
There was no end to their agony
As the justice still awaits



* Class X, The Aryan International School,
Varanasi



Swachh Bharat Abhiyaan, 2014

October - December 2014

IIPS, Mumbai

The report provides a short summary of activities held on the occasion of Swachh Bharat Abhiyaan, 2014, initiated and supported by the International Institute for Population Sciences (IIPS), Population-Environment-Human Settlement (Pop-Envis) of MoEF&CC along with Students of IIPS. Around 600 people consisting of students, faculties and other staffs of IIPS actively participated. We are likely to continue the activity further.

Meetings were arranged by Pop-Envis Coordinators and Students Representative for conducting the entire event. Pre activity discussions were held in presence of the Director and the Registrar of the International Institute for Population Sciences (IIPS) in context of cleanliness of the Institute, cleaning of private / public roads near IIPS, plantation of trees, awareness generation, pledge etc.

The activity was inaugurated by the Director, IIPS on the occasion of Mahatma Gandhi's Birthday i.e. 02nd October, 2014 at 10.00 AM by taking an oath to keep our surrounding neat and clean and help India to be clean. All the students, faculties and administrative staffs were gathered in the ground and took oath.



Gathering for the activity



Welcome Speech by the Director, IIPS



Cleanliness activities were done in our Institute from 10.30am - 5.00pm on 02nd October, 2014. During that time, Institute grounds, area nearby academic building and offices, IIPS-Lakhme Private road, old canteen, old and new hostel area were cleaned. We sprinkled bleaching powder, phenyl in those areas to get rid of smell and mosquitoes. Tree leaves, branches, residues were collected and dumped in the dumping area away from residential area and hostel.

Cleaning by Students- Teaching- Non Teaching staffs



We have purchased materials such as brooms, dustbins, gloves, mask, phenyl, dettol, bleaching powder, digging



instruments, saplings etc for Swachh Bharat Abhiyaan. First Sapling was planted by Dr. F. Ram, the Director of IIPS and rest of the saplings were planted by the students, teaching, non-teaching staffs all along the campus of IIPS.

Plantation of trees, creepers, flowering plants



Students had placed small thoughts related to save tree, save water & electricity, clean & green IIPS etc. In the entire month of October- December, we planted around 100 trees, creepers, cleaned the playground and levelled it, sent environment friendly messages, slogans to all members of the Institute, purchased soil etc for playground and trees, removed or cleaned extra cupboard, almiras, boxes etc.



Our short and long term agenda for Swachh Bharat Abhiyaan is as follows:

- Roads in and around IIPS to be cleaned,
- The Canteen area to be cleaned,

- Cleaning of periphery of hostels, staff quarters, academic buildings,
- Whitewash of boundaries of IIPS and planting of creepers/plants,
- Planting of trees near new hostel and old hostel,
- Trimming of big trees in the campus,
- The scrap materials which is now useless for office and may be useful for others can be given or sold at cheapest price,
- The dustbin area in front of academic building to be removed, new dustbin to be put in proper places
- Fogging and pest control need to be scheduled regularly,
- The discussion and actions on garden/ground are in process,
- Name Plate of IIPS should be installed on both side of the main gate,
- The old name plate in front of academic building need to be modified,
- Cleaning of almiras, cupboards etc, removing unused almiras to create space.



We are gradually trying to do most of the above works. Swachh Bharat Abhiyaan at IIPS is a huge success as it has received tremendous support from IIPS administration, teaching, non-teaching staff and students. Pop-Envis is sending regular reports to the MoEF&CC regarding the progress of Swachh Bharat Abhiyaan.

Here are the quotes of the Prime Minister N. Modi on his clean India campaign:

1. "India can do it. People of India can do it."
2. "Is cleaning only the responsibility of the karamcharis? Do citizens have no role in this? We have to change this mindset."
3. "I have invited 9 people and asked them to come to public places and work towards a clean India. I ask them to invite 9 more people too."
4. "We reached Mars. No PM or Minister went. It was the people who did it, our scientists who did it. So can't we create a Clean India?"
5. "If this is evaluated by a photo-opportunity, then we would be doing a disservice to the nation. We all must come together and do this (clean India) wherever we are."
6. "This is not about Modi... Modi is only one of its 1.2 billion people... This is a people's task."

(Source: <http://indiatoday.intoday.in/story/six-quotes-from-modi-on-swachh-bharat-abhiyan/1/393850.html>)

What can I Do?

1. I will not litter garbage indiscriminately on roads or while commuting by Car, Bus or Train; shall use dustbins
2. I will not use plastic bags, instead use recycled and eco-friendly products such as recycled bags
3. I will not irresponsibly pollute our water bodies
4. I will adopt for celebrating Eco-friendly festivals
5. I will not waste paper at workplace; Think before printing
6. I will maintain the aesthetic value of our Archeological monuments, heritage site and tourist places
7. I will segregate waste and dispose them
8. I will plant trees, to keep my surrounding green
9. I will maintain sanitation and hygiene at public places
10. I will reduce the usage of electrical appliances; conserve energy

(Envis Centre Maharashtra (www.mahaenvis.nic.in), Source: http://mahenvis.nic.in/Swachh_Bharat.aspx)

POP- ENVIS Initiative on Data Generation

(a) State of drinking water and sanitation in Mumbai slums

Slum population is increasing in recent decades along with the growth and expansion of cities and towns. But slum facilities are unsatisfactory on many basic needs parameters like drinking water and sanitation. According to slum survey 2001, a slum is a compact area with 300 residents or which had 60-70% of the households having poorly congested rooms with inadequate infrastructure, lack of proper sanitation and drinking water facilities. Slum includes dwelling which on account of overcrowding, and lack of ventilation is detrimental to the safety, health and social morale (Census of India 1961). India is a developing economy and slum population is growing at an alarming rate. Slums have become an inevitable part of the major Indian metropolitan cities. Some of the worst slums in the world can be found in Indian cities. Due to lack of infrastructure and planning in the cities, they are helpless of accommodating the increasing flow of migrants from the rural areas (Desai and Pillai, 1970). In India, cities with million plus population nearly have one fourth of their population living in slums (Census 2011).

The profile report of MCGM suggests that about 50% of the slums are covered through stand post based supplies in drinking water, 40% have supply from more than one source and remaining get from tube wells and community standpipes. About 5% have individual tap connections. According to the Mumbai Sewerage Development project II report it has been revealed that about 50% of the slum population does not have adequate access to safe sanitation facilities. Sanitation in slums considered to be very poor. About 73% depend on community toilets, 28% defecate in the open and 0.7% has paid to use toilets. Overuse and poor maintenance is very much unhygienic. Inadequate water supply and absence of electricity connections further limits the use of public toilets. The report suggests that about 50% of the slums do not have adequate access to safe sanitation facilities. The facilities are not satisfactory for the slum dwellers of Mumbai.

The main aim of the present study is to understand the quality aspect of drinking water and sanitation of authorised slums of Mumbai.

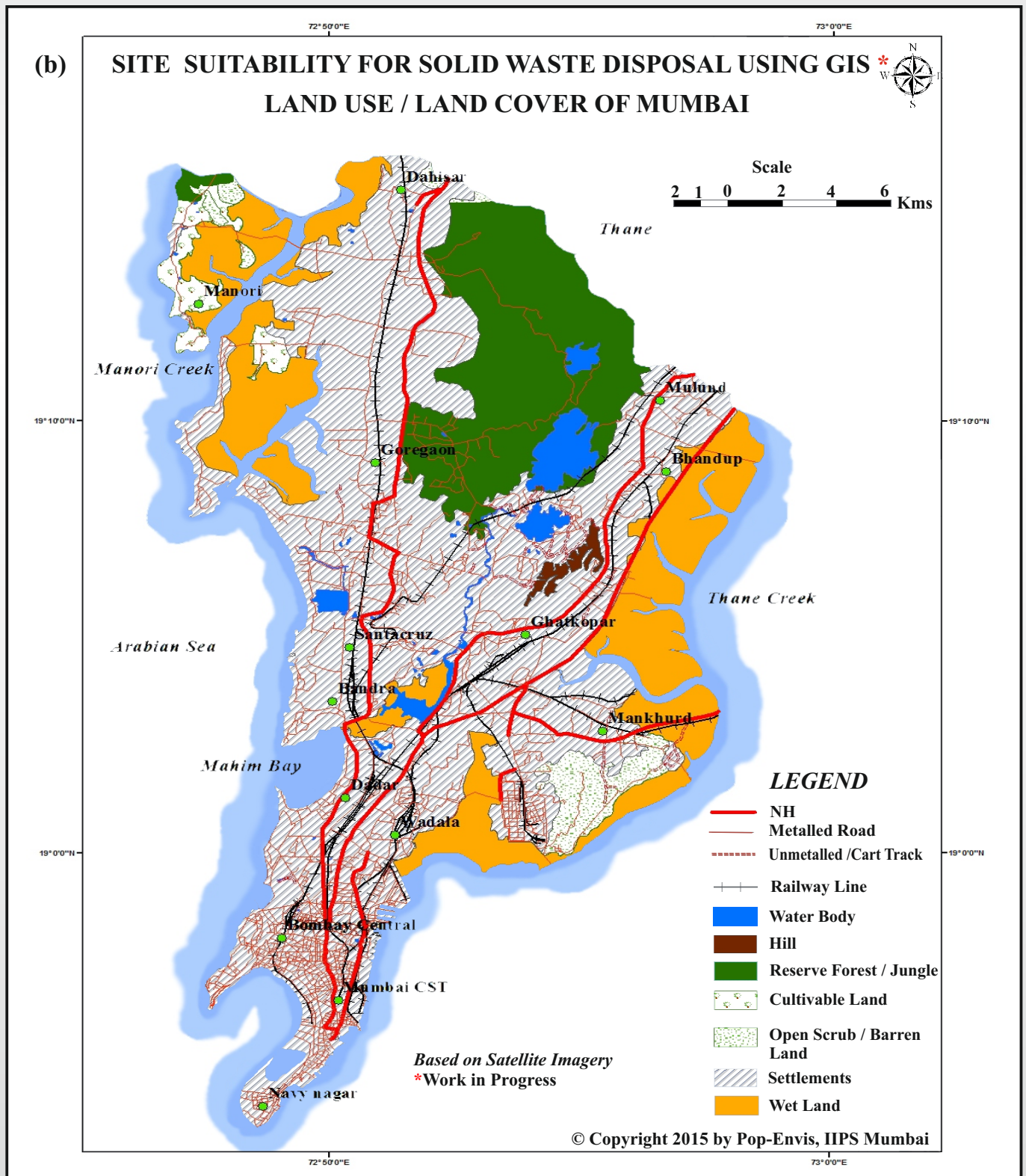
- a) To investigate the drinking water and sanitation facility available in the slums of Mumbai.
- b) To analyse the quality of drinking water at source in Mumbai slums.
- c) To study the storage, supply of water, cleanliness and associated issues of hygiene related to drinking water and sanitation.
- d) To study the cleanliness habits of the slum dwellers.
- e) To explore the suggestive measures of slum dwellers on drinking water and sanitation.

Registered slum households (including SRA slum buildings) will be considered for the survey. The research will proceed in three phases. In first phase interviews will be conducted at Households (by knowledgeable person). In second phase water samples will be collected at source and will be tested in a recognised laboratory. Testing of water samples will give us a better picture about the quality of water. In the third phase, observations will be done in selected slums and some key informant interviews will be conducted in each slum to understand their problems and suggestive measures. Broad indicators that we are planning to generate are:

- a) Source of drinking water
- b) Frequency/availability of drinking water
- c) Quality of drinking water: 12-15 parameters
- d) Process of water purification
- e) Storage

- f) Collection of water- time- distance, who does, price (if any),
- g) Procedures used for safeguarding the water
- h) Sanitation facility- type, cleanliness, distance, crowd, water availability
- i) Child defecation/ women's use of toilet
- j) Cleanliness habits

For the present research, 6 slums are scientifically selected based on size of slum population in different wards of Mumbai. Probability sampling is applied to collect the data from households. Data collection will be completed by March, 2015. We are expecting to cover approximately 1200 households spread over different slums of Mumbai.



Pop-Envis Workshop on GIS and it's Applications

16th - 22nd July, 2014

Population and environment are highly inter-related. There are number of issues which need special attention by population scientists, like impact of population parameters on environmental components, projecting the impact, sustainable development adaptation and technological innovations, price mechanism, global warming and role of India, environmental changes and its estimates, impact of environmental changes on economy and development etc. To achieve sustainable development, the impact on environment and biodiversity due to human activities needs to be carefully assessed at regional and landscape level. GIS emerged as a major branch of science in geography, geology, civil engineering, environmental science etc. The major advantage of using GIS is its ability to link the Spatial and Aspatial data that helps to perform different types of analysis depending upon the objectives of the user and derive some meaningful information.

This workshop aims to highlight the importance of GIS and its applications in various fields to the students, research scholars and research aspirants of the institute. Forty four researcher participated in this five day workshop. Participants were from various background ranging from Mathematics, Statistics, Geography, Social Sciences.

Inaugural session

The workshop was inaugurated by Prof. F. Ram, the Director and Senior Professor, IIPS, Dr. Aparajita Chattopadhyay, and Dr. Dhananjay W.Bansod, Pop-Envis Coordinators, IIPS, Mumbai by lighting the lamp. Dr. Aparajita Chattopadhyay, Coordinator Pop-Envis, welcomed all the participants and elaborated the objectives of the workshop and introduced the expert to the participants. She also explained the recent activities conducted by the Pop-Envis project. Dr. Dhananjay W.Bansod, Pop-Envis Coordinator, IIPS, Mumbai, explained the importance of GIS to the participants.



Teaching Session

Mrs. Sudha G having professional experience of 5 years on GIS was the expert for this workshop. The 5 days workshop covered theory in the morning session followed by practical in the afternoon session.

Lecture I

The lecture was on basics of GIS and its importance. In the practical session, students learned how to open Arc map, all the tools in Arc map, how to geo reference a topographical map and set the coordinate system, and how to geo reference a jpeg image with the topographical map. The students were given the datasets to practice.

Lecture II

The expert recollected the first day's session and then started discussion on "Graphical Representation on Spatial data" in

which the expert trained the students about how to graphically represent the data, what are raster and vector data models and GIS with special reference to “Land use planning” and “Watershed Management”. Creating point, line and polygon shape files, setting coordinates system to the shape files and digitizing the features were taught in the practical session.



Lecture III

This lecture was on “data input and editing”. The expert explained about how to enter attributes to the shape files already created, how to rectify the errors while digitization and how to join the excel file with the shape file and also how to save the shape file. The participants were given assignments for practice.

Lecture IV

In this session tools such as, append, clip, buffering, reclassify, spatial adjustment were explained. Downloading satellite imagery from the website: <http://glcf.umd.edu/data/> and exporting the satellite imagery to the ArcMap were explained. The expert further elaborated about how to prepare a final map for output. Some of the statistical tools were also discussed to operate in Arc Map.

Lecture V

The lecture was on “overlay analysis” with special reference to “groundwater potential zone mapping”. The process involved in overlay analysis were explained followed by a practical test for one and half hours. The test was then evaluated by the expert.

Valedictory Session

Dr.Aparajita Chattopadhyay, Pop-Envis Coordinator, invited Prof. Ladu Singh, Acting Director, IIPS, Mumbai for the valedictory function. She thanked Mrs. Sudha G for her bright lectures and her valuable contribution in teaching GIS. Ms. Chandrakala Ramnayan, explained the recent activity (“Environment Day Celebration in Schools”) of Pop-Envis Project. Prof. Ladu Singh highly appreciated the initiative of pop-envis coordinator to help the students and researchers in adding academic values.



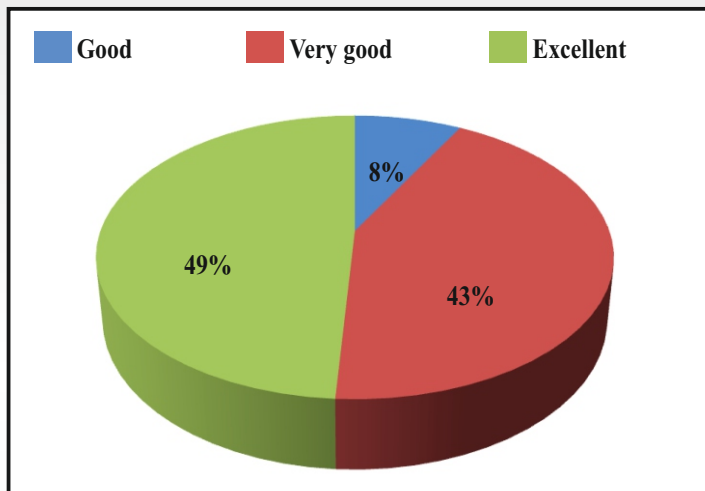
Participants thanked the Pop-Envis coordinators for conducting this workshop and appreciated Mrs. Sudha.G for her

expert contributions. As token of appreciation, participants gave memento to the expert. Dr. Dhanajay W.Bansod, Envis Coordinator, thanked the expert, MoEF&CC, Computer centre supporting staff and congratulated all the participants who are directly and indirectly helped in successful completion of the workshop.

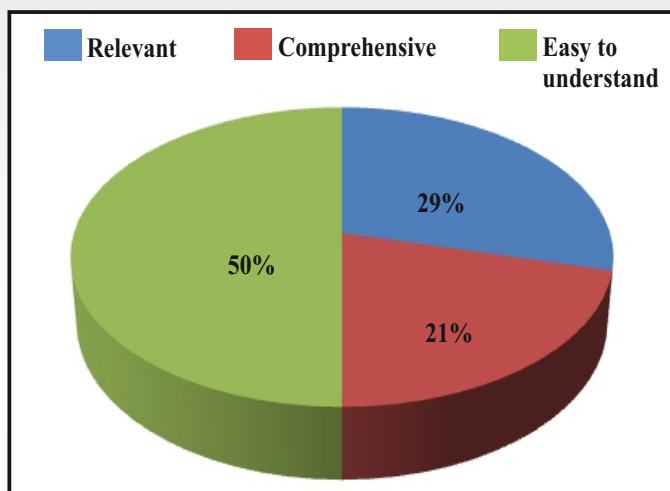
Prof. Ladu Singh, distributed the certificates to the participants and encouraged all of them to support pop-envis. Feedback for the 5 days workshop was received from the participants. We asked them to comment on the quality of the lectures, other necessary arrangements and some suggestive measures. Number of feedback forms received were 36.

The workshop was graded as follows:

Overall quality of the workshop



Workshop content



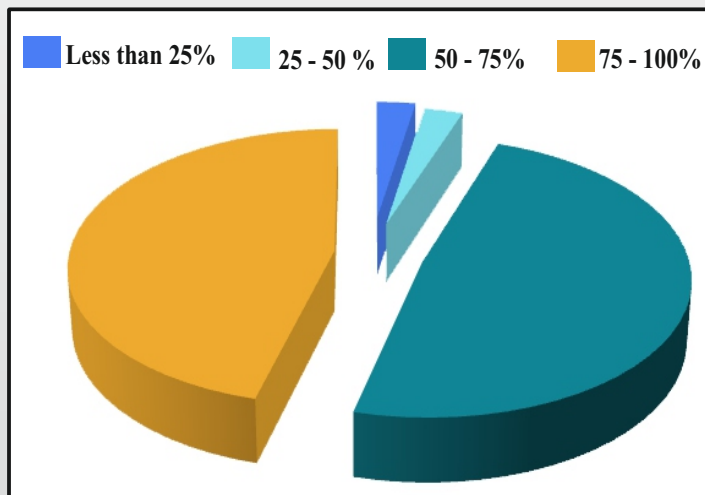
Feed back from participants

- Lecture was good and the participants had a good learning experience.
- Practical session was very easy to understand
- The workshop content was satisfied
- Good and polite way of teaching
- Good interaction with the participants
- Expert was very friendly

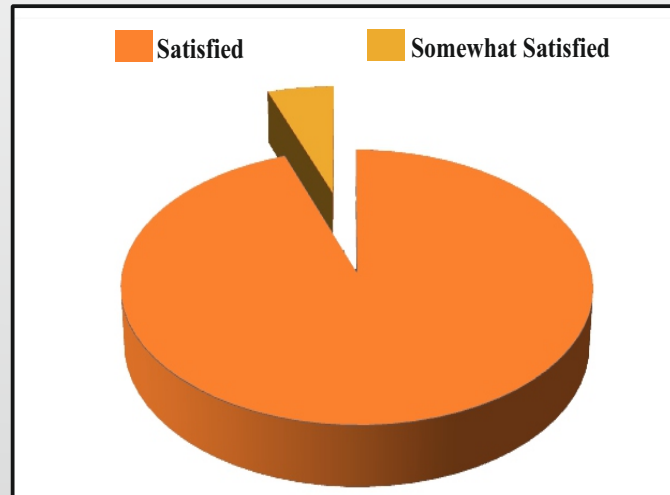
Other Comments

- The institute has purchased only the basic tools of GIS. IIPS can purchase license for all the tools.
- GIS training can be given at least once in a year. Need elaborate training on advanced GIS.
- The workshop must be conducted for 15 days to learn more. The learning is extremely useful.
- GIS should be included in the course curriculum with intense teaching, as is done in the workshop.

Suitability of the workshop for own research



Quality of logistics



Aren't we ready for riddance of inequalities in our social environment?

Compiled by

Tanya, Gunateet, Poulomi, Ankita, Akshay, Nidhin, Laeek *

“Dad today is the last day of my college and all of my friends are going for a night out. Will you allow me to go with them?”
A proud father of two children, a son and a daughter, was left in a deep thought as his daughter was asking for his permission to go for a night out.

Can a father of a young daughter allow her to go out for the whole night with her friends? What was the reason for his deep thought? What if his son would have been the one seeking his permission? What would have been his reactions then? Have it been an instant yes in case of his son, then why this delay in allowing his daughter to be on her own?

The answer lies in the structure of the society in which we live. A father who has taught her daughter to be independent becomes dubious in letting his daughter go for a night out. It is not his disbelief in his daughter but in the society and its elements! The perceptions like masculine is strong and feminine is weak is prevalent around us. The problems begin and sustain because of the expectations and control dominant ones want, only to carry on with their domination without being opposed.

Our society has painted biological differences between a man and woman with the color of discrimination. Why does a father have to think before leaving his daughter alone in this 21st century? Are we progressing and developing in the true sense? Are we evolving in a way we should? Are girls getting an equal chance?

Oh come on, the society is changing comes the answer from the hypocrite society! In which century you are living, it says. This is the modern 21st century and you girls get education to do what you want to and dress the way you feel like, is the reply.

The experiences of some of the girls living in this so called equal environment beg to differ. A girl belonging to urban educated family also has to go through different stages of gender based discriminations. These discriminations do change their face with a girl's 'caste' and 'class'.

Here comes a girl into picture, born as a single girl child, pampered and loved by her parents, hardly aware of the prevailing set of rules that society has made for girls and boys and expects them to abide by them. On the contrary, her father hardly imposed any restrictions on her, be it her dress or her activities. She slowly grows and the norms of school pressurize her to wear skirt, as she is a girl and she must wear a skirt. After much persuasion, she wears a skirt and slowly she starts understanding these rules automatically.

But suddenly she gets a blow not from her family or where she lived, but from the society. Her night journey in train at the age of 10 yrs with her father not only made her realize that society is not same for girls and boys, but also made his father realize that he himself can be gender neutral but the society will not. Her playful wishes to sleep in the lower berth while her father sleeps in the middle berth, made her prone to inappropriate touches from a stranger. Her father's instinct saved her from being molested and subsequently the stranger being thrashed badly. The girl and her father never spoke about on this incident but they both realized deep within their hearts that they have to abide with all the rules of the society, lest there will be repercussions.

It is a common notion that educated families treat girls and boys equally. Even among well educated families, very few girls get a warm welcome in their families. It may be hard to believe for few but even in so called literate families, no stone is left

returned to eliminate the girl child. This is a self narrated childhood experience of an independent and well educated young girl. The moment the news of her mother's pregnancy reached her paternal family, they started their prayers for a son. Without getting into technicalities and legalities of how the family could get this information, but as soon as the family got to know that the fetus is of a girl, they started pressurizing the mother to abort this female fetus as they were not ready to accept a girl child and wanted a boy. Fortunately, the mother of the girl did not succumb to these pressures and took a stand of giving birth to this child, against the wills of her in-laws and her husband. During her pregnancy, she had to bear a number of tortures from her family. She was made to do all the household work all by herself throughout her pregnancy. As a result, instead of a normal delivery C-section had to done.

After the girl was born, at a very tender age she understood that the reason for the distantness and harshness of her family towards her was because she was a girl. It was not just the hatred of her family towards her wish she had to face, but there were continuous attempts to poison her. Her mother was still tortured for giving birth to a girl. All this made the innocent little girl guilty for surviving, living and started feeling why she was born in the first place. But life was not done with her yet. When she reached the age of 14 yrs, she had to lock herself in the bathroom for more than 2 hrs to protect herself from being molested by her elder cousin. All these incidences made it starkly clear to her that being a girl is not easy and it will take a lot of courage to protect her dignity throughout her lifetime.

Not only girls face the wrath from the society but also any boy, who does not behave in a 'manly' way, has to face indignation. There is this boy, who knows it better than anybody as he himself has faced this malice. Though he did not face any physical torment, but we cannot imagine the psychological upturn which he might have gone through. Usually it has been observed that the younger child tries to imitate the elder sibling. Same was the case with this boy. When he was young, he wanted to dress like a girl, just like his elder sister. When he actually dressed like his sister, or rather when he dressed like a girl, he was not only very badly scolded but also insulted. Some of his uncles used this activity of his as a weapon to embarrass him publicly. He was made a laughing stalk in his class, was called a transgender and many other things. Did the young boy commit a very grave crime? The society accepts nothing less than the 'manly' behavior from a boy. He should not cry, should not express emotions and should be dominant, to list a few of society's expectations about characteristics from men. If he lacks in any characteristics, then he is tagged as a girl and made to believe that he is being humiliated.

Every individual has equal right to education. But does this actually happen? We guess no. This is the story of a girl who lived in a joint family. She has a very strong bond with her cousin brother to whom she is only six months older. She was brighter child and always scored better than her brother. But when they reached high school, her brother was being sent to a better school but she was not. Brother went to a school which was more than seven kilometers away from their house. They did not want the girl to travel this much and want her to study in the school nearer to their place. But she somehow convinced her parents to go with her brother. After the completion of her schooling, her brother was being sent to a bigger city to get better education and she was not allowed to leave the town. At that time the town did not have any college and the one under construction would have taken next two years in its completion, she was forced to take a drop for two years and stay at home until the college starts. Since she was a very intelligent girl, her teacher who taught her in school met her parents to try to convince them to allow her to go to bigger cities for further studies but her parents did not agree. They were not ready to send her with her brother. In the end the girl had to stay back got married and now nurturing the family while the brother left for better future.

A girl is not allowed to pursue her dreams because she is a girl and her parents are scared to leave her alone. So whom should we blame? The parents who do not let their daughters leave their homes? Who is responsible for these fears which make nest in the minds of a girl's parents? Should a girl be punished and her dreams shattered because she is a girl? Do the parents deserve to live in a constant fear because they have given birth to a girl? The parents will believe that they are just being protective. The environment is dangerous enough for anyone to be afraid in every move they make in various walks of life. The society constructed by the attitude of many is carries and spreads the discomfort, fear and need for protection.

Every girl/boy has a right to pursue her/his dreams and become what s/he wants to. S/he has a right to wear anything in

which s/he is comfortable. S/he should be the one who should have a right to decide what is good and bad. The society should respect all decisions and not judge from a gender biased perspective. Basically, there is no finite unit called society. It is an abstract collection of notions which has the potential to be influential on each one's choices and decisions. The cliché revolving around this one being, "What would people/society say?"

A girl is always questioned if any adverse thing happens to her. Along with the incident's trauma, she has to face all the wrath and accusations. If she is raped or molested or harassed or even bothered by someone, how can it be because of her clothes? What she wears is irrelevant. It is the sickening mentality of the patriarchal society which believes that girls should always remain the subordinate group and should not have an independent existence. Men dominate and believe to have a right to do whatever they want to.

Why can't in a country like India which boasts for its traditional values and culture cannot provide a safe environment to everyone! Can we hope to pursue the dreams and ambitions without being judged and questioned? These very culture and values wrap in them the formula to inherit the problems we can whine, write and read about. The attitude has to be worked upon, persistently right from the cradle days, instead searching for an appropriate age and timing for working on it. The institutions and their norms have now become the bondages which confuse everyone about what they want and what is wanted from them. We seem to be waiting for the confusion to settle down. There is no better time than now. The confusion and absence of clarity is like the chaos theory. Time and efforts will definitely result in better lives while we can only work and hope to enjoy independence in true sense without being judged or stereotyped.

Conference / Seminar / Workshop 2015

1. International Conference on Renewable Energy and Sustainable Environment (RESE – 2015)

Date & Location: August 03, 2015 - August 05, 2015 | Pollachi, Tamil Nadu

This conference will bring together the main stakeholders to examine the current challenges and to understand the options available for green living.

Website: <http://www.drmcet.ac.in>

2. 8th International Conference on Sustainable Water Resources Management

Date & Location: June 15, 2015 - June 17, 2015 | A Coruña, Spain

Submission Deadline: May 15, 2015

The first conference on Water Resources Management was held in Halkidiki, Greece in 2001, the second in Las Palmas, Gran Canaria (2003), the third in the Algarve, Portugal (2005), the fourth in Kos, Greece (2007), the fifth in Malta (2009), the sixth in Riverside, California (2011) and the seventh in the New Forest, UK (2013), home of the Wessex Institute.

3. National Seminar on "Population, Health and Inclusive Development in India"

Date & Location: 25 - 27 February, 2015 | Ahmedabad Management Association (AMA), Gujarat

Submission Deadline: 19th January, 2015

India is the second most populous country in the world with 1210 million people (2011 census) and eighth largest economy with GDP of US \$ 1877 billion in 2013. The country has shown progress in some of the demographic and health indicators such as CBR has declined from 40.8 to 21.6, CDR from 21.1 to 7, TFR from 6 to 2.4, IMR from 146 to 44 and life expectancy at birth increased from 32 to 65 years during 1951 to 2011. The maternal mortality ratio reduced from 570 per 100,000 live births in 1990 to 178 in 2010-12.

Website: <http://iipsindia.org/Seminar2015.htm>

4. ACSEE 2015 : The Asian Conference on Sustainability, Energy and the Environment 2015

Date & Location: June 11, 2015 - June 14, 2015 | Kobe, Japan

Submission Deadline: February 15, 2015

The International Academic Forum, in conjunction with its global partners, is pleased to announce the Fifth Asian Conference on Sustainability, Energy and the Environment, to be held from June 11 - June 14, 2015, at the Art Center of Kobe.

Website: <http://acsee.iafor.org>

5. National Seminar on Land Use / Land Cover Changes and its Impact: Spatial Challenges and Geospatial Technologies

Date & Location: 19th & 20th February, 2015 | Madurai, Tamil Nadu

Submission Deadline: January 19, 2015

This seminar intended to offer an opportunity to discuss debate and decide on natural resources and its management through the application of Geospatial technology.

Website: <http://mkuniversity.org/direct/>

ENVIS CENTER

International Institute for Population Sciences
(Deemed University)

Denoar, Mumbai , Maharashtra-400 088

Ph.No. 022-42372417, 42372496, 42372756

Fax No. 022-25563257

Email: popenvis@iips.net, iip-env@nic.in

